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**Psychological Stability and Its Relationship
with Emotional Regulation among Physicians
at Suleiman Amirat Hospital in M'Sila**

**Dissertations presented for the award of the academic master's degree in
clinical psychology**

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Dedication

"الحمد لله الذي تتم بنعمته الصالحات"

All praise and gratitude belong to almighty Allah, who blessed me with the strength, health, and perseverance to transform this dream into reality.

To the pillar of my life and the source of my strength, my beloved father, "Mohamed" who has never withheld a prayer or support, remaining always
My greatest guide.

To my heaven on earth, the heartbeat of my soul, and the secret of my success,
My dear mother, "Fatima" whose profound prostrations and pure prayers accompanied my every step.

Here is the last-born, achieving today her ultimate degree, and offering you
The fruit of years of dedication and hard work the blessed harvest of
Your noble upbringing.

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To attain the highest academic honors and reach prestigious milestones.

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To everyone who illuminated my path with their knowledge, and to every heart that holds sincere love for me.

SANA



Dedication

"الحمد لله الذي تتم بنعمته تتم الصالحات"

To the soul of my father; may Allah have mercy on him you left us too soon ,leaving a vast emptiness In my heart that nothing can fill ;and a pain that does not fade with time, and yet;your love continues to well within me, your love illuminate my strength and your prayers surround me where i cannot see.

To my mother;the beat of my heart and my unwavering support, you are the most beautiful story of my life and the strength that has never failed me, with your unconditional love, your boundless patience, and your silent prayers that always preceded me to every blessing, you have made me into who i'am today, you taught me to stay strong to believe in myself and to keep moving forward even in the hardest moments i love u with all my heart more than anything in thin world

To my uncle, my second father, you have always been my rock and my father after my own father,I know you are always by my side without hesitation. Thank you for your unwavering support and for being a source of strength for me in my moments of weakness, i pray that Allah will protect you and keep you in my life. I l love you may what i have accomplished in this humble work be a source of pride for you ,my parents , my aunts

To my siblings(Amira,Djamel,Amine,Ilyas,Iyad,Raed; you have always been my ever present shadow and the heart on which my weakness rests through your love and support, i found strength when i was on the verge of giving up, you are my joy and support, i love you from the deep of my heart

To my aunts and uncles wife, my dearest ones, your presence in my life is the most beautiful blessing god has best-word upon me, i love you with a sincere love that never changes.

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And finally, I thank everyone who supported me with a kind word or a sincere prayer

LINA



Abstract:

The present study aimed to investigate the levels of psychological stability and emotion regulation among physicians at the Specialized Public Hospital Institution for Women and Obstetrics "Slimane Amirat" in M'Sila, and to uncover the correlational relationship between these two variables.

Adopting a descriptive correlational methodology, data were collected using a psychological stability scale and an emotion regulation scale, after verifying their psychometric properties. The scales were applied to a purposive sample of (30) male and female physicians.

The statistical analysis revealed the following findings:

_The levels of psychological stability and emotion regulation among the studied physicians were high.

_There is a statistically significant positive correlational relationship between the scores of psychological stability and emotion regulation among physicians in the study sample.

_There are statistically significant differences in both psychological stability and emotion regulation attributable to the variable of professional experience.

In conclusion, the study highlights that psychological stability and emotion regulation are essential human and professional prerequisites that enhance the quality of medical performance, enabling physicians to adapt effectively to the high-stress and emergency environments of specialised hospitals.

Keywords: psychological stability, Emotion Regulation, Physicians.

ملخص الدراسة:

هدفت الدراسة الحالية الى التعرف على مستوى الاستقرار النفسي والتنظيم الانفعالي لدى عينة من الأطباء بالمؤسسة العمومية الاستشفائية المتخصصة للأم والطفل "سليمان عميرات" بالمسيلة، والكشف عن طبيعة العلاقة الارتباطية بين هذين المتغيرين. ولتحقيق أهداف الدراسة، تم الاعتماد على المنهج الوصفي الارتباطي، حيث طبقت أدوات الدراسة المتمثلة في مقياس الاستقرار النفسي و مقياس

التنظيم الانفعالي بعد التحقق من خصائصها السيكومترية, و ذلك على عينة قصدية مكونة من (30) طبيباً و طبيبة من العاملين بالمستشفى.

وقد أسفرت نتائج التحليل الاحصائي عن النتائج التالية:

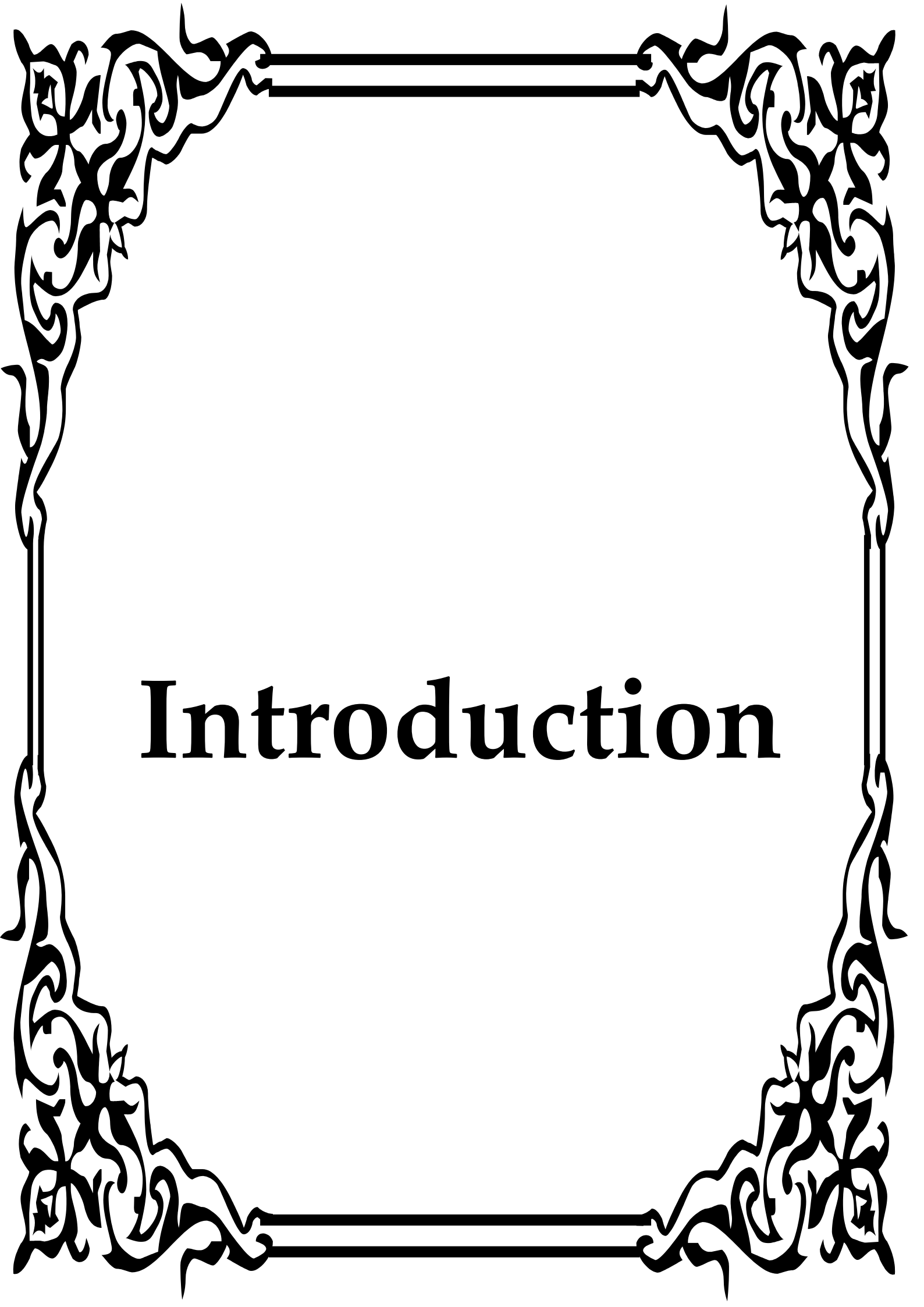
- _ وجود مستوى مرتفع من الاستقرار النفسي والتنظيم الانفعالي لدى الأطباء في المؤسسة محل الدراسة.
- _ وجود علاقة ارتباطية موجبة ذات دلالة إحصائية بين الاستقرار النفسي والتنظيم الانفعالي لدى الأطباء في عينة الدراسة.
- _ وجود فروق ذات دلالة إحصائية في كل من الاستقرار النفسي والتنظيم الانفعالي تعزى لمتغير الخبرة المهنية.

وفي الختام خلصت الدراسة الى التأكيد على الأهمية البالغة للاستقرار النفسي والتنظيم الانفعالي لمتطلبات إنسانية ومهنية أساسية تدعم جودة الأداء الطبي، وتمكن الأطباء من التكيف بفعالية مع ضغوط العمل وحالات الطوارئ التي تفرضها البيئة الاستشفائية المتخصصة.

الكلمات المفتاحية: الاستقرار النفسي، التنظيم الانفعالي، الأطباء،

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Introduction

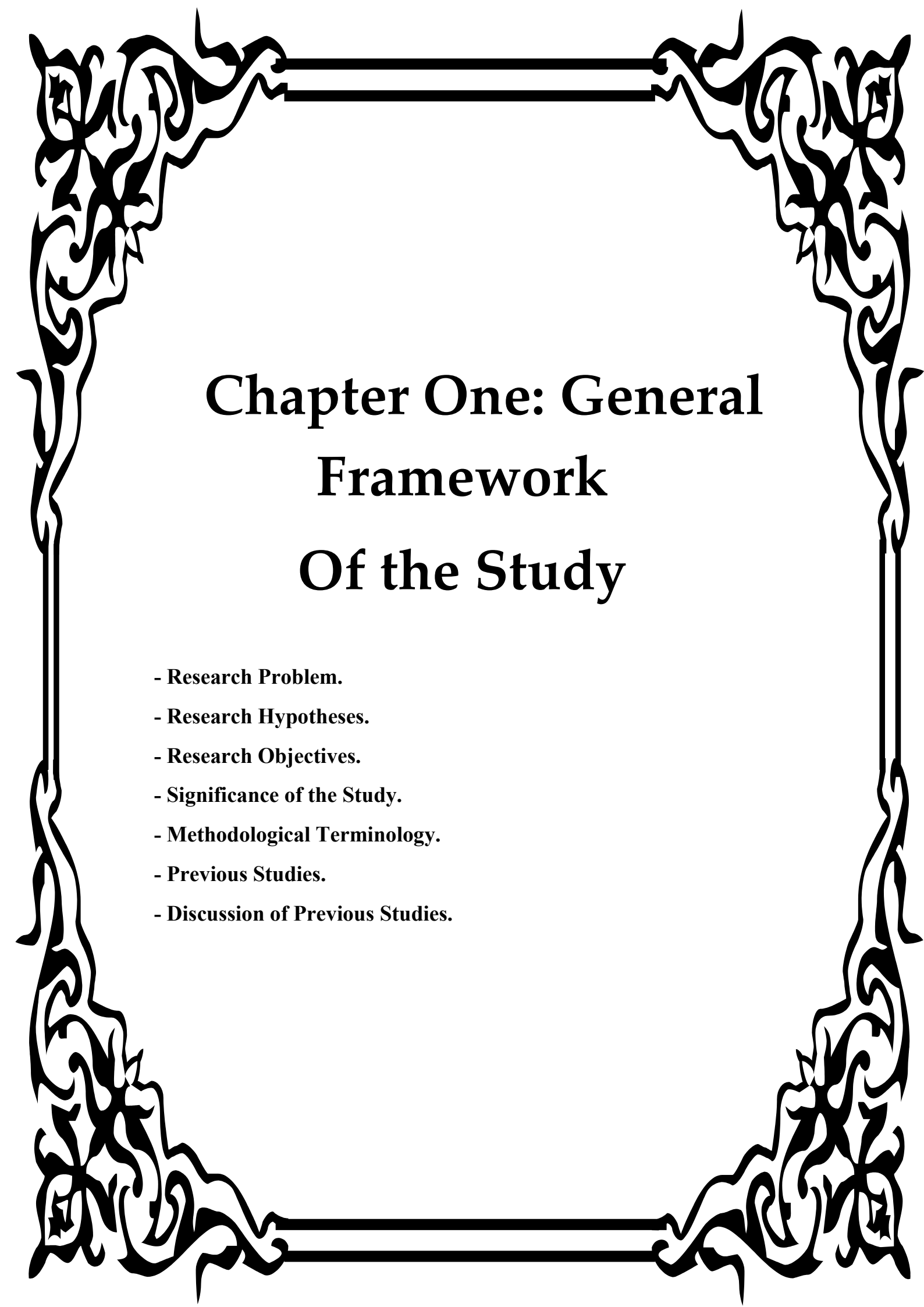
Introduction:

The medical profession is one of the noblest and most sacred of all human professions, as it bears the responsibility of preserving lives and alleviating human suffering. However, this noble profession carries with it significant challenges and mounting pressures, leaving its practitioners especially doctors vulnerable to complex psychological phenomena that may negatively impact their performance and overall health. Among these phenomena, the balance between psychological stability and the ability to regulate emotions stands out as a fundamental pillar for ensuring the quality of healthcare and the well-being of its providers.

In recent years, healthcare systems around the world, including hospitals in Algeria, have seen increasing pressure on medical staff due to several factors, including rising patient numbers, the complexity of medical conditions, and rapid advances in medical technology that require constant adaptation, in addition to social and economic conditions. Together, these conditions create an environment that may threaten the psychological well-being of physicians, necessitating the development of effective emotional regulation mechanisms to cope with the negative emotions resulting from daily work pressures.

Emotional stability is defined as that state of inner harmony and balance that allows an individual to cope with crises flexibly (Zahran, 2005), while emotional regulation refers to the processes through which individuals influence their emotions, when they experience them, and how they experience and express them (Gross, 1998). A physician's ability to control and appropriately channel their emotions (such as anger, anxiety, or sadness) not only enhances their psychological stability but also extends to influence the quality of medical decision-making and positive interactions with patients and colleagues.

In this context, this study aims to shed light on the level of psychological stability and its relationship to emotional regulation among physicians working at the Sliman Amirat Hospital in M'sila. The study derives its significance from the unique nature of this medical facility, which treats a vulnerable population requiring meticulous psychological and medical care. Doctors there face specific pressures related to the nature of their specialties (obstetrics and paediatrics), making the possession of strong emotional regulation mechanisms a professional and clinical necessity for improving the quality of health services provided.



Chapter One: General Framework Of the Study

- Research Problem.**
- Research Hypotheses.**
- Research Objectives.**
- Significance of the Study.**
- Methodological Terminology.**
- Previous Studies.**
- Discussion of Previous Studies.**

General Framework of the Study

-Research Problem:

The topic of psychological stability and its relationship to emotional regulation is one of the most sensitive and important issues in the fields of psychology and clinical practice, particularly in service-oriented and humanitarian organizations. Since time immemorial, studies have sought Psychology focuses on understanding the mechanisms of adaptation in individuals, as it is closely linked to an individual's ability to balance external environmental pressures with their internal psychological stability (Cattell, 1961).

This topic has attracted the interest of a large number of researchers and scholars, particularly in clinical psychology and occupational health. Consequently, numerous theories and approaches have emerged that seek to highlight the role and importance of *emotional regulation* as one of the fundamental determinants of psychological well-being and the cornerstone of stability. Pioneers of this approach, such as James Gross, consider that an individual's ability to process their emotions does not occur spontaneously; rather, it is a process requiring complex cognitive and behavioral skills aimed at maintaining psychological balance in the face of traumatic or stressful events.

