

The Impact of Occupational Challenges on the Professional Healthcare Competence and Mental Health of Women Working in Zliten Hospitals

Naji Abdulsalam Ishkartu^{1*}, Mohammed Ismail Abosalah², Naeimah Omar Bas³,
Mohamed Muftah Alfallos⁴, Ayiman Ali Alkoudi⁵

^{1,2,4} Department of Health Management, Faculty of Health Sciences, Alasmarya Islamic University, Libya

³ Department of Education and Psychology, Faculty of Arts, Alasmarya Islamic University, Libya

⁵ Specialist in Health Services and Hospital Management, Janzour, Libya

أثر التحديات الوظيفية على الكفاءة المهنية الصحية والصحة النفسية للنساء العاملات في مستشفيات زليتن

ناجي عبدالسلام مفتاح شكارطو^{1*}، محمد إسماعيل أبو صلاح²، نعيمة عمر بص³، محمد مفتاح الفلوس⁴، أيمن علي الخودي⁵

^{1,2,4} قسم الإدارة الصحية، كلية العلوم الصحية، الجامعة الأسمرية الإسلامية، ليبيا

³ قسم التربية وعلم النفس، كلية الآداب، الجامعة الأسمرية الإسلامية، ليبيا

⁵ أخصائية إدارة الخدمات الصحية والمستشفيات، جنزور، ليبيا

*Corresponding author: n.eshkartwo@asmarya.edu.ly

Received: July 10, 2025

Accepted: August 21, 2025

Published: August 27, 2025

Abstract:

This study aims to examine the professional challenges faced by women employed in hospitals and healthcare facilities in the municipality of Zliten, and to assess their impact on mental health and job performance. Employing a descriptive-analytical methodology, the study surveyed a sample of 115 female participants using a structured questionnaire that measured psychological, economic, social, and organizational challenges. Findings revealed that 65% of respondents experienced severe psychological stress due to extended working hours, and 70% reported exposure to various forms of workplace discrimination. Additionally, 50% indicated that their salaries were insufficient to meet basic living needs, contributing to chronic economic pressure. Moreover, 55% of the participants reported persistent health symptoms such as anxiety, hypertension, and sleep disturbances. The study identified a strong positive correlation between occupational stress and the deterioration of mental well-being, alongside reduced job satisfaction and increased risk of burnout. The findings underscore the necessity of institutional interventions, including the development of flexible policies, the provision of psychosocial support, and the implementation of sustainable training and capacity-building programs. The study recommends structural reforms to enhance the work environment within the healthcare sector. These include advancing employment equity frameworks, improving compensation systems, and institutionalizing psychological support initiatives. Ensuring the well-being of female healthcare workers is positioned as a key lever for elevating healthcare service quality and sustaining an effective female workforce.

Keywords: Health policies, Job performance, Workplace discrimination, Mental health, Burnout, Working women, Healthcare sector, Zliten Municipality.

المستخلص:

تهدف هذه الدراسة إلى استكشاف التحديات المهنية التي تواجهها النساء العاملات في المؤسسات الصحية ببلدية زليتن، وتقييم آثارها النفسية والوظيفية. استُخدم المنهج الوصفي التحليلي مع عينة مكونة من 115 مشاركة، وتم تطبيق أداة استبائية لقياس أبعاد التحديات النفسية، الاقتصادية، الاجتماعية والتنظيمية، أظهرت النتائج أن 65% من المشاركات يعانين من ضغوط نفسية شديدة ناجمة عن طول ساعات العمل، بينما أفادت 70% بتعرضهن لأشكال متعددة من التمييز الوظيفي، وأشارت 50% منهن إلى أن مستويات الأجور لا تكفي لتلبية الاحتياجات الأساسية، مما يسبب ضغوطاً اقتصادية مزمنة، كما بينت البيانات إصابة 55% من المشاركات بأعراض صحية مزمنة، شملت القلق، ارتفاع ضغط الدم، واضطرابات النوم، خلصت الدراسة إلى وجود علاقة طردية قوية بين حدة الضغوط المهنية وتدهور الصحة النفسية، إلى جانب انخفاض مستويات الرضا الوظيفي، وارتفاع احتمالية الاحتراق النفسي. وأكدت النتائج الحاجة الماسة إلى تدخلات مؤسسية تشمل تطوير سياسات تنظيمية مرنة، وتوفير الدعم النفسي والاجتماعي، وتنفيذ برامج تدريبية وتأهيلية مستدامة، توصي الدراسة بإجراء إصلاحات هيكلية لتحسين بيئة العمل في القطاع الصحي، تتضمن تعزيز ممارسات العدالة الوظيفية، تحسين منظومة الأجور، وتفعيل مبادرات الدعم النفسي المؤسسي. وتشدد على أن رفاهية المرأة العاملة تمثل ركيزة أساسية لضمان جودة الخدمات الصحية واستدامة كفاءة الموارد البشرية النسائية في هذا القطاع.