Based on the perspectives of leading clinical psychologists on the topic of emotional regulation, we sought to shed light on this issue within the context of the Algerian healthcare system, given that physicians in this system are now facing numerous psychological pressures, due to the professional burdens placed upon them and the need to control and channel their emotions in a sound and rigorous manner (Aqti, 2020). Additionally, the sensitive nature of interpersonal relationships within the hospital which may be dominated by tension and traumatic situations—results in the depletion of their psychological resources.

Since doctors at Sliman Amirat Hospital in M'sila work in a highly sensitive environment (especially in the obstetrics and maternity departments), their psychological stability is not merely an individual matter but the cornerstone of professional organization that ensures the accurate and effective performance of medical tasks and duties. Doctors are required to adapt to demanding work requirements and to control their emotions in accordance with established professional standards, in order to avoid the effects of psychological exhaustion that may impact the quality of care provided to patients.

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From this perspective, this study was conducted to attempt to describe and diagnose the actual reality of the phenomenon of psychological stability and its relationship to emotional regulation within the Algerian hospital specializing in gynecology and obstetrics, “ Sliman Amirat Hospital in M’Sila,” by relying on a questionnaire administered to physicians as the primary tool To collect data and assess the psychological and professional reality of the study sample, the research problem of this study revolves around the following questions:

_What is the level of psychological stability among a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila?

_What is the level of emotional regulation among a sample of physicians at the Public Hospital for Women and Obstetrics in M’sila?

_Is there a statistically significant correlation between levels of emotional stability and levels of psychological stability among a sample of physicians at the Public Hospital for Women and Obstetrics in M’sila?

_Are there statistically significant differences in psychological stability attributable to the experience variable?

__Are there statistically significant differences in emotional stability attributable to the experience variable?

_ Research Hypotheses:

- An average level of psychological stability is expected among a sample of physicians in the Obstetrics Department at the Sliman Amirat Public Hospital in M'sila.

- An average level of emotional regulation is expected among a sample of physicians in the Obstetrics Department at the Sliman Amirat Public Hospital in M'sila.

_There is a statistically significant correlation between emotional stability scores and psychological stability scores in a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila.

_There are statistically significant differences in psychological stability attributable to the experience variable.

General Framework of the Study

_There are statistically significant differences in emotional stability attributable to the experience variable.

As a culmination of the methodological approach that begins with the formulation of the research problem and the identification of its empirical hypotheses, this research seeks to move beyond theoretical discourse toward achieving clear practical objectives that contribute to understanding the psychological and professional reality of healthcare workers. Current field efforts are directed toward monitoring and analysing the fundamental psychological variables that affect the quality of medical performance and the stability of practitioners in stressful work environments. Accordingly, the study aimed to:

_Attempting to identify the level of psychological stability among a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila.

_Identifying the level of emotional regulation among a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila.

_To reveal the nature of the correlation between levels of emotional stability and levels of psychological stability.

_To identify statistically significant differences in psychological stability attributable to the experience variable.

_To identify statistically significant differences in emotional stability attributable to the experience variable.

In the context of the relentless pursuit of these procedural objectives and the refinement of their parameters in the field, the present study holds significant scientific and practical value that goes beyond a mere quantitative description of variables to address the quality of human and medical performance in healthcare institutions, as a precise understanding of these psychological dimensions informs the development of preventive strategies that support practitioners' mental health and contribute to improving the quality of care provided to:

_The importance of the research variables—emotional stability and psychological stability—as vital pillars in the field of clinical psychology, where emotional stability helps individuals manage and channel their emotions

General Framework of the Study

appropriately in stressful situations, which directly contributes to enhancing their psychological stability and protecting them from burnout.

_The specificity of the study sample, consisting of physicians at the Public Hospital for Women and Obstetrics in M'sila, given that they constitute a sensitive and important group in society dedicated to providing healthcare and ensuring patient safety, and this importance is heightened in obstetrics departments due to the nature of the emergencies and critical situations they face daily, which require a high level of psychological resilience to ensure the quality of medical care.

_There is a scarcity of studies addressing the subject of the current study, and to the best of the researcher's knowledge, this is the first study at the local level that seeks to link emotional stability to psychological stability among medical practitioners in this specific hospital setting, constituting a significant scientific contribution.

_Procedural Terminology of the Study:

_First: Psychological Stability:

Psychological stability is defined as a state in which an individual exhibits calmness and emotional stability in routine situations, accompanied by minimal displays of emotional irritability toward situations that provoke anger toward others, along with the ability to exercise self-control (Cattell, 1961).

_Operational Definition: It is the total score obtained by the physician (study sample) through his responses to the items of the psychological stability scale used in this study, which reflects the extent of his ability to maintain emotional balance and calmness and to avoid impulsivity in making medical decisions under the pressures of the obstetrics department at the hospital.

Second: Emotional regulation: An individual's ability to control their negative emotions and reactions, achieve emotional balance, and transform these negative emotions into positive ones (AI-Tonsi, 2021).

_Procedural Definition: This refers to the total score achieved by a physician on the Emotional Regulation Scale, which indicates the nature of the strategies (cognitive or behavioral) used by the medical practitioner to manage

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and modify their emotional response to stressful professional situations encountered in the field.

To support these field guidelines, enrich the clinical discussion, and facilitate the subsequent interpretation of results, we drew upon a body of previous studies that addressed the research variables and sample. A study (Bouzaid & Amer, 2024) titled “Emotional Regulation and Its Relationship to Psychological Stability Among Resident Physicians in University Hospitals,” which employed a descriptive correlational approach on a sample of 110 male and female physicians, and employed the Emotional Regulation Scale and the Psychological Stability Scale. The study aimed to uncover the nature of the relationship between emotional regulation strategies and the level of psychological stability among physicians in a stressful work environment, The results indicated a statistically significant positive correlation between positive emotional regulation and psychological stability, and no statistically significant differences in psychological stability attributable to gender, while differences were found attributable to seniority, favoring more experienced physicians.

Another study (Al-Otaibi, 2022), titled “Emotional Stability and Its Relationship to Psychological Resilience Among Workers in Emergency and Obstetrics Departments,” which employed a descriptive comparative approach on a sample of 85 medical practitioners, including doctors and nurses, and utilized instruments such as the Emotional Stability Scale and the Psychological Resilience Scale, aiming to identify levels of emotional stability also revealed demographic differences among medical staff who deal with critical cases on a daily basis. The results showed that physicians exhibit a moderate to high level of emotional stability, and that there are statistically significant differences in emotional stability attributable to professional rank, with specialists scoring higher than general practitioners.

In the same context, a study by Abdulrahman (2019) titled “Occupational Stress and Its Impact on Psychological Stability Among Physicians in Government Hospitals” stands out, in which a descriptive approach was used on a sample of 70 male and female physicians and relied on the Occupational Stress Scale and the Psychological Stability Scale as its primary instruments. The study aimed to determine the level of psychological stability and identify gender differences in coping with the stresses of the hospital environment. The results

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revealed an average level of psychological stability among physicians, with statistically significant differences in psychological stability attributed to the gender variable, favoring male physicians.

At the international level, only one study (Smith & Jones, 2023) was conducted under the title “Emotional Regulation and its Impact on Psychological Stability among Healthcare

Providers.”

It employed a descriptive correlational approach on a sample of 150 physicians, using measures of emotional regulation and psychological stability as research tools, and aimed to explore the relationship between cognitive reappraisal and psychological stability during medical emergencies. The results showed a statistically significant positive correlation between adaptive emotional regulation and psychological stability.

Finally, a study by Taylor (2018) titled “Occupational Stress and Psychological Stability among Specialists and General Physicians” was published.

The researcher employed a comparative descriptive approach on a sample of 95 physicians in public hospitals, using the Psychological Stability Scale and the Occupational Stress Questionnaire as research tools. The study aimed to examine levels of psychological stability across different professional ranks and specialties. The results concluded that medical rank significantly influences psychological stability, as specialist physicians demonstrated more organized coping mechanisms and higher psychological resilience compared to general practitioners.

Through a close examination and comprehensive analytical review of previous studies, including the study by Bouzid and Amer (2024), the study by Al-Otaibi (2022), the study by Abdulrahman (2019), and the study by Smith & Jones (2023), and the study by Taylor (2018), it is clear that there is both divergence and convergence with the current study’s approach. In terms of methodology, the current study aligns with most previous studies, such as the study by Bouzid and Amer (2024) and the study ((Smith & Jones, 2023) relied on standardized quantitative measures to assess levels of emotional stability and psychological stability, which enhances confidence in the current study’s

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instruments and provides a solid foundation for scientific comparison when interpreting the results later.

Regarding the study population and sample, the distinctiveness of the current study is clearly evident. Although previous studies have targeted medical staff in general or emergency department workers, this study is distinguished by its precise and exclusive focus on the category of physicians at the Public Hospital for Women's and Obstetric Care in M'sila. This sample is of particular clinical significance due to the nature of the acute and constant pressures associated with obstetric emergencies and the physicians' commitment to the safety of mothers and fetuses a professional context that differs in its intensity and emotional dynamics from the general medical departments studied previously.

Given these specific field conditions, the current study distinguished itself by excluding two variables (gender and professional rank) from

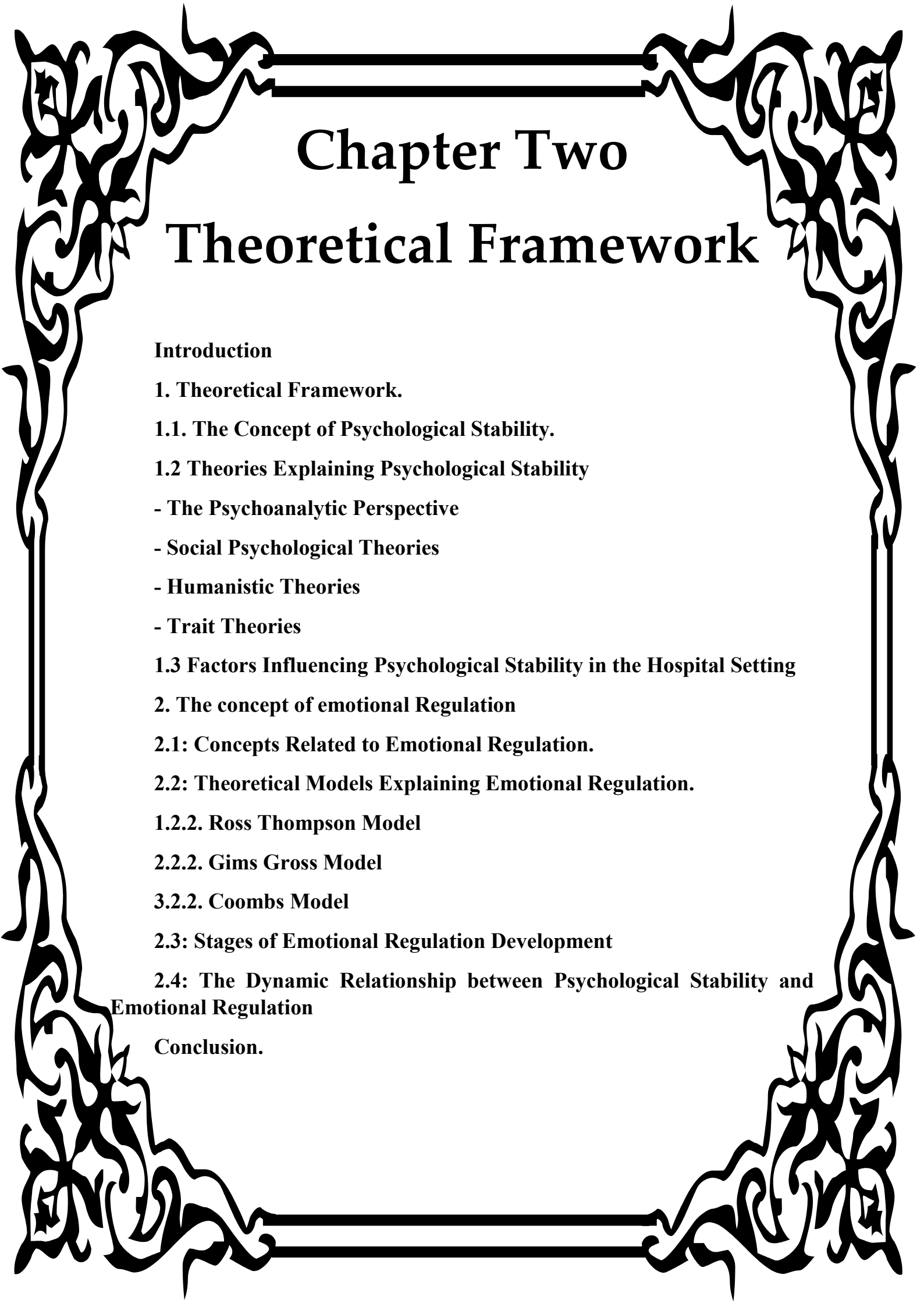
the difference calculations, given the extreme variation and significant imbalance in the composition of the field study population (which consisted primarily of 29 female general practitioners compared to a single male surgeon), a situation that renders statistical comparisons between them scientifically invalid.

Instead, the current study focused on the variable of years of experience, drawing on the consensus in the theoretical literature and previous findings (such as the study by Bouzid and Amer, 2024) that experience and medical practice play a pivotal role that is reflected in levels of psychological stability, regulatory mechanisms, and emotional resilience when facing critical situations on a daily basis.

As for the findings, previous studies have unanimously highlighted the pivotal role played by emotional regulation and stability in predicting practitioners' psychological and health stability, while also confirming the existence of significant differences attributable to years of experience and professional rank in favor of more senior and experienced groups indicators that support the hypothesis and the theoretical formulated In this study In addition to confirming the existence of significant differences attributable to years of professional experience in favor of more senior and experienced groups

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indicators that support the theoretical framework and hypotheses formulated in this study. The current study complements this body of scientific literature by seeking to link these variables collectively and examine demographic differences based on (professional experience) in a local hospital setting in M'sila that has not been thoroughly researched before, thereby offering a new clinical field perspective that contributes to supporting physicians' psychological well-being and improving the quality of healthcare provided to the community.



Chapter Two

Theoretical Framework

Introduction

1. Theoretical Framework.

1.1. The Concept of Psychological Stability.

1.2 Theories Explaining Psychological Stability

- The Psychoanalytic Perspective**
- Social Psychological Theories**
- Humanistic Theories**
- Trait Theories**

1.3 Factors Influencing Psychological Stability in the Hospital Setting

2. The concept of emotional Regulation

2.1: Concepts Related to Emotional Regulation.

2.2: Theoretical Models Explaining Emotional Regulation.

1.2.2. Ross Thompson Model

2.2.2. Gims Gross Model

3.2.2. Coombs Model

2.3: Stages of Emotional Regulation Development

2.4: The Dynamic Relationship between Psychological Stability and Emotional Regulation

Conclusion.

Introduction:

The theoretical framework serves as the cornerstone of scientific research, as it seeks to deconstruct the psychological and conceptual structures of the variables under study and situate them within established psychological and clinical contexts. Based on this methodological approach, this chapter examines the variable of “psychological stability” by reviewing its various scientific definitions and connotations, and by exploring the theoretical frameworks and theories that have sought to understand and uncover the hidden depths of an individual’s inner psychological balance. In the same context, the theoretical discussion addresses the variable of “emotional regulation” as the vital mechanism through which humans manage their emotions, tracing the literature that has defined it and the theories that explain it are reviewed, with a focus on its various strategies and stages of growth and development across the individual’s psychological structure, which allows for an understanding of the dynamic dimensions underlying human behavior in the context of professional and clinical practice.

1. Theoretical Framework:

1.1 the concept of Psychological Stability:

Psychological stability is defined as the state in which an individual finds themselves when their needs and demands are met by an environment that provides them with complete satisfaction. It is the positive dimension of personality that represents stability, maturity, harmony, and a sense of comfort, security, optimism, and rationality (Eysenck, 1972).

Psychological stability is also defined as the state in which an individual is psychologically stable, possessing a clear sense of self and feeling at ease in various situations (Guilford, 1959).

Psychological stability is defined as an individual’s sense of personal worth, contentment with their situation, and self-confidence (Al-Jabouri, 1990).

Psychological stability is defined as the foundation or axis that organizes all aspects of activity we commonly refer to as emotions or emotional fluctuations, in terms of whether they contribute to the individual’s sense of stability or its disruption (Sewell, 1966).

Al-Shimari (2005) defined it as a strong desire within the individual to avoid situations of distress and to attain psychological, physical, and social comfort, as well as to rid oneself of feelings of weakness, fear, and anxiety, in

addition to a sense of psychological security, by relying on people, institutions, and organizations.

Markelova views psychological stability as a qualitative professional integration of the personality—a coherent personality defined by a system of traits, professional activity, and social and psychological factors. Psychological stability is determined by objective factors (the requirements and conditions of professional activity) and subjective factors (professional training, competence, personality traits, and motivation to perform professional tasks).

Antsupov and Shipilov define psychological stability as an integrative personal construct that maintains optimal psychological functioning during frustrating and stressful situations; it is not an innate personality trait, but rather one that is formed in the context of personality development. These authors emphasize that a person's psychological stability depends on their neurotological type, personal experience, professional training, skills, abilities, and the developmental level of the individual's basic cognitive structures. (Barykina & Shutova, 2018: 120)

Maslow (1962) defined psychological stability as an individual's attainment of a state of tranquility and peace through living in a secure, orderly society, having a job that provides a sense of stability, belief in spiritual values, as well as self-acceptance and acceptance of others, simplicity and spontaneity, and a sense of physical and psychological well-being (Al-Ghamri, 184; 1979) (Al-Khazraji, 17; 2006).

Madi and Kubasa (1984) noted that stable individuals have the ability to transform stress and other psychological problems. According to Funk (1992), a stable person is an active, goal-oriented individual who does not view themselves as a victim of a different life.

Crowley (1997) described people with a high level of psychological stability as approaching events and situations positively, having support systems, are less avoidant, possess effective coping mechanisms and self-control, seek support when needed, take responsibility, and employ less avoidant strategies, with a positive cognitive and emotional structure that ensures life satisfaction. (Efe, Koleva, and Atasoy, 2018:374)

1.2. Theories explaining psychological stability

1.2.1. The psychoanalytic perspective:

First: Sigmund Freud (1856–1939):

Freud explained that personality consists of three basic components: the first is the biological component, the second represents the psychological aspect, and the third reflects society's contribution to the structure of personality). He considered these to be fundamental to the formation of personality. Although he emphasized that each component has its own functions, characteristics, elements, and principles, they all interact with one another in such a way that it is difficult to separate their individual influences. Therefore, each of these systems represents a state distinct from the others. Thus, from Freud's perspective, personality consists of three basic systems or psychic forces: the Id, the Ego, and the Super-Ego. The "Id" is an attempt to immediately satisfy these drives, particularly those aimed at seeking pleasure, once they are aroused.

The "Ego" is the administrative apparatus of the personality because it regulates actions and behavior, selecting from the environment the aspects to which it responds.

As for the "Super-Ego," it is the third part of the personality, generated from the sum of the experiences the ego undergoes as a result of its interaction with social reality—including its norms, values, and systems. It corresponds to what we call the conscience and is shaped by the values of parents and society that have been instilled and rooted in the individual.

Therefore, the ego is the dominant part of the personality. Through his analysis of these three forces of the personality, Freud concludes that a stable personality is linked to the forces of the ego that work to protect the personality; however, if an imbalance occurs in these three systems, it will affect the individual's psychological stability.

"As for the personality, it will be prone to instability and psychological imbalance, and will ultimately end up with psychological or neurological disorders."

In Freud's view, what causes an individual to achieve balance and move toward stability, or to lose their balance and move toward instability, is These are the factors related to the shifting internal balance, and the strength of a particular repressive factor (the ego or its opposing forces), or the inhibition or suppression issued by the superego.

Second: Jung (1875–1961):

As for Jung, in his study of the human personality, he relied on the history of humanity, for human behavior is conditioned not only by one's individual history and the collective unconscious, but also by one's goals and various forms of ambition, both the past as a reality and the future as a destination guide the individual's behavior toward the present.

As for his view of personality, it is “a view of the future in the sense that it looks ahead, anticipating the future growth and development of the personality, and it is also a view of the past in that it takes the past into account.

“He views the self as one of the fundamental components of personality, because it is capable of providing a state of relative stability and consistency to the personality, and a stable personality is acquired through the interaction between the self, the collective unconscious, and the individual unconscious.”

From Jung's perspective, the personality is a semi-closed system, which ensures its relative stability on the one hand while preventing it from becoming completely rigid on the other; its system contains vital energy used in the various activities carried out by its different subsystems.

1.2.2. Social Psychological Theories :

Adler (1870–1937):

Adler, on the other hand, believes that “understanding the personality and its inner nature requires uncovering the social context in which the individual lives.”

“He holds that an individual's behavior is primarily driven by social motives and that humans are fundamentally social beings, He downplayed the importance of sex in the formation of human personality and regarded social interest as innate; the nature of one's relationships with others and the modes of social interaction that manifest in daily life are shaped and determined by the society in which the individual is raised and socialized.

"Adler considered that 'the feeling of inadequacy and deficiency is the primary motive in humans, and that the attempt to compensate for this deficiency is the most important factor in shaping their behavior; and that the main reason behind this stems from family upbringing, particularly improper upbringing, which results in disturbed personalities.'

He also considered that “the individual is a social being influenced more by social forces than by biological ones, and can live a life of safety and stability and achieve their goals if they form social relationships with others.

1.2.3. Humanistic theories:

First: Maslow’s Theory (1908–1970):

Maslow’s view of human nature was characterized by optimism and a focus on psychological health rather than on disability; on growth and progress rather than stagnation; and on the human virtues of potential rather than on weakness and limitations. Fundamentally, Maslow had a strong sense of confidence in our ability to shape our own positive growth (Schultz, 306–307).

According to Maslow, a sense of psychological stability is synonymous with mental health; thus, if this need is satisfied, mental health is achieved (Al-Dabai, 2003: 60) (Abdullah, 2009: 30).

An individual’s happiness and psychological stability depend on the level of needs they can access and fulfil; an individual who satisfies their self-actualization needs is happier and more stable than another who remains at the level of satisfying basic needs, The goal of Maslow’s theory is to progress toward the ultimate goal of self-actualization. He views the process of self-actualization not as a process that can be completed, but rather as a continuous process that ends only with the end of the individual’s life (Abdullah, 2009: 35).

Maslow noted that, after reviewing history, he found people who are particularly devoted to a cause or ideal and who willingly sacrifice everything, including their lives. Those who fast to the point of death or who set themselves on fire are certainly denying themselves their physiological and safety needs (:297, 1983

Second: Rogers 1987-1902:

Rogers believes that the individual’s personality is in a constant state of development and growth, and that the continuous interaction of its three components (the organism, the external environment, and the self) brings about changes in the individual. Furthermore, Rogers attributes all patterns of human behavior to a single motive: self-actualization. He views the individual as inherently good and responsible for their actions."

Rogers also believes that “psychological stability occurs in self-actualization when an individual succeeds in expressing his or her full potential and natural aptitudes. Through self-expression, the individual can achieve

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holistic growth by fulfilling his or her desires and is able to cope with the problems he or she faces.”

1.2.4. Trait Theories:

First: B.F. B. Porter (1897–1967):

Porter viewed personality as an active, creative, and rational entity. He considered present events and future goals to be the primary influences on behavior, and he attributed to humans the ability to plan for the future because they are in a state of constant flux.

Among the criteria indicating psychological stability are “the individual’s intimate relationships with others, and their capacity for self-insight and awareness of their skills and realistic potential.”

Second: Hans Eysenck (1916–1997):

Eysenck, on the other hand, named his theory the “Three-Factor Theory,” which relied on complex statistics and precise factor analysis to describe personality. This was based on his conclusion that there are three fundamental dimensions of personality: extraversion-introversion, neuroticism, and stability (emotional stability and psychosis).

The essence of Eysenck’s theory is the description of personality in terms of traits described as primary statistical factors, defined as theoretical constructs based on the observed interrelationships among a number of different habitual responses. The important traits in his theory are (physical activity, impulsivity, risk-taking, responsibility, and sociability), and these traits are usually classified into categories known as patterns, which are second-order dimensions consisting of primary traits interconnected in reciprocal relationships.

1.3 Factors Influencing Psychological Stability in the Hospital Setting:

He views the extroverted personality as one characterized by stability, whereas
3 Factors Affecting Psychological Stability in the Hospital Setting:

Clinical psychological studies agree that psychological stability is not a static state, but rather a continuous dynamic process directly influenced by the characteristics of the professional environment in which an individual works. The hospital environment is highly specific, exposing physicians to a range of stressors that may either support or undermine their psychological stability. Among the most significant of these factors are:

-First: The nature of acute professional pressures and obstetric emergencies

The work environment in obstetrics departments is inherently critical; physicians deal with sudden, emergency situations that require making rapid,

life-or-death decisions regarding the lives of patients (the mother and the fetus), which places a heavy emotional burden that affects the practitioner's peace of mind and psychological balance.

-Second: Workload and Night Shift Schedule

Long working hours and extended night shifts (on-call duty) cumulatively lead to physical and mental exhaustion, as well as disruptions in sleep patterns and the circadian rhythm of physicians. This reduces the psychological system's resilience and resistance, making the physician more prone to irritability, emotional distress, and chronic fatigue.

-Third: The extent of medical and legal responsibility

Doctors face pressures related to their ethical and legal responsibility toward patients and their families, especially in community settings where expectations of doctors are high. The constant fear of committing a medical error or facing violent reactions from patients' families is a constant source of anxiety that drains psychological energy.

-Fourth: The social and institutional support environment—including the availability of necessary medical resources, an atmosphere of cooperation and mutual respect among medical and nursing staff, and a management style responsive to practitioners' needs—plays a crucial preventive role; When the supportive environment within the institution deteriorates, the physician's sense of burnout and professional alienation increases, which negatively affects their psychological well-being.

2. The concept of Emotional Regulation:

Emotional regulation is a modern concept in psychology, and research on it began in the 1960s in the form of descriptive studies on the defense mechanisms used to cope with stressful situations.

The term emotional regulation refers to the internal and external processes responsible for monitoring, evaluating, and modifying emotional responses to achieve an individual's goals. This occurs when an individual attempts to influence the type or intensity of emotions experienced by themselves or others around them, as well as how those emotions are expressed (Laasmi & Badria, 2018, p. 65).

It is also defined as a multidimensional construct characterized by the ability to understand and perceive emotions, control impulsive behavior when

faced with negative emotions, and the ability to accept impulses and use strategies appropriate to the situation to control emotions (Abu Zeid, 2017, p. 10

. Thompson defines it as the dynamic processes through which an individual's efforts to maintain, modify, and transform the nature, intensity, and duration of emotional states are shaped (Mahmoud, 2016, p. 77. Based on the above definitions, emotional regulation can be defined as: a set of internal and external strategies and processes aimed at reducing, increasing, or maintaining emotional responses in order to manage uncomfortable states when necessary.

2.1. Concepts Related to Emotional Regulation:

- Coping and Adaptation:

This refers to an individual's attempt to reduce negative emotions during a stressful event. Coping differs from emotional regulation in that it focuses on alleviating negative emotions that persist over a long period of time, such as easing grief over the death of a friend or relative (Mohammed, 2018, p. 17).

- Emotional Regulation:

This involves the ability to manage one's own emotions and those of others, to control negative emotions and feelings while increasing positive ones without suppression, and includes the ability to be open to emotions, monitor them, and fully regulate them to promote emotional and cognitive growth (El-Aloon, 2011, p. 126)

- Emotional maturity:

This is an individual's ability to express their behavior without provoking any emotional reaction, relying on themselves, being confident, optimistic, and reassured in their outlook on the future, and getting along with others (Elsultani, 2011, p. 6)

-Emotional Regulation:

It is the control of emotions, maintaining calmness and rationality in speech and action, as well as exercising restraint in expressing feelings and emotions to others.

-Mood regulation:

It is a set of processes that work to change and modify the internal emotional state, and differs in that it involves less behavioral response than emotional regulation (Mohammed, 2018, p. 19)

- Coping strategies:

Lazarus and Folkman (1984) view coping strategies as cognitive and behavioral efforts aimed at controlling, reducing, or accepting internal and external demands that threaten or exceed an individual's resources (Joubi, D., S., p 85)

2.2 Theoretical Models Explaining Emotional Regulation:

There are three models of emotional regulation: the Thompson model (1974), the Gross model (1988), and the model by Campos et al. (2004). The following is an explanation of these three models:

1.2.2 Ross Thompson's Model (1974):

Thompson presented a model of emotion regulation that includes two basic factors. The first factor comprises seven processes related to the generation of emotions, as shown in the following table:

Content of processes	Processes
Includes compenents of the nervous system responsible for regulating emotional arousal. through action and inhibition processes	Neurophysiological structures
Through which emotional information triggered is regulated by redirecting or refocusing attention.	Attention Processes
Through which emotional information is interpreted with the aim of reducing its negative impact	Interpretation of events
Involves reinterpreting internal indicators of emotional arousal «the physiological aspect	Regulation of internal emotional cues
Ensures physical and interpersonal coping/handling of emotional sources	Empowering the Individual in Coping with Emotional Sources
Adjusting emotional requirements for habitual/familiar situations.	Regulation of Emotional Requirements for Similar Situations
Ensures the individual's expression of their emotions in a manner consistent with personal goals.	Choosing Adaptive Response Alternatives

Thompson's model emphasizes the perspective that emotions have adaptive and integrative functions, and that the process of regulating emotions is important because it encourages emotions to reinforce organized behavioral strategies. Thompson views the function of emotion as the formation of flexible responses appropriate to situations, and in bringing about rapid, effective change to adapt to changing circumstances. He also emphasizes the role of environmental factors in regulating a child's emotions, so that the child develops the ability to self-regulate emotions. He notes that the child's presence in a social context is a crucial aspect of regulating their emotions, as caregivers assist the child in organizing their emotional experiences through various methods, including direct intervention to alleviate stress, verbal instructions, and creating environmental conditions to help the child regulate emotional arousal (Al-Rifai, 2011. p. 112).

2.2.2 Gims Gross's Model (1998)

James Gross's affect theory describes an individual's ability to use strategies to influence levels of emotional response.

Typically, models of emotional regulation examine mechanisms based primarily on overlapping feedback loops, which involve how concepts in behavior or cognitive function change in order to achieve the highest level of satisfaction in the emotional response.

Gross argues that an increase in the components of emotional response is called high emotional regulation, while a decrease in these components is called low emotional regulation. The components of emotional regulation are: the affective component, which includes an individual's subjective feelings based on their life experiences; the behavioral component, which includes behavioral responses; and the physiological component, which includes physiological responses such as heart rate, blood pressure, and skin conductance (Yaqoub, 2011, p. 455).

Gross argues that emotional regulation enables individuals to employ a set of strategies that fall into two categories:

The first category: Response-Focused Strategy

This is the strategy an individual resorts to when immersed in an emotional response, during which the emotion is present in a habitual manner. This strategy has one type, namely Response Modulation, which occurs after the emotional response and refers to repression, whereby the individual ceases emotional expression in that situation. The goal of this is social conformity, submission to group norms, and going along with the situation. Repression may create a sense of contradiction between the individual's internal experience and external expression, leading the individual to feel insincere toward themselves and others, which hinders the development of emotionally close relationships as well as increasing physiological arousal.