الكلمات المفتاحية: السياسات الصحية، الأداء الوظيفي، التمييز الوظيفي، الصحة النفسية، الاحتراق النفسي، النساء العاملات، القطاع الصحي، بلدية زليتن.

Introduction

Women's participation in the health labor market has undergone a significant transformation over recent decades, with women now constituting more than 70% of the global healthcare workforce, positioning them as a central component in the provision of health services [1]. In the local context, women working in hospitals and clinics within the Municipality of Zliten play a pivotal role in sustaining healthcare services. However, this role is not without complex psychological, professional, and organizational challenges. Evidence suggests that women in the healthcare sector are more vulnerable to occupational stress and burnout than men, due to organizational pressures, role ambiguity, extended working hours, and the dual burden of balancing professional duties with family responsibilities [2]. Female healthcare workers experience burnout rates that are 30–50% higher than their male counterparts, attributed to professional discrimination, lack of recognition, and insufficient institutional support [3].

Data further reveal that gender disparities in wages and promotions persist despite equivalent performance; men are rated as high-potential employees at rates 20–30% higher than women, which negatively impacts women's promotion prospects and diminishes their professional motivation [4]. Reports from the World Health Organization (WHO) indicate that the absence of flexible policies, such as support for work-life balance and the lack of childcare facilities within healthcare institutions, exacerbates stress levels among women and undermines their job satisfaction [5]. In Zliten public hospitals, 68% of female staff report experiencing severe occupational stress related to task overload and organizational ambiguity, with a strong correlation between perceived injustice in the workplace and feelings of frustration [6].

Additionally, economic challenges, including low wages and rising living costs, serve as further sources of psychological pressure, adversely affecting job performance, concentration, and innovation [7]. Women in the healthcare sector continuously face dilemmas related to social discrimination, societal bias, and limited leadership opportunities. Notably, 56% of female healthcare workers report experiencing direct or indirect forms of professional discrimination within their institutions [8]. These cumulative organizational, psychological, social, and economic challenges contribute to the manifestation of clinical symptoms such as anxiety, depression, sleep disorders, increased absenteeism, and, in some cases, workforce attrition. The WHO has recommended that any structural reform in the health sector must incorporate policies that support the well-being of female workers, including continuous training programs, recognition-based career advancement policies, and the inclusion of women in decision-making processes [5].

Accordingly, the significance of this study lies in its aim to highlight the multifaceted challenges faced by female healthcare workers in hospitals within the Municipality of Zliten, analyze the impact of these challenges on mental health and professional performance, and propose scientifically grounded, actionable recommendations to improve the working environment, enhance women's well-being, and ensure the quality of healthcare services delivered.

Problem Statement

The core problem addressed by this study revolves around the organizational, professional, social, and psychological challenges faced by women working in hospitals, and the negative impact of these challenges on their professional performance, continuity, and psychological stability. These factors

threaten the balance between their occupational and social roles. The study aims to develop a comprehensive understanding of this phenomenon by exploring the nature of these challenges, their implications for mental health, and their adverse effects on the professional performance of female healthcare workers in hospitals within the Municipality of Zliten. It also seeks to analyze the influence of demographic and social variables in determining the severity of these challenges. To achieve this, the study seeks to answer the following key research questions:

- What are the main organizational, psychological, social, and economic challenges faced by women working in hospitals?
- How do these challenges directly and indirectly affect the job performance and mental health of female healthcare workers in Zliten Municipality?
- To what extent do these challenges contribute to elevated levels of stress, anxiety, depression, and occupational burnout among female hospital staff in Zliten?
- What role do demographic and social variables - such as marital status, educational level, and years of experience-play in determining the severity of these challenges and their impact on mental health?

Study Objectives

- To accurately identify the nature of the various challenges encountered by female healthcare workers in hospitals within Zliten Municipality.
- To measure and analyze the impact of these challenges on job performance and general health, with a particular focus on assessing their effects on mental health indicators such as stress, anxiety, depression, and burnout.
- To explore the relationship between work-related stress, professional discrimination, and the mental health of female healthcare workers.
- To provide practical, targeted recommendations for policymakers and healthcare administrators aimed at improving the work environment, offering psychological and social support to female staff, and enhancing their mental well-being to improve job performance.

Significance of the Study

This study derives its significance from its focus on a topic that has not been sufficiently or deeply explored in the local context, particularly concerning the mental health and professional performance of women in the healthcare sector. It offers an in-depth understanding of the challenges faced by female healthcare workers in hospitals within Zliten Municipality and their direct impact on professional performance and overall mental and physical health. The findings will enable decision-makers to develop and implement effective and supportive policies and programs. Moreover, the study contributes to raising societal awareness about the importance of providing a healthy and safe work environment for female healthcare workers and recognizing their vital role in delivering quality care. Its relevance is further underscored by its reliance on recent studies that shed light on the persistent and evolving challenges in this field, especially in the context of global health crises and their extended repercussions.

Material and methods

Type of Study

The study employed a descriptive-analytical methodology to examine the nature of challenges faced by female employees working in hospitals within the Municipality of Zliten, and to assess the impact of these challenges on their job performance, general health, and psychological well-being.

Sample Size

- A total of 130 questionnaires were distributed, of which 115 were valid and returned for analysis, yielding a response rate of 88.5%. Ten questionnaires were lost, representing 7.7%, and five were excluded (3.8%) due to failure to meet analytical criteria.
- The study sample consisted of 115 female hospital employees in Zliten during the year 2023. Participants were selected using stratified random sampling to ensure representation across various categories and specialties.

Data Collection Instrument

A structured questionnaire was developed comprising multiple sections and items designed to measure various types of challenges (organizational, psychological, social, and economic) and their impact on professional performance and general and psychological health (including levels of stress, anxiety, job satisfaction, and symptoms of burnout). The data collection utilized a five-point Likert scale,

where responses were categorized into five levels reflecting the degree of agreement with each statement. The scale ranges as follows:

- Strongly Disagree: 1.00 –1.80
- Disagree: 1.81 – 2.60
- Neutral: 2.61 – 3.40
- Agree: 3.41– 4.20
- Strongly Agree: 4.21 – 5.00

This classification facilitates the conversion of quantitative means into qualitative descriptive interpretations, thereby enhancing the understanding of participant response trends and their levels of agreement or disagreement with the issues presented. Table (1) illustrates the interpretation of mean scores on the five-point Likert scale.

Table (1): Likert Scale Interpretation.

SN.	Degree of Agreement	Range
1	Strongly Agree	4.21–5.00
2	Agree	3.41–4.20
3	Neutral	2.61–3.40
4	Disagree	1.81–2.60
5	Strongly Disagree	1.00–1.80

Reliability of the Study Instrument

Table (2) presents the results of Cronbach's Alpha test for the reliability of the questionnaire. The overall Cronbach's Alpha coefficient was 0.818, indicating a high level of internal consistency and reliability in measuring the challenges faced by female employees. Additionally, the Cronbach's Alpha values for each sub dimension (organizational, social, economic, and psychological) exceeded 0.795, confirming the high reliability of each challenge domain. These results lend credibility to the collected data and the subsequent analyses.

Table (2): Cronbach's Alpha Reliability Test Results.

SN.	Dimension	Number of questions in each domain	Cronbach's Alpha
1	Social Aspect	5	0.812
2	Economic Aspect	4	0.795
3	Psychological Aspect	4	0.801
4	Organizational Aspect	4	0.830
5	Total	17	0.818

Statistical Analysis

Data were analyzed to address the study's research questions and test its hypotheses using appropriate statistical methods via the Statistical Package for the Social Sciences (SPSS), ensuring the accuracy of results and reliability of conclusions.

Ethical Considerations

The study adhered to established ethical standards in scientific research. Prior official approval was obtained from the administration of the hospitals under study in the Municipality of Zliten before commencing data collection. Data were collected immediately upon receiving the necessary permissions, and participants were informed about the nature of the study and provided their voluntary and informed consent.

Results

Interpretation and Analysis of the Study Sample and Its Demographic Characteristics

Frequency and Percentage Distribution of Age Groups

Table (3) illustrates that the majority of participants in the sample fall within the age range of 25 to 45 years. The most represented age group is "25–35 years," comprising 34.8% of the total sample, with a frequency of 40 participants. This is followed by the "36–45 years" group, which accounts for 30.4% of the sample, with 35 participants. Participants under the age of 25 represent 13.0% of the sample, totaling 15 individuals. Lastly, those aged over 45 years constitute 21.7% of the sample, with 25

participants. The total number of participants in the sample is 115, reflecting a diverse representation of age categories, with a notable concentration in the younger and middle-aged groups.

Table (3): Frequency and Percentage Distribution of Age Groups.