The second type: Antecedent-Focused Strategy

This is a strategy the individual employs to prepare for a response before interacting with the emotionally arousing situation. Gross identified four different types of antecedent-focused strategies for emotion regulation: Situation Selection, Situation Modification, Attention Deployment, and Cognitive Change.

3.2.2 Coombs Model (2004):

Campos and his colleagues explained that emotion and affect are not separate, but rather two different manifestations of a single process, and

the term “affect” is used to refer to an individual's response to an event—that is, what do in response to that event. The term emotion regulation is used to

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refer to the variation in an individual's responses to diverse environmental contexts. Theoretically, these terms describe an individual's behavior in response to environmental stimuli.

In light of the environmental context, it can be determined whether the emotion is appropriate or inappropriate. There are two factors

related to emotion regulation:

- Processes related to the generation of emotion.
 - Processes involving the management or mismanagement of emotion.
- Therefore, when regulating emotion, we first examine

how the emotion is generated, and then we examine the regulatory process resulting from a change in the emotional state. For example, we

feel overwhelmed as a result of severe frustration, which generates a readiness to attack someone; and when we count from 1 to 10, take a deep breath, or practice visualization, this is done to modify or change our undesirable behavioral response.

Ampos and colleagues (2004) note that there is no specific criterion for defining emotion, but the following can

be taken into account:

- a. There are a number of behaviors associated with specific actions.
- b. A set of emotions dominates a specific behavior.

The researchers view emotion and emotion regulation as a single model characterized by the following features:

1. An integrated model: It allows the individual to explain the content of emotion and emotion regulation and that they are inseparable.
- 2- It enables the individual to understand how negative emotion can be transformed into positive emotion through a specific environmental context.
- 3- It places the individual within a concentric circle of social, cultural, and historical influences.
- 4- It provides us with guiding principles for understanding emotion and emotion regulation during the developmental process.

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The following table illustrates the model of emotion regulation as described by Campos and colleagues:

Method or approach	hypotheses	notes
Release from cortical inhibition; direct activation of the cerebral emotional circuit	Cortical inhibition (or lack thereof) precedes the generation of actions	Emotion and emotion regulation are inseparable. The process of generating an emotion and regulating it is a single, unified process
Determining the individual's capacity to respond to emotional events	Evocative emotional events influence subsequent emotional events	
Avoiding conditions that lead to the emergence of undesirable emotions.	Surrounding conditions influence the individual's emotions	
Selecting situations that activate desirable emotions	Emotional regulation	
_The chosen response is goal-oriented _Emotional expression is goal-oriented _Desires serve as a means to monitor progress toward the goal	The Individual's Pleasure / Satisfaction	
^_ Seeking direct emotional experiences. _ Generating emotion in others and regulating its intensity - The individual integrates into the social context, acquiring standards and rules that play a role in constructing social emotions (e.g., pride, disgust, shame).	Emotional communication	
Parent-child interaction, socialization, and cultural rules	Prior experience	

Source: Al-Rifai, 2011, pp. 16–18.

It is clear from the above that the three models demonstrate that the process of emotion regulation involves a cognitive aspect

involving the assessment of a situation and the appropriate emotional responses to it; an affective aspect related to the emotional responses selected to suit the situation; and a behavioral aspect representing the outcome of the interaction between the cognitive and affective aspects.

2.3 Stages of Emotional Regulation Development:

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The stages of emotional regulation development, according to Friedl-Mayer (1999), can be summarized as follows:

1. During the first two months, the primary caregiver is responsible for regulating the infant's arousal level; through physical contact and harmonious interaction, the foundation for subsequent emotional development is established.

2 - From the third to the sixth month, emotions are regulated through active face-to-face interactions with the primary caregiver, and the child becomes capable of taking on certain aspects of interpersonal emotional regulation independently.

3 - In the second half of the first year, the child assumes a more active role in the process of emotional regulation; in this stage, emotional referencing also takes place, which involves establishing contact with a reference person; this contact is supposed to provide clarification regarding the emotions appropriate to the situation and behaviors, and the reference person serves here as a model from whom one learns how emotions can be regulated.

4-From ages two to five, children no longer need direct support but are able to cope with negative emotions independently; nevertheless, the reference person remains important, as children continue to turn to them, and physical and eye contact play a key role here.

5- By school age, children successfully manage their emotions without feedback; in addition to the skill of understanding and regulating their own emotions, their ability to recognize and understand others' emotions also increases, and school-age children learn select emotion regulation strategies that support them in achieving their goals (Mitterheber, 2020, p. 12)

Friedl-Mayer (1999) posits that experiences of interpersonal emotional regulation form an important foundation for the subsequent implicit regulation of emotions, and that mutual attention between caregivers and the child, toward the attachment figure, emotional attunement between the attachment figure and the child, and the establishment of a positive interactive framework for the development of emotional regulatory competencies. According to Flannery and Torquati (1993), adolescence is marked by an increase in the frequency and intensity of negative emotions, and it appears that young adulthood is characterized by intense feelings and mood swings. In his model, Tieserman describes three distinct levels of processes: situation assessment, emotional response, and goal-corrected self-regulation. Cognitive and physical development and the definition of social roles in adolescence provide different

perspectives for perceiving an event and responding to those emotional situations in diverse and independent ways. Along with these changes, difficulties arise simultaneously in family and school settings and in friendships that are increasingly intense with peers. Typical emotionally charged events in adolescence include school and career problems, identity formation, building independence, accepting one's own body and physical appearance, and dealing with one's own sexuality (Dreher, 1985). Given these complex demands compared to childhood, emotional regulation strategies are essential.

In the development of emotional regulation, the individual level and the behavioral level play an important role; the individual level refers to the occurrence of critical life events, and not all adolescents report decisive events such as the loss of a loved one; Tieserman (1999) argues that adolescents' use of social relationships in regulation relates to relational experiences in development, and this capacity falls within the behavioral domain and its response to emotional events, adolescents use the most effective strategies to regulate their emotions.

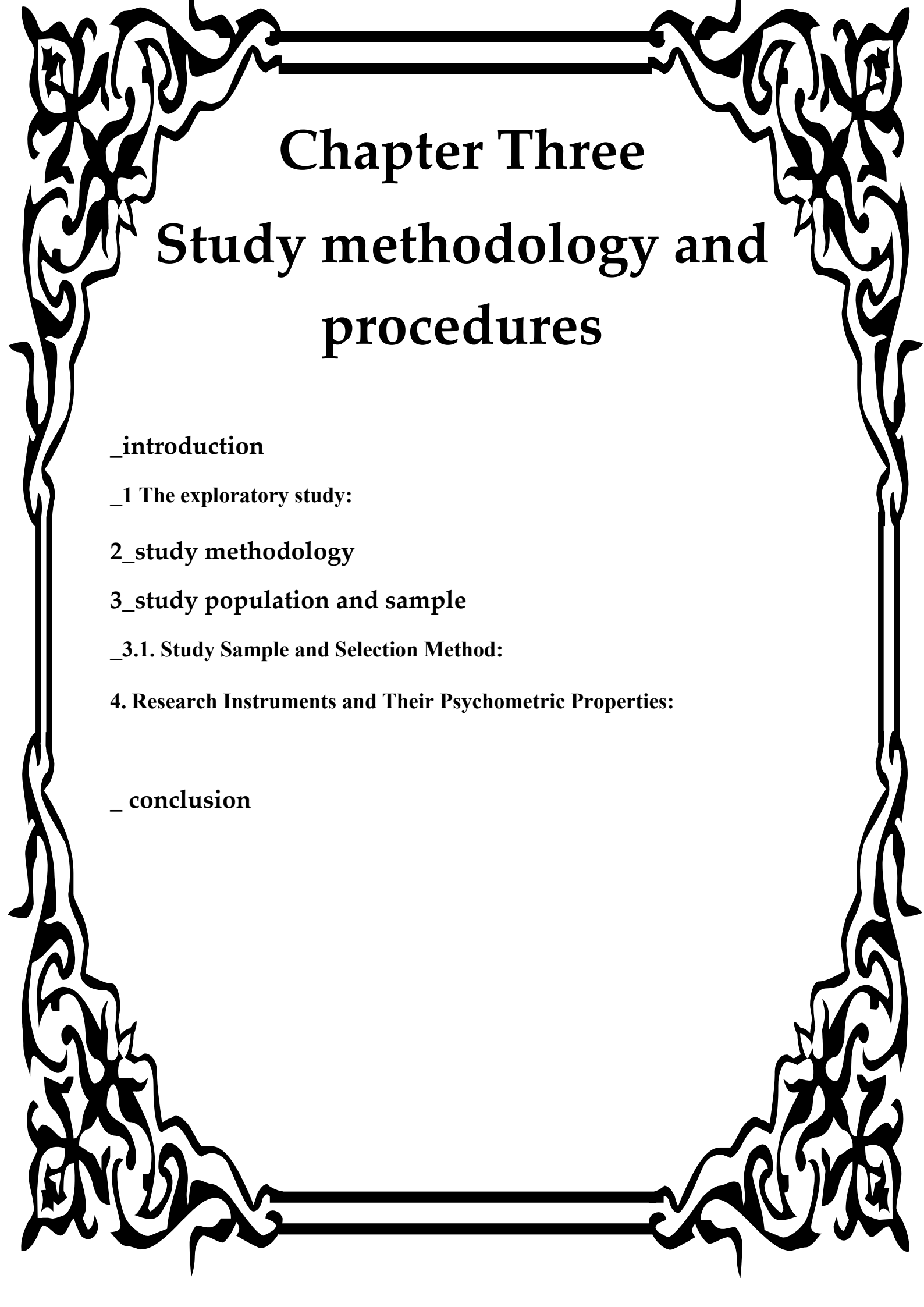
2.4 The Dynamic Relationship Between Psychological Stability and Emotional Regulation:

Psychological stability in an individual is established as a state of emotional stability and maturity that is reflected in their sense of psychological security and ability to build balanced relationships with others, which is clearly evident in the dimensions of a stable personality identified by Allport. However, this stability in the stressful obstetric environments of the Obstetrics Department at Suleiman Amirat Hospital remains dynamically contingent on the effectiveness of the adopted emotional regulation mechanisms. Referring to Gross's model, we find that the physician's ability to regulate their emotions through pre-focusing strategies (such as cognitive reappraisal of critical situations) serves as a clinical shield that protects them from exhausting emotional repression, thereby maintaining their inner equilibrium and shielding them from traumatic emotional fluctuations. Effective emotional regulation thus becomes the primary driver and essential pillar that ensures the physician's lasting psychological stability and supports the quality of their professional performance.

Conclusion:

Based on the theoretical approaches and epistemological propositions reviewed in this chapter, the current theoretical framework concludes that

psychological stability is not a static state, but rather a continuous dynamic process directly influenced by the extent of an individual's ability to regulate their emotions and employ appropriate adaptive strategies throughout the various stages of their development. The explanatory backgrounds of the two variables confirm that an individual's success in managing emotional arousal and coping with stressful situations is a fundamental pillar for achieving peace of mind and psychological balance; this theoretical and epistemological link between emotional regulation and psychological stability forms the solid foundation from which the researcher proceeds to the applied aspect of the study, with the aim of examining these links in the field and measuring their procedural dimensions among the participants in the current study.



Chapter Three

Study methodology and procedures

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2_study methodology

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_3.1. Study Sample and Selection Method:

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Chapter Three Study methodology and procedures

Introduction:

In this chapter, we will present the study's methodology and procedures in some detail; we will discuss the exploratory study and the methodology used, the study population and sample and how they were selected, and then present the research instruments as well as the statistical methods employed.

1. The exploratory study:

The sample for the exploratory study consisted of 30 physicians from the Obstetrics Department at Sliman Amirat Hospital in m'sila, including 29 women and 1 male, who were selected using a purposive sampling method. The objective of the pilot study was to verify the psychometric properties of the study instruments so that the research team could conduct the main study using measures that possess the required levels of validity, reliability, and discriminant validity. The following are the characteristics of the pilot study sample:

Table 1: Characteristics of the survey sample.

Professional Experience	Categories	Issue	%
	Less than 5 years	17	56.67%
	years 6 or more	13	43.33%
Total		30	100

The data in Table 1 show that the survey sample was distributed across categories of professional experience, with 56.67% of the doctors—17 in total—having less than 5 years of experience, while the percentage of doctors with 5 years or more of experience was 43.33%, comprising 13 doctors out of the total survey sample.

2. Study Methodology:

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The scientific approach to any problem facing a society is grounded in the scientific method, which involves the study and analysis of all variables associated with the problem—including its reality, causes, and determining factors. One must not make subjective judgments, assumptions, or speculations about the problem or problems facing society without relying on scientific facts.

Thus, the methodology is the approach the researcher follows in studying the problem to uncover the truth and answer the questions and inquiries raised by the research topic; it is the framework that outlines the path to reaching those truths and the methods for discovering them (Shafiq, 2001, p. 86).

Consequently, it is the research topic that dictates which methodology the researcher must use; therefore, methodologies vary depending on the topic. For the researcher to conduct a scientific study of their topic, determining the methodology to be followed in the research is an important and necessary step. In line with the nature of this study, which examines the level of psychological stability and its relationship to emotional regulation among a sample of doctors in the Obstetrics Department at Sliman Amirat Hospital in m'sila, the descriptive correlational approach was adopted. This approach involves studying and analyzing the correlation between variables—that is, the relationship between them (Al-Rashidi, 2000, p. 67)—and describes them quantitatively using quantitative measures.

3. Population and Study Sample:

The study population consists of physicians practicing at the “Sliman Amirat” in M'sila during the 2025/2026 academic year. A purposive sample was selected comprising 30 physicians employed at the hospital who responded to the study instruments; the sample consisted of 29 female general practitioners and one male surgeon.

3.1. Study Sample and Selection Method:

Behavioral sciences typically base their generalizations on research conducted with a group of individuals who represent a sample drawn from the target population. We have endeavored to ensure that our sample is more representative of the target population so that its results can be relied upon. This was achieved in the following areas:

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A. Spatial scope:

This study was conducted at Sliman Amirat Hospital in M'sila, which was established in 1995 as an urban obstetrics clinic with a capacity of 21 beds and was later converted into a standalone specialized healthcare facility focusing on gynecology and obstetrics. The hospital's current staff comprises approximately 100 employees from various ranks and medical and administrative specialties. The current study targeted physicians in the obstetrics department of the same institution (both male and female) of all ranks

The Human Dimension:

Doctors in the Obstetrics Department at Sliman Amirat Hospital (male and female) of various ranks (surgeons and general practitioners)

B. Time frame:

The practical component of the study was conducted in early May for the 2025–2026 academic year.

3.1.1. How to select the sample and determine its size:

When selecting the study sample, consisting of obstetricians, the following methodological considerations were taken into account:

A. Gender representation (male and female).

B. Representation of different ranks (general practitioners and surgeons).

The following table presents data on the primary study sample:

Table 2: Characteristics of the Primary Study Sample

Professional Experience	Categories	Issue	%
	Less than 5 years	17	56.67%
	years 6 or more	13	43.33%
Total		30	100

The data in Table 2 show that the primary study sample was distributed according to the variable of professional experience, with doctors having less than 5 years of experience accounting for 56.67% (17 doctors), while doctors with extensive experience (5 years or more) accounted for 43.33%, comprising 13 doctors. This allows for the conduct of valid and statistically reliable clinical comparisons of the differences.

4. Research Instruments and Their Psychometric Properties:

Emotional Stability Scale: The Emotional Stability Scale developed by Yasmin Omar Halawa in 2016 was used. It consists of 39 items distributed across two dimensions, with a five-point response scale (Strongly Agree / Agree), (Neutral / Disagree / Strongly Disagree).