Age Group	Frequency	Percentage (%)
Less than 25	15	13.0%
25–35	40	34.8%
36–45	35	30.4%
More than 45	25	21.7%
Total	115	100%

Frequency and Percentage Distribution of the Educational Qualification Variable

Table (4) reveals that the majority of the sample participants hold a bachelor's degree, representing 52.2% of the total sample, with a frequency of 60 individuals. This is followed by participants holding a master's degree, who constitute 21.7% of the sample (25 individuals), indicating a substantial proportion of higher academic qualifications within the sample. Diploma holders account for 17.4% of the sample (20 individuals), while the lowest representation is among those holding a Doctoral degree, comprising only 8.7% of the sample with 10 participants. The overall distribution of educational qualifications in the sample reflects a concentration in university-level and postgraduate education, with representation across various educational levels.

Table (4): Frequency and Percentage Distribution of Educational Qualifications

Educational Qualification	Frequency	Percentage (%)
Diploma	20	17.4%
Bachelor's Degree	60	52.2%
Master's Degree	25	21.7%
Doctoral Degree	10	8.7%
Total	115	100%

Frequency and Percentage Distribution of Marital Status

Table (5) demonstrates that the majority of the sample participants are married, representing 60.9% of the total sample, with a frequency of 70 individuals. This percentage indicates that married women constitute the largest segment of the study population. The second most represented group is single women, accounting for 26.1% of the sample with 30 participants, reflecting a reasonably substantial representation. Widowed participants comprise 8.7% of the sample (10 individuals), while the lowest representation is among divorced women, who constitute 4.3% of the sample with 5 participants. The overall distribution of marital status within the sample reflects diversity, with a clear predominance of married participants.

Table (5): Frequency and Percentage Distribution of Marital Status.

Marital Status	Frequency	Percentage (%)
Single	30	26.1%
Married	70	60.9%
Widowed	10	8.7%
Divorced	5	4.3%
Total	115	100%

Frequency and Percentage Distribution of Workplace

Table (6) indicates that the study participants are distributed across five primary healthcare institutions within the Municipality of Zliten, Libya. The largest proportion of participants, accounting for 30.4% of the sample (35 individuals), are employed at Zliten Medical Center. The second most represented workplace is Al-Jum'a Rural Hospital, comprising 21.7% of the sample (25 individuals). Equal representation is observed at both Al-Hayat Hospital and Royal Hospital, each employing 17.4% of the participants (20 individuals per hospital). The lowest representation is found at Soufana Hospital, where

13.0% of the sample (15 individuals) are employed. This distribution reflects a diverse range of workplaces within the regional healthcare sector.

Table (6): Frequency and Percentage Distribution of Workplace.

Workplace	Frequency	Percentage (%)
Zliten Medical Center	35	30.4%
Al-Jum'a Rural Hospital	25	21.7%
Al-Hayat Hospital	20	17.4%
Royal Hospital	20	17.4%
Soufana Hospital	15	13.0%
Total	115	100%

Frequency and Percentage Distribution by Job Role

Table (7) shows that the majority of participants in the sample are nurses, representing 39.1% of the total sample, with a frequency of 45 individuals. This percentage confirms that nurses constitute the largest segment of the study population. The second most represented group is female physicians, accounting for 26.1% of the sample with 30 participants. Laboratory technicians and administrative staff are equally represented in the sample, each comprising 17.4% of the participants, with 20 individuals in each category. This distribution highlights the predominance of medical and paramedical professions within the sample, alongside a reasonable representation of supportive administrative roles in the healthcare sector.

Table (7): Frequency and Percentage Distribution by Job Role.

Job Role	Frequency	Percentage (%)
Nurse	45	39.1%
Physician (Female)	30	26.1%
Laboratory Technician	20	17.4%
Administrative Staff	20	17.4%
Total	115	100%

Frequency and Percentage Distribution of Years of Experience

Table (8) indicates that the majority of participants in the sample possess between 5 to 10 years of professional experience, representing 43.5% of the total sample with a frequency of 50 individuals. This group constitutes the largest segment of the study population. The second most represented category includes participants with more than 10 years of experience, accounting for 34.8% of the sample (40 individuals), reflecting a substantial presence of highly experienced professionals. The least represented group comprises participants with less than 5 years of experience, making up 21.7% of the sample with 25 individuals. This distribution demonstrates a balanced representation across different experience levels, with a clear tendency toward moderate and extensive professional experience.

Table (8): Frequency and Percentage Distribution of Years of Experience.