Scale Scoring:

The final version of the scale consists of 39 items, distributed across two dimensions, with a five-point response scale (Strongly Agree, Agree, Neutral, Disagree, strongly disagree), where “strongly agree” is assigned 5 points, “agree” 4 points, “neutral” 3 points, “disagree” 2 points, and “strongly disagree” 1 point for positive statements, whereas for negative statements, “Strongly Agree” is assigned 1 point, “Agree” 2 points, “Neutral” 3 points, “Disagree” 4 points, and “Strongly Disagree” 5 points. The positive and negative statements were distributed across each dimension of the scale as follows: The Emotion Regulation dimension includes a number of negative statements (15, 14, 13, 12,

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9, 8, 6, 5, 4, 3, 2, 1) and positive statements (19, 18, 17, 16, 11, 10, 7). The flexibility dimension includes a number of positive statements (1, 2, 3, 6, 9, 11, 13, 14, 16, 17, 19) and negative statements (4, 5, 7, 8, 10, 12, 15, 18, 20).

Based on the above, the highest score that study participants can achieve for all scale items is 195 points, and the lowest score is 39 points.

Scale Validity: To verify the validity of the scale, the researcher employed the following methods:

Construct Validity: A random sample of 80 students from the second year of vocational high school (industrial, commercial, technical, and IT tracks) was drawn from outside the main study sample to verify construct validity by examining the scale's internal consistency on October 15–16, 2014.

The researcher then took steps to verify the internal consistency of the scale's dimensions, as shown in Tables 3 and 4.

Correlation coefficients between the items of the Emotional Stability Scale and its total score:

The researcher calculated the correlation coefficients between the items of the Emotional Stability Scale and its total score using Pearson's correlation coefficient, and the results were as follows:

Table 3: Pearson's correlation coefficient between the total score for the dimension and the score for each item within it:

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Significance level	Correlation coefficient	The Second Dimension	Sequence	Significance level	Correlation coefficient	The First Dimension	Sequence
0.01	**0.337	An Individual's Relationship with Others	1	0.05	*0.126	An individual's relationship with themselves	1
0.01	**0.419		2	0.01	**0.243		2
0.01	**0.409		3	0.01	**0.261		3
0.01	**0.308		4	0.01	** 0.316		4
0.01	**0.390		5	0.01	**0.340		5
0.01	**0.459		6	0.01	**0.356		6
0.01	**0.502		7	0.01	**0.316		7
0.01	**0.388		8	0.01	**0.392		8
0.01	**0.176		9	0.01	**0.326		9
0.01	**0.274		10	0.01	**0.443		10
0.01	**0.362		11	0.01	** 0.252		11
0.01	**0.451		12	0.01	**0.285		12
0.01	**0.371		13	0.01	**0.351		13
0.01	**0.450		14	0.01	**0.257		14
				0.01	**0.342		15
				0.01	**0.429		16
				0.01	**0.441		17
				0.01	**0.339		18

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				0.01	**0.398		19
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**** Significant at the 0.01 level or lower * Significant at the 0.05 level**

The results in Table 3 show that the correlation between the items and the dimensions was strong, ranging from.

for the first dimension—the individual’s relationship with (0.441–0.126) for the second dimension, which is oneself—and ranging from (0.176–0.502) the individual’s relationship with others. All of these are positive correlation coefficients, as they were statistically significant at the 0.05 level or lower. This indicates that the items of the study instrument belong to their respective dimensions and it also indicates the construct validity of the study instrument across its two dimensions.

Scale Reliability:

Reliability refers to the likelihood of obtaining the same results if the instrument is re-administered to the same individuals. It is defined as: “the degree to which the scale yields consistent readings each time it is used, or the degree of its consistency, coherence, and stability when repeatedly administered at different times.

One of the most well-known formulas used to measure the internal consistency of a tool is Cronbach’s Alpha.

The following table illustrates the consistency of the study’s tool using Cronbach’s Alpha:

Table 4: Shows the reliability of the study instrument using Cronbach’s alpha:

Scope of the Study	Number of sentences	Alpha value
The First Dimension: The Individual’s Relationship with Oneself	19	0.86
The Second Dimension: The Individual’s Relationship with Others	14	0.83
Overall Grade	33	0.88

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Table 4 shows that the Cronbach's alpha coefficient for the

,internal consistency of the study's instrument ranged from 0.73 to 0.76 which is a reassuring result, as many experts consider the minimum threshold for assessing the adequacy.

the instrument is 0.75, indicating the reliability of the results that the study instrument can yield when Applied.

Emotional Regulation Scale:

,the scale consists of six dimensions ,Developed by Riyadh Al-Asmi (2018) which are:

Dimension 1: Emotional Awareness

Its items are as follows: (1, 2, 3, 4, 5, 6, 7, 8)

Second Dimension: Emotional Self-Regulation

- ,These are the internal and external processes responsible for judging evaluating, and modifying emotional response

as well as their intensity and duration, in order to achieve a specific goal (Dumont 2019, p. 14)

Its items are as follows: (9, 10, 11, 12, 13, 14)

The third dimension: Cognitive Regulation

Its items are: (15,16,17,18,19,20,21)

Fourth Dimension: Expressive Suppression

Its items are(22,23,24,25,26,27)

Fifth Dimension: Emotional Contagion

Its items are(28,29,30,31,32)

:Sixth Dimension: Social Context

It items are (33,34,35,36,37,38)

(**Always Agree**) Responses to this scale are based on 5 options: Option 1 Option 3 (**Somewhat** ,(**Mostly Agree**) is scored as (4) Option 2 ,is scored as (5) and Option ,(**Mostly disagree**) is scored as (2) Option 2 ,**agree**) is scored as (3) It should be noted that the .(**Always disagree**) is scored as (1) I noted that the items in the scale numbered (2, 9, 10, 11 -12-13-15-21-22-23-24-25-28-29-30-

Chapter Three

32-37-38) are negative items, meaning they indicate low emotional regulation, whereas the remaining items in the scale are positive items, meaning they indicate high emotional regulation.

Validity:

The validity of the instrument was verified in two ways, as follows:

-Internal Consistency: To verify the coherence and homogeneity of the test items, the correlation coefficient between the total test score and the score of each item was calculated. Table(5) shows the correlation coefficient values.

Internal Consistency of the Dimensions of the Emotional Regulation Scale											
Correlation coefficients between each item in the social context dimension and the total score of the scale		Correlation coefficients between each item of the emotional reactivity subscale and the total score of the scale		Correlation coefficients between each item on the expressive suppression scale and the overall score of the scale		Correlation coefficients between each item of the cognitive organization dimension and the overall score of the scale		Correlation coefficients between each item of the self-regulation of emotions subscale and the overall score of the scale		Correlation coefficients between each item of the affective dimension and the overall score of the scale	
Correlation coefficient	Item Number	Correlation coefficient	Item Number	Correlation coefficient	Item Number	Correlation coefficient	Item Number	Correlation coefficient	Item Number	Correlation coefficient	Item Number
.466**	1	** .707	1	** .537	1	-.052	1	.339*	1	** .403	1
.513**	2	** .624	2	** .730	2	.435**	2	** .600	2	.122	2
.613**	3	** .557	3	** .690	3	.619**	3	** .533	3	** .417	3
.330**	4	-.024	4	** .623	4	.748**	4	** .496	4	** .578	4
.120	5	** .418	5	.368*	5	.341**	5	** .442	5	** .531	5
.215*	6			** .404	6	.669**	6	.249*	6	** .450	6
						.214*	7			** .449	7
										**	8

Chapter Three

										.578	
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Table 5 shows that most of the correlation coefficients between the items of the emotional regulation scale and the total score were statistically significant at the $\alpha = 0.05$ and $\alpha = 0.01$ levels, with correlation coefficients ranging from ,to 0.784, except for item No. 2 in the affective awareness dimension 0.214 in the cognitive which had a correlation coefficient of 0.122, Item No. (1) while Item No. (4) ,regulation dimension had a correlation coefficient of (0.052) ,in the emotional contagion dimension had a correlation coefficient of (0.024) in the social context dimension had a correlation coefficient of and Item No. (5) .(0.120)

,31 ,15 ,Consequently, the items with the following numbers in the scale (2 were deleted, bringing the total number of (37

items in the final version of the scale to 34

B. Scale Reliability:

The reliability of the instrument was verified using the following two methods:(split-half and Cronbach's alpha)

A. Split-half method: The scale items were divided into two halves, and the correlation coefficient

between the two halves was calculated using Pearson's method and corrected for length effects using Spearman-Brown's method.

6:shows the reliability coefficient of the scale using the split-half method:

Value	.392
Number 1 Section	
Items	19 ^a
Value	.381
Number 2 Section	
Items	19 ^b

Total number of items	38
Correlation coefficient	.368
Equal-length Spearman's correlation coefficient	.538
Unequal-length Brown's correlation coefficient	.538
Guttman's coefficient for half-split	.536

From the table above on the reliability of the scale using the split-half method, we find that the reliability coefficient

using the Spearman-Brown method was estimated at 0.53, which is an acceptable reliability coefficient; therefore, it can be said

that the emotional regulation scale is characterized by internal consistency among its items.

-The Alpha Cronbach Method:

The internal consistency coefficient of the scale was calculated using Cronbach's alpha, as shown in Table 7:

Table 7: shows the Cronbach's alpha reliability coefficient for the Emotional Regulation Scale:

Cronbach alpha	Number of items
0.550	38

From the table above, we see that Cronbach's alpha reliability coefficient was estimated at 0.55, which is an acceptable value indicating the reliability of the emotional regulation scale

5.4. Statistical methods used:

The data were analyzed using SPSS (Version 23), a statistical software package for the social sciences. The data analysis involved the following statistical procedures:

Chapter Three

1- Frequencies and percentages of the data, to provide a quick overview of the study sample in a concise and simplified manner, presented in the form of tables and graphs.

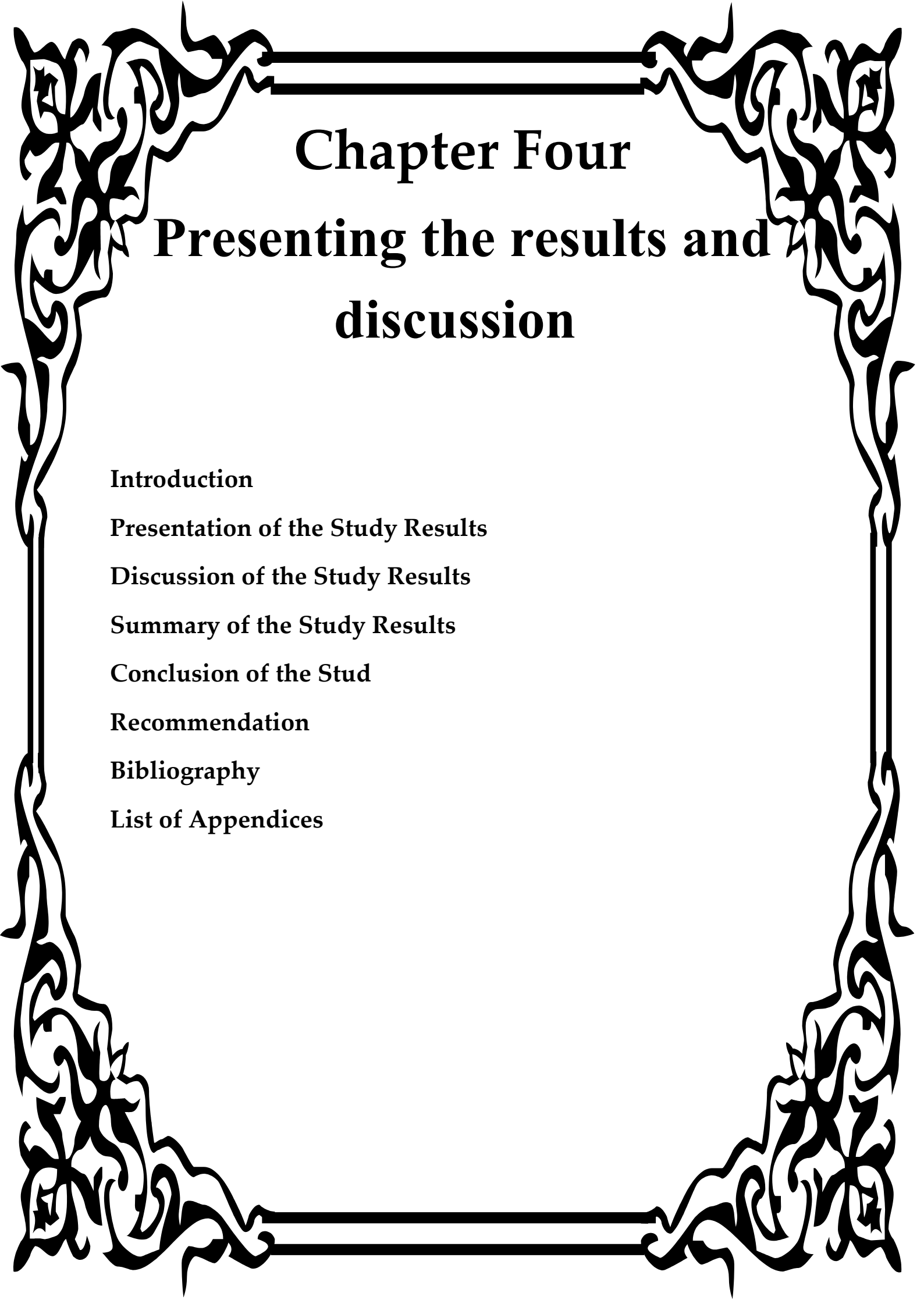
2- Calculation of the arithmetic mean and standard deviation to determine the descriptive statistics of the study variables.

3- Pearson's correlation coefficient to identify the relationship between the variables.

4- The t-test to determine the significance of differences in means.

Conclusion:

From the discussion in this chapter, we can see the urgent need for the humanities and social sciences to combine two fundamental approaches in their study of phenomena: the theoretical aspect of the subject matter and the empirical data derived from the fieldwork conducted by the researcher; Since theoretical study alone may not be sufficient to uncover the facts related to the subject under study, it is therefore of the utmost importance to conduct fieldwork.



Chapter Four

Presenting the results and discussion

Introduction

Presentation of the Study Results

Discussion of the Study Results

Summary of the Study Results

Conclusion of the Stud

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List of Appendices

Chapter Four Presenting the results and discussion

Introduction:

This chapter presents the findings of the research team in accordance with the objectives of the current study, discusses these findings in light of the data theories, and previous studies cited in the research, and concludes with recommendations based on these findings

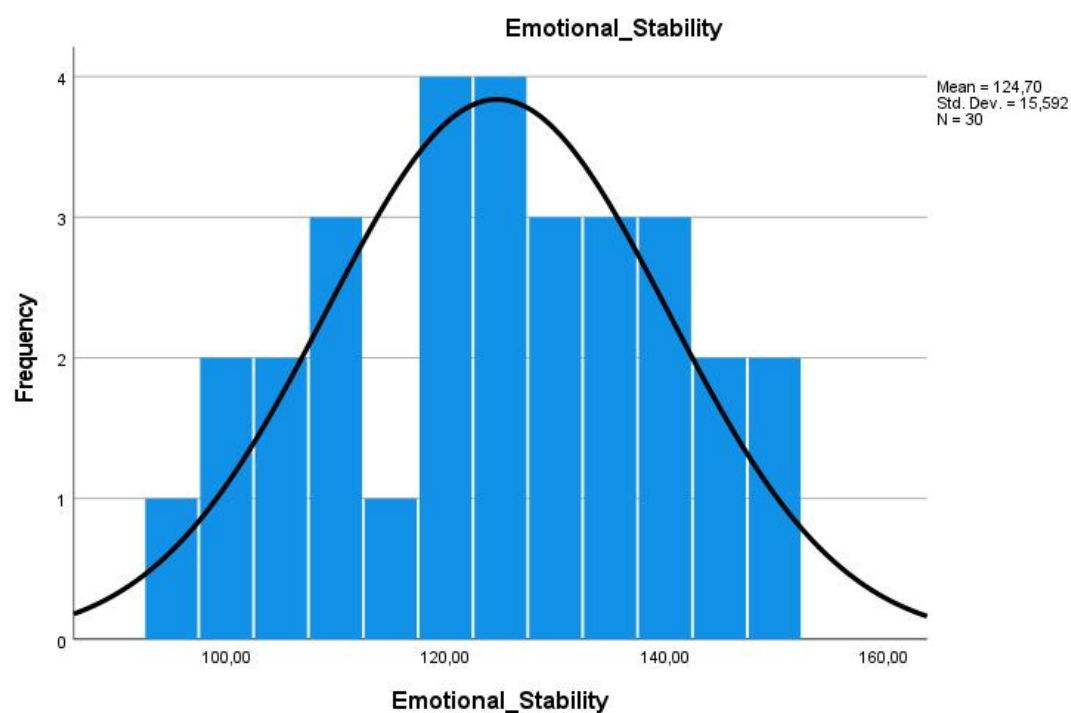
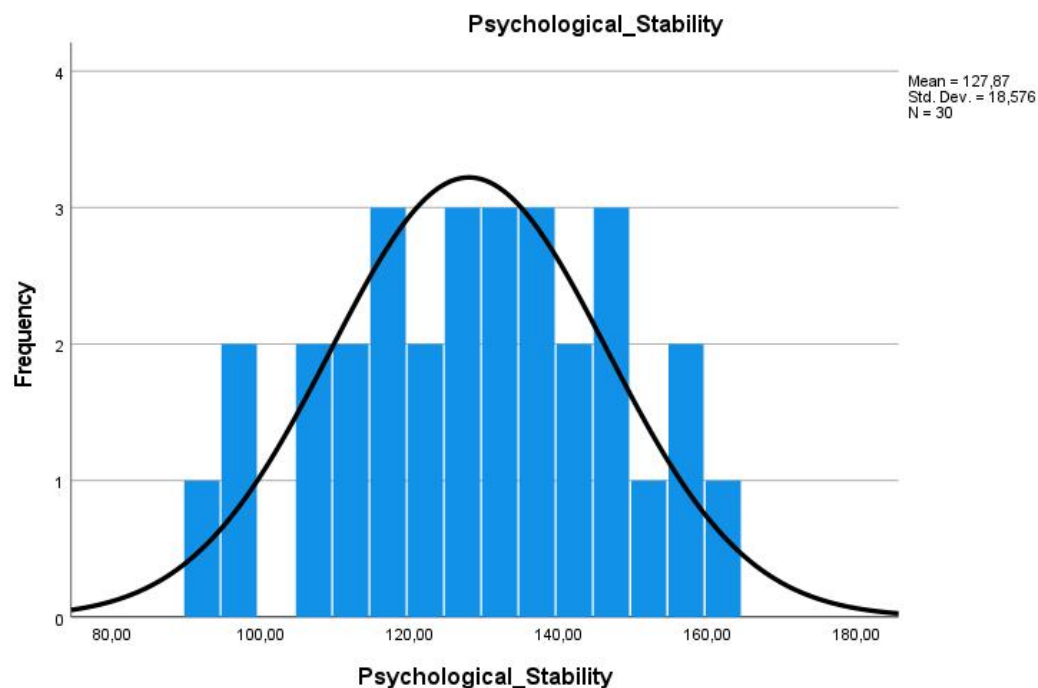
Presentation of the study results:

First, descriptive statistics for the study variables will be presented

To determine the descriptive statistics of the variables in the current study the minimum and maximum values, the mean, the standard deviation, the median, and the mode were calculated for the study variables, as shown in the following table:

Variables	Total sample N = 30						
	Lowest grade	Highest grade	Arithmetic mean	Standard Deviation	The Mediator	The Pattern	Variation
Emotional stability	95	151	124.70	15.59	125	95	243.1
Psychological Stability	92	160	127.86	18.57	129	118	345.08

Table No(8)Descriptive Statistics for Study Variables



The following is a summary of the results of testing each of the study's hypotheses in the order in which they appear

Presentation of the results of the first hypothesis:

Chapter Four Presenting the results and discussion

-The level of psychological stability among a sample of doctors at the Public Hospital for Women and Obstetrics in M'sila is high

To verify this hypothesis, the arithmetic mean, theoretical mean, and standard deviation were examined; the results are presented in Table08

Arithmetic mean, theoretical mean, and standard deviation for :Table (08)
psychological stability

The variable	The sample	Hypothetical scenario	The Arithmetic Mean	Standard deviation	The calculated t-value	Level Significance
psychological stability	30	99	127.86	18.57	8.51	0.01

above shows that the average score for physicians on the The table(08) psychological stability scale was 127.86 for the scale as a whole, with a standard deviation of 18.57, indicating that physicians have a high level of psychological stability

The arithmetic mean of the Psychological Stability Scale:

To verify the validity of the sample mean of the participants' scores on the psychological stability scale, a one-sample t-test was conducted. The results at a degree of freedom of 29 is showed that the calculated t-value (8.51) statistically significant in favor of the sample mean, indicating that the sample .members have high psychological stability to a statistically significant degree

Presentation of the results of the second hypothesis

The level of emotional stability among a sample of doctors at the Public Hospital for Women and Obstetrics in M'sila is high

To verify this hypothesis, the arithmetic mean, theoretical mean, and standard deviation were examined; the results are presented in Table.09

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Arithmetic Mean, Theoretical Mean, and Standard Deviation of :Table (09)
the Emotional Stability Scale

The variable	The sample	Hypothetical scenario	The Arithmetic Mean	Standard deviation	The calculated t-value	Level Significance
Emotional stability	30	102	124.70	15.59	7.97	0.01

above shows that the average score for physicians on the emotional The table (09) stability scale was 124.70 for the scale as a whole, with a standard deviation of .indicating that physicians exhibit high emotional stability ,15.59

The arithmetic mean of the Emotional Stability Scale:

To verify the validity of the sample mean of the participants' scores on the Emotional Stability Scale, a one-sample t-test was conducted The results at a degree of freedom of 29 is showed that the calculated t-value (7.97) statistically significant in favor of the sample mean, indicating that the sample .members have high emotional stability to a statistically significant degree

Presentation of the Results of the Third Hypothesis

-There are statistically significant differences in the psychological well ,being of physicians at the Taiz Public Hospital for Women and Obstetrics attributable to the variable of professional experience

To verify this hypothesis, the t-value was calculated using a t-test to determine the significance of differences in psychological stability according to the variable of professional experience; the results are presented in Table.10

Table No. (10)The value of (t) indicating the differences in the means of psychological stability scores attributable to the professional experience variable

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The variables	Less than 5 years N=17		6years or older n = 13		Value T	Significance level
	M	A	M	A		
Psychological stability	139.58	12.58	112.53	13.16	5.71	0.01

From the table above, it is clear that the t-value is 5.71 for the scale as a whole, which is statistically significant at the 0.01 level. This indicates that there are statistically significant differences in psychological stability between doctors with less than five years of professional experience and those with more than six years of professional experience. Referring to the arithmetic means, we find that the means for doctors with less than five years of experience are higher, indicating differences in the professional experience variable in favor of doctors with less than five years of professional experience. Based on the foregoing, it can be concluded that the third hypothesis has been confirmed, which states that there are statistically significant differences in psychological stability among physicians at the Public Hospital for Women and Obstetrics attributable to the professional experience variable

Presentation of the results of the fourth hypothesis

There are statistically significant differences in emotional stability ,among physicians at the Public Hospital for Women and Obstetrics .attributable to the variable of professional experience

To verify this hypothesis, the t-value was calculated using a t-test to determine the significance of differences in emotional stability according to the variable of professional experience; the results are presented in Table 11

The value of (t) for the significance of the differences in :**Table No. (11)** the means of emotional stability scores is attributed to the professional .experience variable

The variables	Less than 5 years	6years or		
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Chapter Four Presenting the results and discussion

	N=17		older n = 13		Value T	Significance level
	M	A	M	A		
Emotional stability	135.29	9.73	110.84	9.70	6.82	0.01

From the table above, it is clear that the t-value is 6.82 for the scale as a whole, which is statistically significant at the 0.01 level. This indicates that there are statistically significant differences in emotional stability between physicians with less than five years of professional experience and those with more than six years of professional experience. Referring to the arithmetic means, we find that the means for doctors with less than five years of experience are higher indicating differences in the professional experience variable in favor of doctors with less than five years of professional experience. Based on the foregoing, it can be concluded that the third hypothesis has been confirmed, which states that there are statistically significant differences in emotional stability among physicians at the Public Hospital for Women and Obstetrics attributable to the professional experience variable.

Presentation of the Results of the Fifth Hypothesis

There is a statistically significant correlation between psychological stability scores and emotional stability scores among physicians at the M'sila Public Hospital for Women and Obstetrics

To verify this hypothesis, Pearson's correlation coefficient was used to test the relationship between psychological stability scores and emotional stability scores in a sample of physicians; the results are presented in Table

Table 12: Pearson's correlation coefficient between psychological stability scores and emotional stability scores among the sample participants

The Scale	The sample	Pearson's correlation coefficient	Significance level

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Psychological Stability	30	0.94	0.01
Emotional stability			

The table shows a correlation between psychological stability scores and emotional stability scores, with a correlation coefficient of 0.94—a high value that is statistically significant at the 0.01 level. The result of this hypothesis indicates a positive correlation between the two variables; This means that as psychological stability increases, emotional stability also increases

Based on the above, it can be concluded that the fifth hypothesis has been confirmed, which states that there is a statistically significant correlation between psychological stability scores and emotional stability scores among physicians at the M'sila Public Hospital for Women and Obstetrics

Discussion of the Study Results

The presentation of the study's results in the preceding tables requires interpretation and discussion; therefore, we will devote the following section to discussing the study's results in light of the hypotheses on which it was based, in the order in which they were presented

Discussion of the Results of the First Hypothesis

As shown in Table (...) presenting the results of the first hypothesis, it has been confirmed that the level of psychological stability among a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila is high. This result can be explained in light of the nature of medical work, which requires a high degree of psychological balance and the ability to adapt to the various professional and human situations that a doctor faces while practicing their profession. By virtue of their scientific training and accumulated professional experience, doctors acquire skills that help them cope with stress and handle various medical cases with a degree of composure and psychological resilience

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This finding can also be attributed to physicians' perception of the importance of the role they play within the healthcare institution, which enhances their sense of professional competence and self-satisfaction—factors associated with psychological well-being. In addition, the nature of medical practice, which involves decision-making and taking responsibility, contributes to the development of self-confidence and a sense of control over various professional situations.

This finding is consistent with the psychological literature, which confirms that psychological stability is linked to an individual's ability to be at peace with themselves and their social and professional environment, and to cope effectively with daily stressors. Furthermore, the high level of psychological stability among the sample participants can be considered a positive indicator reflecting their good mental health, which enables them to perform their professional duties efficiently and maintain the quality of health services provided to patients.

,This finding is consistent with the results of a study (Bouزيد & Amer, 2024) which confirmed that physicians enjoy a good level of psychological stability and attributed this to their ability to regulate their emotions and adapt to the demands of the hospital environment. It is also consistent with the findings of a study (Smith & Jones, 2023) that demonstrated a positive relationship between adaptive emotional regulation and psychological stability among healthcare providers, confirming that the ability to manage emotions is an important factor in promoting psychological stability among medical professionals.

On the other hand, this finding is consistent with the findings of a study (Taylor, 2018), which showed that physicians possess good levels of psychological resilience and effective coping mechanisms that help them adapt to the various demands and pressures of their work. The high level of psychological stability among the sample participants can also be explained by the specific nature of the hospital under study, as continuous interaction with various medical cases may provide doctors with psychological and professional experiences that help them adapt to stress and maintain a high level of psychological stability.

Although a study (Abdulrahman, 2019) found an average level of psychological stability among physicians, the discrepancy between its findings and those of the current study may be attributed to differences in working conditions, the characteristics of the samples studied, and the nature of the healthcare institutions where the studies were conducted, in addition to

Chapter Four Presenting the results and discussion

differences in the time periods and professional circumstances surrounding the physicians. Accordingly, the high level of psychological stability among the current sample reflects their ability to adapt to the demands of the profession and cope positively with occupational stress, which contributes to improving their professional performance and the quality of health services provided to patients

Discussion of the results of the second hypothesis

,(...) As shown in the results of the second hypothesis, as presented in Table the findings confirm that the level of emotional stability among a sample of physicians at the Public Hospital for Women and Obstetrics in M'sila is high

The results of the current study revealed a high level of emotional stability among the sample of doctors at the Public Hospital for Women and Obstetrics in M'sila, reflecting the sample members' ability to control their emotions and maintain their psychological balance when facing the stressful professional situations that characterize healthcare work in general and work in women's and 'obstetrics departments in particular. This result can be explained by the doctors possession of effective emotional regulation skills and professional experience These accumulated experiences help them adapt to the demands of their work and handle critical situations effectively, which has a positive impact on their emotional stability.

This finding is consistent with the results of a study by Bouzid and Amer which confirmed the existence of a statistically significant positive ,(2024) correlation between positive emotional regulation and psychological stability among resident physicians at university hospitals, It also indicated that more experienced physicians enjoy a higher level of psychological stability compared to their less experienced counterparts. This reinforces the interpretation of the current finding, as emotional stability can be viewed as a reflection of physicians' ability to regulate their emotions and draw on their professional expertise in coping with the pressures of daily work

The findings of the current study are also consistent with Al-Otaibi's study ,which revealed that staff in emergency and obstetrics departments ,(2022) .particularly physicians, exhibit a moderate to high level of emotional stability This confirms that the nature of work in these departments—characterized by critical and constantly changing situations—contributes to the development of coping skills, psychological resilience, and emotional stability among healthcare practitioners

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Although the study variables differ, the current findings are also consistent which indicated an average ,with the results of a study by Abdulrahman (2019) level of psychological stability among physicians in government hospitals. The concepts of psychological stability and emotional stability share the commonality of expressing an individual's ability to achieve psychological balance and regulate emotions. However, the higher level of emotional stability in the current study compared to the average level found in that study may be attributed to differences in work environments, sample characteristics, or the time period in which the two studies were conducted

At the international level, the findings of the current study are consistent which demonstrated a positive ,with those of a study by Smith and Jones (2023) correlation between adaptive emotional regulation and psychological stability among healthcare providers. The researchers emphasized that the ability to cognitively reappraise stressful situations contributes to enhancing psychological balance and emotional stability. This suggests that physicians who possess effective strategies for regulating their emotions are better able to maintain emotional stability while performing their professional duties

,The current findings are also consistent with a study by Taylor (2018) which showed that specialists have greater capacity to cope with occupational stress and higher levels of psychological stability compared to general practitioners. This supports the interpretation that professional experience and medical specialization contribute to the development of psychological coping mechanisms and emotional regulation, which is reflected in high emotional .stability

Accordingly, it can be said that the results of the current study are largely consistent with most previous Arab and foreign studies, which have confirmed that physicians generally enjoy relatively high levels of emotional stability and ,psychological stability, and that this is linked to effective emotional regulation professional experience, and the ability to adapt to the multiple pressures .imposed by the hospital environment

Discussion of the Results of the Third Hypothesis

As shown in the presentation of the results for the third hypothesis, as outlined in Table (...)—the hypothesis has been confirmed, as the results revealed statistically significant differences in psychological stability among physicians at the Taiz Public Hospital for Women and Obstetrics, attributable to the variable of professional experience, with physicians with less than five years .of experience showing higher levels of stability

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This finding can be explained by the fact that doctors early in their careers often exhibit greater enthusiasm, professional motivation, and optimism toward their work; furthermore, they have not yet been exposed to prolonged periods of accumulated professional stress that can affect their psychological well-being over time. In addition, this group is more receptive to learning and adapting to job requirements, and may benefit from modern training and mentoring programs that enhance their ability to handle various professional situations

This finding can also be attributed to the phenomenon of occupational burnout, which may gradually develop among physicians as their years of service increase due to constant exposure to work-related stress and growing professional responsibilities, as well as frequent encounters with critical cases which may negatively affect the psychological well-being of more experienced physicians compared to their less experienced colleagues

,This finding differs from the results of a study by Bouzid and Amer (2024) which revealed differences in psychological stability favoring more experienced physicians; the study attributed this to the positive role of professional experience in developing coping skills and emotional regulation. This discrepancy may be explained by differences in the nature of the professional environment and the sample studied, or by differences in the prevailing working conditions at the healthcare institutions where the two studies were conducted

The current finding also differs from the conclusion reached by Taylor who noted that physicians with higher professional ranks and greater ,(2018) experience enjoy higher levels of psychological stability and a better ability to cope with professional stress. This discrepancy may be attributed to differences ,in the organizational and cultural contexts of the health institutions under study .as well as differences in the characteristics of the samples

although it did not directly examine ,As for Al-Otaibi's study (2022) professional experience, it demonstrated differences in emotional stability based on professional rank, with specialist physicians showing greater stability. This suggests that experience and career progression influence psychological and emotional aspects. However, the current findings suggest that long years of experience may not always be a positive factor in promoting psychological stability, especially when accompanied by increased professional pressures and .an accumulation of job burdens

Therefore, it can be concluded that the relationship between professional experience and psychological stability is not necessarily linear but is influenced by a range of professional, organizational, and personal factors, as less

Chapter Four Presenting the results and discussion

experienced physicians may enjoy a higher level of psychological stability due to professional enthusiasm and lower cumulative exposure to stress compared to physicians with longer experience.