Years of Experience	Frequency	Percentage (%)
Less than 5 years	25	21.7%
5–10 years	50	43.5%
More than 10 years	40	34.8%
Total	115	100%

Frequency and Percentage Distribution of Work Motivation

Table (9) reveals that the predominant motivation for work among the sample participants is the improvement of the family's financial situation, representing 34.8% of the total sample with a frequency of 40 individuals. This indicates that economic and familial considerations play a central role in shaping work motivation. The second most cited motivation is self-actualization and independence, accounting for 26.1% of the sample (30 individuals), reflecting the significance of personal and professional aspirations. The motivation to contribute to community service ranks third, comprising 21.7% of the

sample with 25 individuals, which suggests a degree of social awareness and a desire to give back. Lastly, life necessities represent the least cited motivation, with 17.4% of the sample (20 individuals). This distribution highlights the diversity of work motivations, with financial needs and family stability emerging as the most influential drivers.

Table (9): Frequency and Percentage Distribution of Work Motivation.

Work Motivation	Frequency	Percentage (%)
Improving family financial situation	40	34.8%
Self-actualization and independence	30	26.1%
Contribution to community service	25	21.7%
Life necessities	20	17.4%
Total	115	100%

Overall, the findings indicate that the demographic characteristics of the study sample, comprising 115 valid questionnaires, are suitable for analysis. The age group of 25–35 years represents the largest proportion of participants (34.8%), suggesting that the majority of female hospital workers belong to a young and productive demographic. Regarding educational attainment, bachelor's degree holders constitute the largest segment (52.2%), reflecting a relatively high level of education among the participants. Additionally, the majority of the female workers are married (60.9%), underscoring the importance of examining the balance between professional and personal life within this group.

Participants are distributed across several hospitals, with the highest concentration found in hospitals and clinics located in the Municipality of Zliten (30.4%). Nursing is identified as the most common profession among the sample (39.1%). In terms of work motivation, "improving the family's financial situation" emerges as the most prominent driver (34.8%), indicating that economic factors serve as a primary incentive for women working in this sector.

Management challenges Faced by Women Working in Hospitals

women employed in hospitals within the Municipality of Zliten reveals that the overall mean level of agreement with these challenges was 3.79, with a standard deviation of 0.89. This indicates a consensus on the existence of such Management difficulties. As presented in Table (10), the most prominent challenges were ranked as follows:

Table (10): Mean and Standard Deviation of Management Challenges Faced by Female Hospital Employees.

Administrative Challenge	Mean	Standard Deviation
Inflexible distribution of long working hours and tasks affecting family life	4.05	0.80
Limited opportunities for participation in decision-making	3.90	0.85
Lack of managerial encouragement for presenting ideas and suggestions	3.70	0.92
Preference for appointing men to leadership positions despite equal qualifications	3.50	0.98
Overall Mean	3.79	0.89

The highest-rated challenge, with a mean score of 4.05 and a standard deviation of 0.80, reflects strong agreement among female employees that the inflexible allocation of work hours and responsibilities adversely affects their family life. The second-ranked challenge, with a mean of 3.90 and standard deviation of 0.85, highlights the perceived lack of equitable opportunities for participation in Management decision-making. The third challenge, scoring a mean of 3.70 and standard deviation of 0.92, indicates a recognized deficiency in managerial support for idea sharing. Lastly, the fourth-ranked issue, with a mean of 3.50 and standard deviation of 0.98, suggests a perceived bias favoring male candidates for leadership roles, even when qualifications are equivalent.

Overall, the findings suggest that women working in hospitals face significant Management challenges, including rigid work schedules that impact family life, limited involvement in decision-making, lack of encouragement for innovation, and perceived gender-based discrimination in promotions to leadership positions.

Economic Challenges Faced by Women Working in Hospitals

An analysis of the research sample's responses regarding the economic challenges encountered by women employed in hospitals within the Municipality of Zliten reveals that the overall mean level of agreement with these challenges was 3.98, with a standard deviation of 0.79. This indicates a

consensus on the presence of significant economic difficulties. As presented in Table (11), the most prominent economic challenges were ranked as follows:

Table (11): Mean and Standard Deviation of Economic Challenges Faced by Female Hospital Employees.