4. Discussion of the Results of Hypothesis

As shown in Table (...) below, the results of Hypothesis 4 confirm its validity, revealing statistically significant differences in emotional stability ,among physicians at the Taiz Public Hospital for Women and Obstetrics attributable to the variable of professional experience, with physicians with less .than five years of experience showing higher emotional stability

This finding can be explained by the fact that less experienced physicians are in the early stages of their careers, a phase typically characterized by a desire to demonstrate professional competence and a commitment to adhering to the profession's professional and ethical standards, which leads them to make greater efforts to control their emotions and demonstrate a high degree of ,emotional stability when interacting with patients and colleagues. Furthermore the fact that they have recently completed their academic education and medical training may make them more committed to modern scientific approaches .related to stress management and effective professional communication

On the other hand, more experienced physicians may, over time, face a constant repetition of complex professional situations and critical cases, in addition to increased administrative and organizational responsibilities. This may deplete some of their emotional resources and make maintaining the same level of emotional stability more difficult compared to their less experienced .colleagues

study, which This finding differs from the results of Al-Otaibi's (2022) ,indicated differences in emotional stability in favor of specialist physicians attributing this to career progression and the experience it provides, which helps who ,in managing emotions. It also differs from the findings of Taylor (2018) demonstrated that physicians higher up the career ladder possess more effective .coping mechanisms for dealing with professional stress

Conversely, the current findings can be interpreted to suggest that emotional stability is not determined solely by years of experience, but is also influenced by an individual's personality traits, professional motivation, level of job commitment, and the nature of the organizational environment in which they work. Thus, the superior emotional stability of physicians with less than five

Chapter Four Presenting the results and discussion

years of experience may reflect their higher level of professional vitality and ability to respond positively to work demands, rather than the impact of professional experience in and of itself.

5. Discussion of the Results of Hypothesis

,(...) As shown by the results of the fifth hypothesis presented in Table which have been confirmed, we conclude that there is a statistically significant positive correlation between psychological stability and emotional stability in the study sample

This indicates that as the level of emotional stability among physicians increases, so does their level of psychological stability, and vice versa

This finding can be explained by the close relationship between the two concepts; emotional stability refers to an individual's ability to regulate their emotions and control their emotional responses when faced with various situations, whereas psychological stability reflects a state of psychological balance and harmony, as well as a sense of security and psychological well-being. Consequently, a physician's ability to control their emotions and handle stress and critical situations with calmness and composure contributes to enhancing their sense of psychological stability and positive adaptation to the demands of professional practice

Furthermore, the nature of medical work—particularly in the field of obstetrics and gynecology—requires physicians to constantly deal with situations that demand quick decision-making, the ability to take responsibility and emotional control in sensitive situations. This makes emotional stability a key factor in maintaining psychological well-being and mitigating the negative effects of occupational stress. Therefore, physicians with high levels of emotional stability are better able to adapt to work demands and experience greater psychological well-being and satisfaction

which ,This finding aligns with the study by Bouzid and Amer (2024) found a statistically significant positive correlation between emotional regulation and psychological stability among physicians, confirming that the ability to effectively manage emotions contributes to enhancing psychological who ,balance. It also aligns with the findings of Smith and Jones (2023) demonstrated a positive relationship between adaptive emotional regulation and psychological stability among healthcare providers, noting that emotional

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control is one of the most important factors supporting mental health in stressful work environments

study, which This finding is also consistent with Al-Otaibi's (2022) highlighted a correlation between emotional stability and psychological resilience among staff in emergency and obstetrics departments, as both emotional stability and psychological resilience are psychological resources that help individuals adapt to stress and maintain their psychological balance. It also study, which indirectly aligns with the findings of Abdulrahman's (2019) demonstrated the importance of psychological factors in coping with .occupational stress and maintaining psychological stability among physicians

Overall, this finding confirms that emotional stability is a fundamental component of psychological well-being among physicians, and that enhancing physicians' ability to regulate their emotions and manage stressful situations can contribute to increasing their psychological well-being and improving their professional and personal well-being, which in turn positively impacts the quality of their professional performance and the level of healthcare provided to .patients

Summary of the study's results

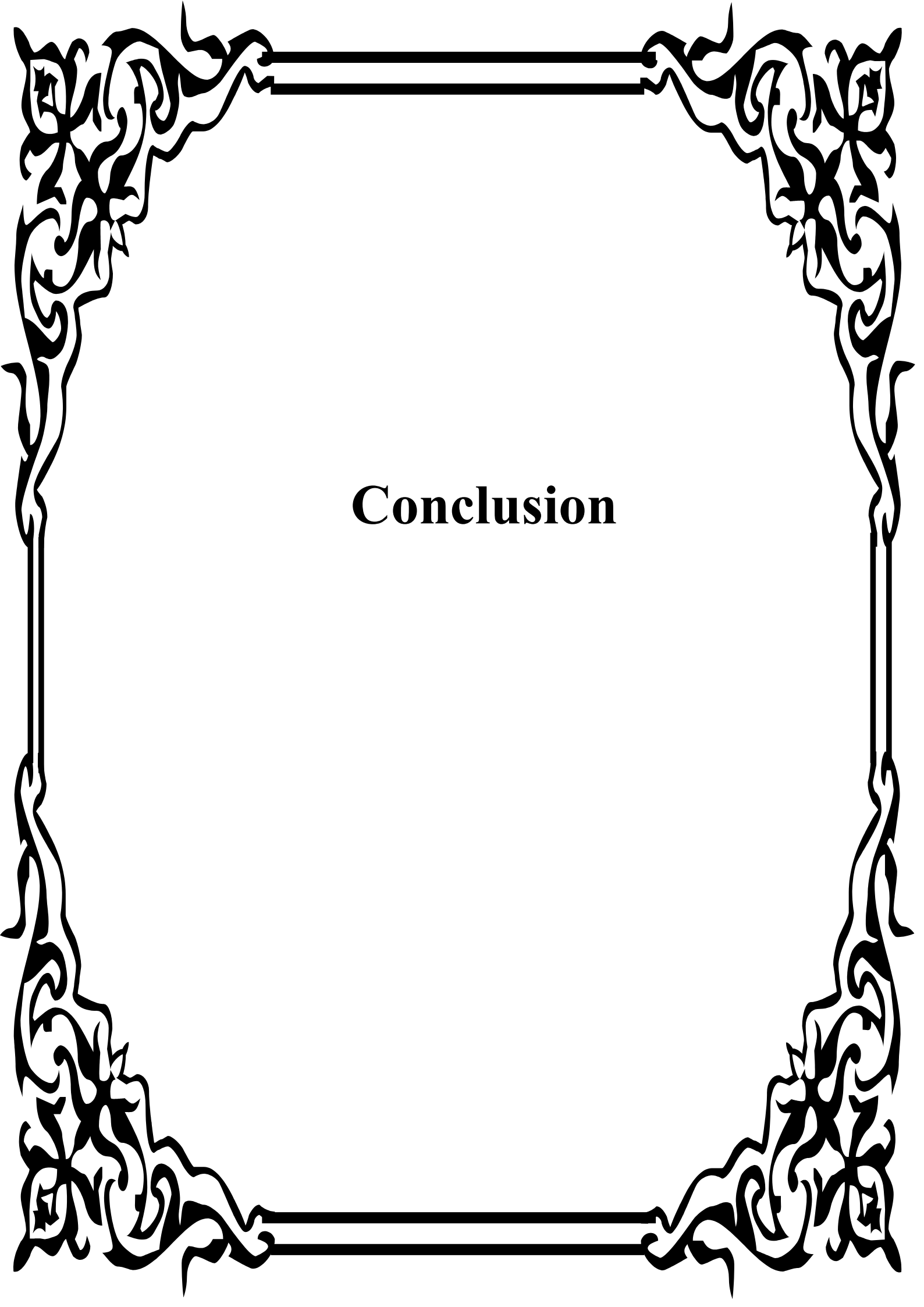
After reviewing and discussing the results of the current study, this section provides a summary of its key findings, which can be summarized as follows

A. The level of psychological stability and emotional resilience among .physicians at the Public Hospital for Women and Obstetrics is high

B. -There are statistically significant differences in psychological well . ,being among physicians at the Taiz Public Hospital for Women and Obstetrics attributable to the variable of professional experience

C. There are statistically significant differences in emotional stability ,among physicians at the Taiz Public Hospital for Women and Obstetrics .attributable to the variable of professional experience

D. There is a correlation between psychological stability and emotional .stability among physicians at the University of M'Sila



Conclusion

Conclusion

The study of psychological stability and emotional resilience among physicians is a key topic in the field of psychology, given the human and professional demands of the medical profession, which require a high degree of psychological balance and the ability to control one's emotions. This topic takes on even greater importance in specialized medical institutions, where doctors face daily situations that require rapid decision-making, the ability to take responsibility, and coping with various professional and emotional pressures

This study sought to shed light on the relationship between psychological stability and emotional resilience among physicians at the Public Hospital for Women and Obstetrics in M'sila, given the importance of these two variables in promoting physicians' mental health and improving their professional and social well-being. This study also comes within the context of growing interest in the psychological aspects of healthcare workers, as these are considered essential to ensuring the quality and continuity of professional performance

The importance of this type of study lies in enriching scientific knowledge regarding the personality traits and mental health of physicians, and in providing a scientific foundation that can be utilized in developing preventive and counseling programs aimed at promoting psychological well-being and developing emotional skills among healthcare workers. Furthermore, the findings of similar studies can help guide healthcare institution administrators ,toward adopting policies and programs that support the mental health of staff .thereby positively impacting the quality of healthcare services provided

Finally, the topic of psychological stability and emotional resilience remains a fertile area for research and study, given its close connection to -various aspects of professional performance and psychological and social well being. This calls for continued research efforts to identify the factors influencing these areas and to deepen our understanding of the nature of the relationship .between them in various professional and healthcare settings

Recommendations of the study

Based on the findings of this study and the topics it addressed regarding psychological stability and emotional resilience among physicians, the following recommendations can be made

Addressing physicians' mental health by incorporating regular psychological support and counseling programs within healthcare institutions

Conclusion.....

Organizing training courses and workshops aimed at developing physicians' skills in managing psychological stress and controlling their emotions

Enhancing the professional work environment by fostering a supportive organizational culture that contributes to increased job satisfaction and professional harmony

Encouraging doctors to participate in scientific and social activities that help develop communication skills, promote positive interaction, and alleviate professional stress

Providing programs to prevent burnout and occupational stress, particularly in medical departments characterized by high levels of pressure and responsibility

Giving greater attention to newly hired physicians through mentoring and career guidance programs that help them adapt to the demands of medical practice

Conducting periodic assessments of psychological stability and emotional resilience among healthcare workers to enable early detection of psychological and occupational issues

Encouraging collaboration between psychologists and healthcare institution administrators to design intervention programs that promote physicians' mental health

Conduct future studies examining the relationship between psychological stability and other variables such as job satisfaction, burnout, psychological resilience, and social support

Expand the scope of future studies to include larger samples and different medical specialties and

healthcare institutions to arrive at more generalizable results.



Appendices

Appendices.....

(في المكان المناسب X ضع علامة)

الجنس: ☐ ذكر ☐ أنثى

السن:

الرتبة:

الخبرة المهنية:

(أسفل الاختيار الذي ينطبق عليك : X الرجاء وضع علامة)

م	العبارة	درجة التقدير				
		أبداً	نادراً	أحياناً	غالباً	دائماً
1	أشعر أن توفيق الله يحالفني دائماً					
2	لدي القدرة على فهم ذاتي والوعي بها					
3	أفقد السيطرة على أفعالي في حالة الغضب					
4	ينتابني شعور أن الحياة تعيسة					
5	أعتقد أن عملي لا يتناسب مع طموحاتي					
6	ينتابني القلق في احتمال إصابتي بمرض معين					
7	أشعر بالضيق عند انجاز مهماتي					
8	احتفظ بأرائي التي أشعر بقناعتها					
9	أتفاءل عندما أفكر في المستقبل					
10	أرغب في أن أكون شخصاً أخذ أكثر مما أعطي					
11	ينتابني شعور أنني بصحة جيدة					
12	أعتقد أنه بإمكانني حل مشكلاتي اليومية بكل هدوء					
13	أشعر بخلو نومي من الكوابيس المخيفة					

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درجة التقدير					العبارة	
					سعيد لما وصلت إليه من مستوى علمي	14
					استمتع بالبساطة في الملبس والمظهر	15
					أرتاح عندما أكون خارج المنزل	16
					أتكلم عن ما أشعر به بسهولة	17
					أستمتع عندما أستيقظ من النوم	18
					أشعر بالخوف من الموت	19
					أتحمل نتائج الأفعال التي أقوم بها	20
					أشعر بالضيق من الأشخاص كثيري الحديث	21
					عندما تواجهني مشكلة أطلب مشورة الآخرين	22
					أرغب في تقديم المساعدة للآخرين	23
					تنتابني حالة من الضيق عند مساعدة أهلي في المنزل	24
					تنتابني حالة من الضيق عند مراقبة المسؤول	25
					أفضل عدم الجلوس مع الآخرين	26
درجة التقدير					العبارة	م
أبداً	نادراً	أحياناً	غالباً	دائماً		
					أعتقد أن وظيفتي تساعدني في الاهتمام بأسرتي	27
					أكون سعيداً عندما أكون بين أفراد عائلتي	28
					أقبل نقد أسرتي وأصدقائي دون أن أشعر بانزعاج	29
					أشعر بالارتياح عند تمسكي بالعادات الاجتماعية	30
					أشعر بالضيق عندما أتحدث أمام الآخرين	31

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العبارة	درجة التقدير
أجد سهولة في كسب ثقة الآخرين	32
أشعر بالضيق عند تفضيل الآخرين علي	33

المقياس 2:

م	العبارة	درجة التقدير				
		موافق بشدة	موافق	محايد	معارض	لا أو افق بشدة
1	أستطيع التعبير عن مشاعري بوضوح					
2	مزاجي له تأثير ضعيف على كيفية معالجاتي للمشكلات					
3	أستطيع ضبط انفعالاتي بسرعة عندما أتعرض لموقف يضايقي					
4	لدي وعي كامل بمشاعري وانفعالاتي					
5	أعطي أهمية بالغة لانفعالاتي ومشاعري					
6	أستطيع ربط انفعالاتي بالموقف الذي أعيشه					
7	لا تتغير نظرتي نحو الأمور مهما كانت حالتي المزاجية					
8	إذا تذكرت موقف انفعالي غير سار فهذا يعني أمر عادي بالنسبة لي					
9	أتضايق من انفعالاتي السلبية					
10	أشعر بالقلق عندما لا أستطيع ضبط انفعالاتي في المواقف المحرجة					
11	تسبب لي انفعالاتي القاسية مشكلات في حياتي اليومية					
12	عندما ينتابني انفعال شديد أصبح غير قادر على تحمل مسؤولياتي					
13	أمتلك القدرة على التعامل مع مشاعري بشكل يتلاءم مع الموقف					
14	دائماً أفكر بالأشياء الإيجابية بدلاً من التفكير في المواقف المزعجة					

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العبارة	درجة التقدير
15 أفكر في كيفية تغيير طبيعة انفعالاتي السلبية	
16 أفكر في خطة تمكيني من القيام بما هو أفضل لذاتي عند التفاعل مع انفعالاتي المزعجة	
17 عندما أعبّر عن انفعالاتي بشكل غير لائق ألوم نفسي على ذلك	

م	العبارة	موافق بشدة	موافق	محايد	معارض	لا موافق بشدة
18	سوف أتعلم في الأيام القادمة شيئاً عن طريق تنظيم انفعالاتي السلبية					
19	لدي صعوبة في التركيز عندما أكون منفعلاً					
20	أتجنب المواقف التي تجعلني أشعر بالعصبية الشديدة					
21	أنا قلق بشأن عدم التمكن من ضبط انفعالاتي ومخاوفي					
22	أحياناً أكون غير متأكد من الكلمات التي أستخدمها لوصف مشاعري					
23	يخيفني البوح بمشاعري وانفعالاتي الحقيقية					
24	من السهل عليّ التعبير عن انفعالاتي بطريقة إيجابية					
25	لدي القدرة على منع انفعالاتي من التأثير على سلوكي					
26	رؤية الآخرين المنفعلين تزيد من شدة انفعالاتي					
27	أصبح متوتراً عندما يتحدث الناس عن فراق أحبائهم					
28	أتضايق عندما أرى وجوه غاضبة في التلفاز					
29	الاستماع لصرخات طفل مرعوب تجعلني أكثر توتراً					
30	أشعر بمشاعر إيجابية عندما أعرف كيف يتعامل الناس مع انفعالاتهم					

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					ألقى اللوم دائماً على الآخرين في إثارة انفعالاتي	31
					أبحث عن الآخرين الذين يقدمون لي التعاطف عندما أكون متزعجاً	32
					عصبيتي الشديدة تمنعني من الوصول إلى أسلوب ناجح في التعامل مع المواقف الاجتماعية	33
					لا أستطيع ضبط أعصابي عندما يجرح شخص ما مشاعري	34



تأكد أنك قد أجبت على كل العبارات

شكراً على تعاونكم الصادق

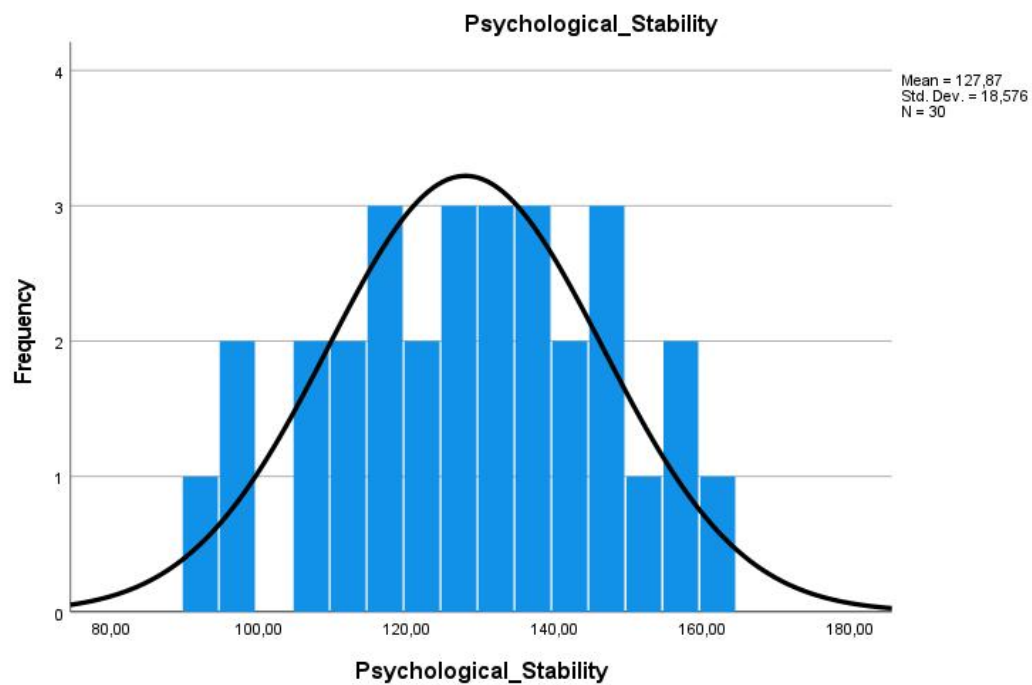
Appendices.....

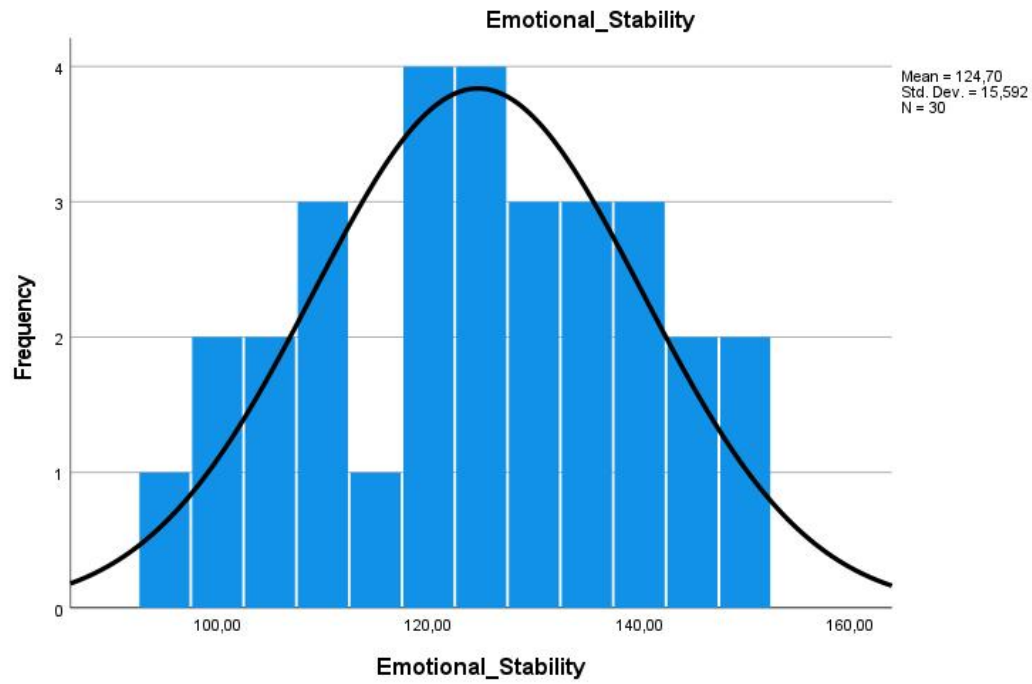
Statistics

		Psychological _Stability	Emotional_St ability
N	Valid	30	30
	Missing	0	0
Mean		127,8667	124,7000
Median		129,0000	125,0000
Mode		118,00 ^a	95,00 ^a
Std. Deviation		18,57647	15,59211
Variance		345,085	243,114
Range		68,00	56,00

a. Multiple modes exist. The smallest value is shown

Histogram





T-Test

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Psychological_Stability	30	127,8667	18,57647	3,39158

One-Sample Test

Test Value = 99

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	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower
Psychological_Stability	8,511	29	,000	28,86667	21,9301

One-Sample Test

Test Value = 99

95% Confidence Interval of the Difference

Upper

Psychological_Stability	35,8032
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One-Sample Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval Lower
Psychological_Stability	Cohen's d	18,57647	1,554	1,013
	Hedges' correction	19,07479	1,513	,986

One-Sample Effect Sizes

		95% Confidence Interval ^a Upper
Psychological_Stability	Cohen's d	2,083

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Hedges' correction	2,029
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T-Test

One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
Emotional_Stability	30	124,7000	15,59211	2,84672

One-Sample Test

Test Value = 102

	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference Lower
Emotional_Stability	7,974	29	,000	22,70000	16,8778

One-Sample Test

Test Value = 102

95% Confidence Interval of the Difference

Upper

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Emotional_Stability	28,5222
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One-Sample Effect Sizes

			95% Confidence Interval		
		Standardizer a	Point Estimate	Lower	Upper
Emotional_Stability	Cohen's d	15,59211	1,456	,933	1,967
	Hedges' correction	16,01038	1,418	,908	1,915

Correlations

Correlations

		Psychologica l_Stability	Emotional_St ability
Psychological_Stability	Pearson Correlation	1	,944**
	Sig. (2-tailed)		,000
	N	30	30
Emotional_Stability	Pearson Correlation	,944**	1
	Sig. (2-tailed)	,000	
	N	30	30

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

T-Test

Group Statistics

	Experience	N	Mean	Std. Deviation	Std. Error Mean
Psychological_Stability	6 years or more	13	112,5385	13,16951	3,65256
	Less than 5 years	17	139,5882	12,58997	3,05352
Emotional_Stability	6 years or more	13	110,8462	9,70263	2,69103
	Less than 5 years	17	135,2941	9,73887	2,36202

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means
		F	Sig.	t
Psychological_Stability	Equal variances assumed	,002	,967	-5,717

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	Equal variances not assumed			-5,682
Emotional_Stability	Equal variances assumed	,009	,924	-6,824
	Equal variances not assumed			-6,828

Independent Samples Test

t-test for Equality of Means

		df	Sig. (2-tailed)	Mean Difference
Psychological_Stability	Equal variances assumed	28	,000	-27,04977
	Equal variances not assumed	25,349	,000	-27,04977
Emotional_Stability	Equal variances assumed	28	,000	-24,44796
	Equal variances not assumed	26,027	,000	-24,44796

Independent Samples Test

t-test for Equality of Means

		Std. Error Difference	95% Confidence Interval of the Difference	
			Lower	Upper
Psychological_Stability	Equal variances assumed	4,73131	-36,74143	-17,35812
	Equal variances not assumed	4,76080	-36,84799	-17,25156
Emotional_Stability	Equal variances assumed	3,58245	-31,78629	-17,10964

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Equal variances not assumed	3,58061	-31,80765	-17,08828
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Independent Samples Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval Lower
Psychological_Stability	Cohen's d	12,84155	-2,106	-3,002
	Hedges' correction	13,19881	-2,049	-2,920
	Glass's delta	12,58997	-2,149	-3,165
Emotional_Stability	Cohen's d	9,72336	-2,514	-3,477
	Hedges' correction	9,99387	-2,446	-3,383
	Glass's delta	9,73887	-2,510	-3,619

Independent Samples Effect Sizes

		95% Confidence Interval ^a Upper
Psychological_Stability	Cohen's d	-1,187
	Hedges' correction	-1,155
	Glass's delta	-1,100
Emotional_Stability	Cohen's d	-1,527
	Hedges' correction	-1,485
	Glass's delta	-1,370

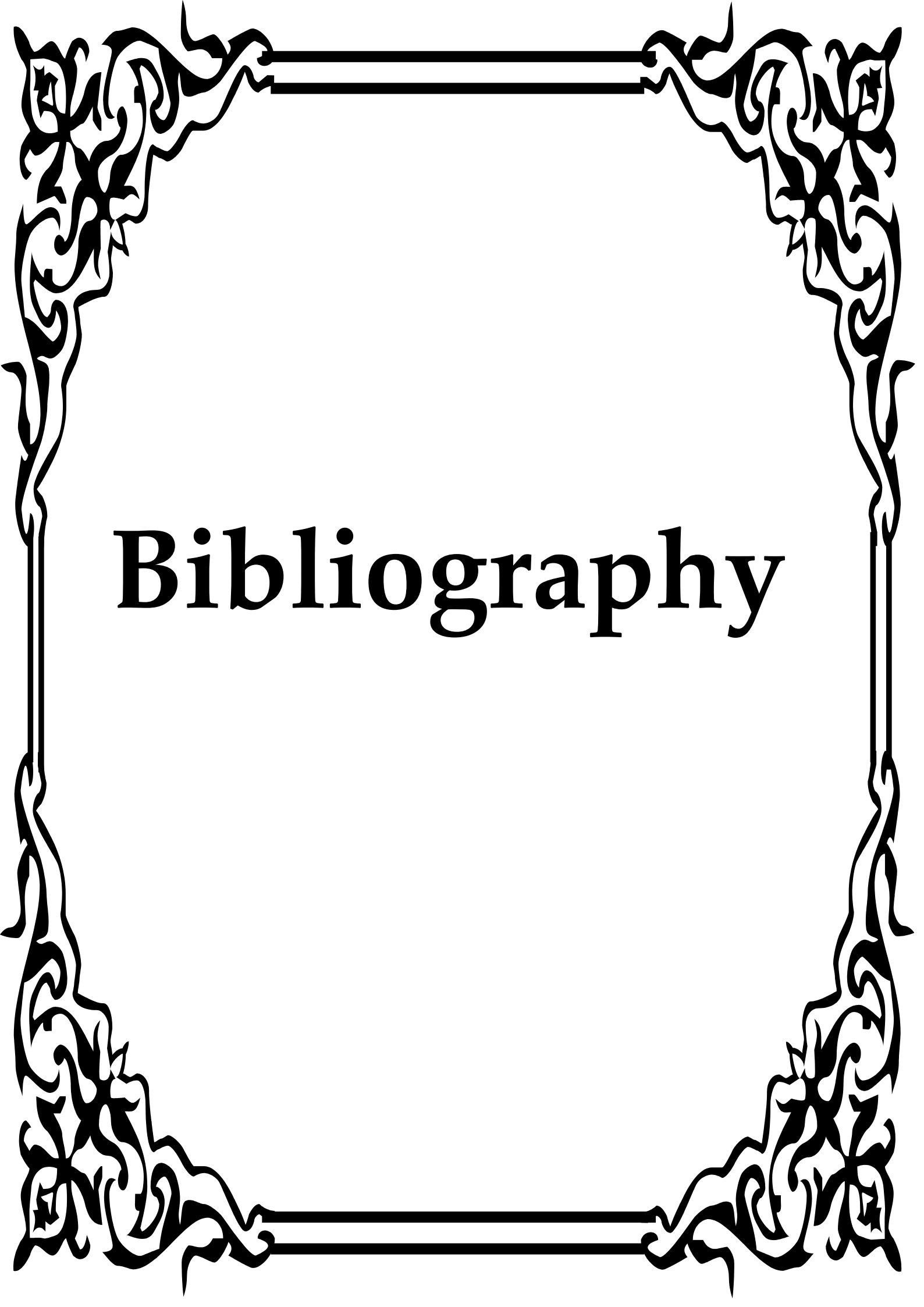
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a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control group.



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