Economic Challenge	Mean	Standard Deviation
Insufficiency of monthly income to meet basic needs	4.30	0.70
High cost of living affecting purchasing power	4.10	0.75
Lack of adequate financial incentives for the effort exerted	3.90	0.80
Difficulty in accessing loans or financial facilities	3.60	0.90
Overall Mean	3.98	0.79

The highest-rated challenge, with a mean score of 4.30 and a standard deviation of 0.70, reflects strong agreement among female employees that their monthly income is insufficient to cover basic living expenses, marking it as the most critical economic issue. The second-ranked challenge, with a mean of 4.10 and standard deviation of 0.75, highlights the impact of rising living costs on their purchasing power. The third challenge, scoring a mean of 3.90 and standard deviation of 0.80, indicates dissatisfaction with the lack of financial incentives commensurate with the effort invested in their work. Lastly, the fourth-ranked issue, with a mean of 3.60 and standard deviation of 0.90, points to difficulties in obtaining loans or financial support. Overall, the findings confirm that women working in hospitals face substantial economic challenges, primarily the inadequacy of income to meet essential needs and the burden of high living costs, compounded by insufficient incentives and limited access to financial facilities.

Psychological Challenges Faced by Women Working in Hospitals

An analysis of the research sample's responses regarding the psychological difficulties encountered by women employed in hospitals within the municipality of Zliten reveals a consensus on the existence of such challenges. The overall mean score for agreement with these difficulties was 3.93, with a standard deviation of 0.81, indicating a high level of agreement among participants. As presented in Table [12], the most prominent psychological challenges were ranked as follows:

Table (12): Statistical measures for the third axis phrases (psychological aspect).

Psychological Challenge	Mean Score	Standard Deviation
Psychological stress due to excessive tasks and responsibilities	4.25	0.72
Feelings of anxiety and tension resulting from work-related stress	4.00	0.78
Psychological exhaustion due to the demanding nature of the work	3.85	0.85
Perceived lack of appreciation or recognition for one's efforts	3.60	0.90
Overall Mean	3.93	0.81

The highest-rated challenge was psychological stress stemming from the volume of tasks and responsibilities, with a mean score of 4.25 and a standard deviation of 0.72. This reflects a strong level of agreement among female employees that workload and task burden are primary sources of psychological pressure. The second most significant challenge was the experience of anxiety and tension due to work-related stress, with a mean score of 4.00 and a standard deviation of 0.78, indicating substantial concern among respondents. Ranked third was psychological exhaustion resulting from the strenuous nature of hospital work, with a mean score of 3.85 and a standard deviation of 0.85. Finally, the perception of being undervalued or unrecognized for one's efforts was rated fourth, with a mean score of 3.60 and a standard deviation of 0.90. Overall, the findings affirm that women working in hospital environments face considerable psychological challenges, primarily driven by excessive workloads, accompanied by anxiety, tension, and psychological exhaustion, as well as a perceived lack of appreciation for their contributions.

Social Challenges Faced by Women Working in Hospitals

An analysis of the research sample's responses regarding the social challenges encountered by women employed in hospitals reveals a consensus on the existence of such difficulties. The overall mean score for agreement with these challenges was 3.72, with a standard deviation of 0.87, indicating

a moderate to high level of agreement among participants. As presented in Table [10], the most prominent challenges were ranked as follows:

Table (13): Statistical measures of the first axis phrases (personal and social aspect).

Social Challenge	Mean Score	Standard Deviation
Psychological stress resulting from interactions with patients	4.15	0.78
Physical and mental fatigue	3.90	0.85
Difficulty in balancing work responsibilities with household duties	3.80	0.90
Discrimination in promotion opportunities compared to male colleagues	3.55	0.95
Overall Mean	3.72	0.87

The highest-rated challenge was psychological stress due to patient interactions, with a mean score of 4.15 and a standard deviation of 0.78, reflecting strong agreement among female employees that this represents a major source of social pressure. Ranked second was physical and mental fatigue, with a mean score of 3.90 and a standard deviation of 0.85, indicating significant concern regarding the demanding nature of hospital work. The third challenge was the difficulty of balancing professional and domestic responsibilities, with a mean score of 3.80 and a standard deviation of 0.90, underscoring the struggle many women face in managing dual roles.

Discrimination in promotion opportunities compared to male colleagues was ranked fourth, with a mean score of 3.55 and a standard deviation of 0.95, suggesting a perceived gender-based disparity in career advancement. The final challenge, limited social support from family or friends, received a mean score of 3.20 and a standard deviation of 1.05, indicating a neutral level of agreement. This suggests that while this issue may be less prominent than others may, its impact may vary among individuals.

In summary, the findings indicate that women working in hospitals within the municipality of Zliten face substantial social challenges, particularly those related to psychological and physical stress, difficulties in balancing work and home life, and potential experiences of gender-based discrimination.

The Correlational Relationship between Occupational Stress and Professional Discrimination, and the Deterioration of Mental Health among Women Working in Hospitals in Zliten Municipality

This study examined and confirmed the correlational relationship between occupational stress-encompassing organizational, economic, psychological, and social dimensions-and professional discrimination on one hand, and the deterioration of mental health among women employed in hospitals within Zliten Municipality on the other. The findings revealed a strong positive correlation between these factors. Notably, 55% of participants reported suffering from chronic health issues such as hypertension, persistent anxiety, sleep disturbances, and depressive symptoms. Through comprehensive data analysis and evaluation of both the quantitative and qualitative impact of these challenges on job performance and overall health, the study conducted precise measurements of mental health indicators, including stress, anxiety, depression, and occupational burnout. The results indicated elevated and concerning levels across these indicators.

Relationship between Long Working Hours and Psychological Stress Levels

The data further revealed that 65% of participants experienced high levels of psychological stress associated with extended working hours, insufficient rest periods, and limited professional recognition. These stressors significantly contributed to chronic fatigue and the intensification of anxiety and tension symptoms.

Table (14): The relationship between long working hours and reported levels of psychological distress.

Relationship Between Long Working Hours and Psychological Stress	Reported Psychological Stress (%)	Working Hours
Lower levels of stress and anxiety; relatively higher job satisfaction.	20%	Less than 8 hours
Noticeable increase in stress symptoms; difficulty concentrating; onset of fatigue.	45%	8–12 hours
High levels of psychological stress; symptoms of anxiety and depression; elevated risk of burnout.	65%	More than 12 hours

Social and Organizational Discrimination and Its Impact on Mental Health.

The study revealed that 78% of female participants perceived the presence of discrimination within the workplace. Notably, 95% of this discrimination was reported in areas such as promotion opportunities, task allocation, and daily interpersonal interactions. This perceived discrimination contributes to feelings of frustration, diminished motivation, and heightened emotions of anger and resentment, all of which negatively affect mental health and job satisfaction.

Table (15): Relationship between Social and Organizational Discrimination and Its Impact on Mental Health.

Impact on Mental Health	Reported Discrimination (%)	Level of Discrimination
Female hospital employees experience psychological stress due to patient interactions.	78%	Low
Participants report physical and mental fatigue, frustration, and emotional exhaustion.	85%	Moderate
Perceived gender-based discrimination in promotion opportunities compared to male colleagues.	95%	High

Economic Challenges and Their Impact on Mental Health

The findings indicated that 50% of female participants believe their salaries are insufficient to meet their basic personal and familial needs. This financial inadequacy imposes a significant economic and psychological burden. Persistent financial stress is associated with elevated levels of anxiety about the future, a pervasive sense of insecurity, and may contribute to the development of psychological disorders.

Table (16): Distribution of Responses Regarding the Impact of Salary on General and Mental Health.

Impact of Salary on General and Mental Health	Reported Impact (%)	Salary Level
High levels of income-related anxiety, feelings of frustration, and negative effects on self-esteem.	60%	Low
Moderate financial stress, with occasional anxiety concerning unexpected expenses.	30%	Moderate
Greater sense of financial security and lower levels of income-related anxiety.	10%	High

Discussion

The results of this study, conducted on a sample of women employed in the healthcare sector in the city of Zliten (N = 115), revealed a set of challenges distributed across four principal domains: personal/social, economic, psychological, and administrative. The findings indicated that the highest mean scores were recorded in the economic (M = 3.98) and psychological (M = 3.93) domains, followed by the administrative (M = 3.79) and personal/social domains (M = 3.72).

A one-way analysis of variance (ANOVA) showed that variables such as age, job role, marital status, and work location had no statistically significant effect on the level of challenges faced by working women, despite the fact that most medical and hospital staff members were female nurses, followed by female doctors. This is consistent with many other studies [9, 10] indicating that these difficulties are widespread and not limited to specific demographic or professional groups. This finding is supported by a recent systematic review, which found that the stress and burnout associated with working in women's workplaces are more influenced by organizational and structural factors than by demographic characteristics [11].

Post-hoc tests revealed that participants holding doctoral degrees reported significantly fewer difficulties compared to those with diploma-level qualifications ($p = 0.020$). This may be attributed to the higher qualifications enabling better coping mechanisms or access to more autonomous roles. Another study confirmed that higher levels of education are positively associated with psychological resilience and adaptability to stress [12].

Correlation matrix analysis identified a strong positive relationship between psychological and administrative challenges ($r = 0.750$, $p < 0.05$), suggesting a potential causal link. Unfair administrative procedures or stress resulting from excessive workload may lead to persistent psychological fatigue.

This finding aligns with recent research indicating that lack of administrative support is directly associated with elevated levels of occupational burnout among nurses [13].

Among psychological challenges, stress resulting from excessive tasks and responsibilities ranked highest, reflecting the demanding nature of the work and its contribution to chronic anxiety and fatigue. Literature suggests that the absence of institutional support, combined with high responsibility levels, negatively affects the quality of healthcare and increases frustration rates [14].

Economic domain results showed that the majority of female healthcare workers suffer from low monthly income relative to living costs ($M = 4.30$), which was the highest-rated item across the entire questionnaire. This finding is consistent with a study conducted in low-income nursing environments, which concluded that inadequate wages negatively impact job commitment and elevate stress levels [15].

The study also found that healthcare workers face significant challenges in balancing professional and familial responsibilities, with a mean score of ($M = 3.80$). This reflects a high level of agreement regarding the pressures associated with dual roles. These findings are in line with research conducted among medical professionals, which confirmed that women experience greater difficulty than men in managing family and work demands [16].

Conclusion

- Approximately 65% of women working in hospitals within Zliten Municipality report experiencing significant psychological stress due to prolonged and exhausting working hours. This stress is associated with an increased risk of chronic health conditions, including cardiovascular diseases, hypertension, and persistent anxiety. Empirical studies indicate that working more than 12 hours per day elevates psychological stress levels by 65%, leading to symptoms of anxiety, depression, and heightened risk of occupational burnout.
- Nearly 70% of female healthcare workers reported experiencing various forms of occupational discrimination, which negatively impacts job satisfaction and professional stability. Such discrimination fosters frustration, diminishes motivation, and intensifies feelings of anger and resentment.
- Half of the participants (50%) stated that their salaries are insufficient to meet basic needs and daily living expenses. This persistent financial strain contributes to heightened anxiety and insecurity, potentially resulting in psychological disorders. Women receiving low wages exhibit a 60% prevalence of high financial anxiety, which adversely affects self-esteem and exacerbates familial pressures.
- A direct and strong correlation was observed between occupational stress and deteriorating health status among female workers. Specifically, 55% reported suffering from chronic health issues such as persistent anxiety, hypertension, sleep disturbances, and depressive symptoms. Adverse working conditions may lead to severe consequences, including burnout, psychological distress, anxiety, and depression.
- There is evident institutional and organizational deficiency in providing a healthy, safe, and supportive work environment for female staff in hospitals and clinics across Zliten Municipality. This deficiency not only undermines job performance and the quality of healthcare services delivered but also has serious and direct repercussions on the physical and mental well-being of female healthcare workers.

Recommendations

To improve the work environment and enhance the psychological well-being of women employed in the healthcare sector, this study recommends the following:

- Establish psychological support units within healthcare institutions to provide individual and group counseling services for female staff, train them in stress management and adaptive coping strategies, and offer programs addressing occupational burnout.
- Review and revise workplace policies to ensure greater flexibility and alignment with the needs of female employees. This includes reducing exhausting work hours, offering flexible work arrangements (e.g., part-time schedules, equitable shift systems), and ensuring adequate maternity and caregiving leave.
- Launch awareness campaigns within and beyond healthcare institutions to promote gender equality, combat all forms of discrimination, and enforce strict policies that guarantee a fair and equitable work environment for all employees.
- Establish high-quality childcare facilities within or near major healthcare institutions to alleviate psychological and logistical pressures on working mothers.
- Design and implement comprehensive health care programs that include regular physical and psychological screenings, provide necessary support for managing health issues resulting from occupational stress, and promote healthy lifestyle practices.

- Review the salary and wage structures in hospitals and clinics across Zliten Municipality to ensure that women receive fair compensation commensurate with their qualifications, experience, and responsibilities, and to reduce gender-based pay disparities.
- Support and encourage further research on the health of women working in hospitals and clinics in Zliten Municipality, and on the impact of the work environment on their mental health, in order to develop evidence-based recommendations for policy and program development.

This study underscores the urgent need for coordinated efforts among healthcare institutions, governmental bodies, and civil society organizations to ensure a safe and supportive work environment for women in the healthcare sector. Such efforts are essential to enhancing their overall and mental health and reducing the pressures they face. The findings emphasize the critical importance of supporting women working in hospitals and other healthcare facilities in Zliten Municipality through improved organizational policies, better working conditions, and the provision of psychological and social support systems aimed at strengthening their mental health. Improving the general and mental health of female healthcare workers is directly linked to reducing the psychological, social, organizational, and economic stressors they encounter. Achieving this goal requires collaborative action and shared responsibility among healthcare institutions, relevant government agencies, civil society organizations, and the individuals themselves.

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