Dirasat: Human and Social Sciences, Volume 54, No. 2, 2027, 10526

Deanship of Scientific Research

Perceived Stress, Perceived Social Support, and Their Relationship with Family Quality of Life among Medical Professionals

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Received: 23/1/2025
Revised: 9/2/2025
Accepted: 20/4/2025
Published online: 1/11/2026

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Citation: Al-Khader, Z. A., Al-Nusairat, J. M., & Al-Khasawneh, I. A. K. (2026). The Impact of Social Studies on Qur'anic Exegesis: A Foundational and Applied Study . *Dirasat: Human and Social Sciences*, *54*(2), 10420.
https://doi.org/10.35516/Hum.2026.10420

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Abstract

Objectives: This study aimed to examine the relationship between perceived stress, perceived social support, and family life quality among healthcare workers. The research sought to determine the extent to which stress and social support influence family life quality, focusing on identifying key factors affecting these relationships.

Methodology: An analytical research methodology was employed, utilizing statistical tools such as the Likert scale and regression analysis. The study involved a sample of 400 healthcare workers, with demographic variables such as gender, age, and education level taken into account.

Results: The findings indicated that perceived stress among healthcare workers was at a moderate level, primarily due to work pressure and long hours, which negatively affected family life quality. Perceived social support was also moderate, with family support being the highest (mean = 3.90) and support from friends the lowest (mean = 2.92). Regarding family life quality, results showed a relatively positive outlook, with material happiness having the highest impact (mean = 4.04), while emotional happiness was the lowest (mean = 3.30). The study confirmed that perceived social support, particularly from family, significantly contributes to improving family life quality, whereas perceived stress negatively impacts it.

Conclusion: The study highlights the importance of creating a supportive work environment, strengthening social support networks, and implementing psychological and social support programs for healthcare workers. Additionally, it emphasizes the need for improved working conditions to alleviate occupational stress and enhance overall well-being. The findings provide valuable insights for policymakers to formulate strategies that promote a healthier work-life balance for healthcare professionals.

Keywords: Perceived Stress, Perceived Social Support, Family Quality of Life, Medical Professionals

الضغوط النفسيَّة المدركة والدعم الاجتماعي المدرك وعلاقتهما بجَودة حياة الأُسرة لدى العاملين في المهن الطبيَّة

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ملخّص

الأهداف: هدفت هذه الدراسة إلى الوقوف على العلاقة بين الضغوط النفسيَّة المُدركة والدعم الاجتماعي المُدرك وجَودة الحياة الأسرية لدى العاملين في مجال الرعاية الصحيَّة، وسعت إلى تحديد مدى تأثير كلٍّ من الضغوط النفسيَّة والدعم الاجتماعي في جَودة الحياة الأسريَّة، مع التركيز على تحديد العوامل الرئيسة المؤثِّرة في هذه العلاقات.

المنهجيَّة: استُخدمت منهجيَّة البحث التحليلي بالاستعانة بأدوات إحصائيَّة، مثل: مقياس ليكرت وتحليل الانحدار. وشملت الدراسة عينة من 400 عامل في مجال الرعاية الصحيَّة، مع مراعاتها المتغيِّرات الديموغرافيَّة كالجنس والعمر والمستوى التعليمي.

النتائج: أشارت النتائج إلى أنَّ مستوى الضغوط النفسيَّة المُدركة لدى العاملين في مجال الرعاية الصحيَّة كان متوسِّطًا؛ ويعود ذلك أساسًا إلى ضغوط العمل وساعاته الطويلة؛ مما أثَّرَ سلبًا في جَودة الحياة الأسريَّة. كما كان مستوى الدعم الاجتماعي هو الأعلى (المتوسط = 3.90) والدعم من الأصدقاء هو الأدنى (المتوسط = 2.92). وفيما يتعلَّقُ بجَودة الحياة الأسرية، أظهرت النتائج نظرةً إيجابيَّة نسبيًّا؛ حيث كان للسعادة المادية التأثيرُ الأكبر (المتوسط = 4.04)، بينما كانت السعادة العاطفيَّة الأقل (المتوسط = 3.30). وأكَّدت الدراسة أنَّ الدعم الاجتماعيَّ المُدرك، وخاصةً من الأسرة، يُسهم على نحوٍ كبير في تحسين جَودة الحياة الأسريَّة، في حين أنَّ التوتُّر المُدرك يؤثِّرُ فيها سلبًا.

الخلاصة: تُسلط الدراسة الضَّوءَ على أهميَّة تهيئة بيئة عمل داعمة، وتعزيز شبكات الدعم الاجتماعي، وتنفيذ برامج الدعم النفسي والاجتماعي للعاملين في مجال الرعاية الصحيَّة، إضافةً إلى تشديدها على الحاجة إلى تحسين ظروف العمل لتخفيف التوتُّر المِهَنِيّ وتعزيز الرفاهية العامَّة. وتُقدِّم نتائجُها رُؤًى قيِّمةً لصانعي السياسات لصياغة استراتيجيات تُعزِّزُ توازنًا صحيًّا بين عمل مُقدِّمي الرعاية الصحيَّة وحياتهم.

الكلمات الدالَّة: الضغط المدرك، الدَّعم الاجتماعي المُدرك، جَودة الحياة الأسريَّة، العاملون في القطاع الطبي.

Introduction

Family quality of life is a crucial factor influencing individuals' psychological and social well-being. The pressures experienced in professional life can significantly impact this aspect, with occupational burnout being one of the most pressing concerns. Medical professionals, in particular, are highly vulnerable to burnout due to the demanding nature of their work, which involves managing urgent and complex cases, long working hours, and sustained psychological and physical demands.

Previous studies have extensively documented the negative consequences of occupational burnout on mental and physical health. Research has highlighted that burnout not only leads to emotional exhaustion and reduced professional efficiency but also affects personal relationships and family life. Moreover, perceived social support—whether from family, friends, or colleagues—has been identified as a protective factor that mitigates the adverse effects of burnout. Studies suggest that individuals with strong social support networks are better equipped to handle stress and maintain a balanced personal and professional life.

This study aims to explore the relationship between burnout, perceived social support, and family quality of life among medical professionals. By understanding these dynamics, the research seeks to emphasize the importance of fostering supportive work environments and enhancing social support mechanisms to improve the well-being of medical professionals and, consequently, their family life.

Research Problem and Questions:

Despite extensive research on occupational stress across various professions, limited studies have specifically examined the interplay between burnout, perceived social support, and family quality of life among medical professionals. Given the high-stress environment in which they work, healthcare workers often face difficulties in balancing their professional responsibilities with their personal lives. Previous research has demonstrated that burnout contributes to lower family satisfaction, increased work-life conflict, and psychological distress. Additionally, studies have highlighted that perceived social support serves as a buffer, reducing the impact of stress and enhancing overall well-being.

Considering these findings, it is essential to investigate how burnout and perceived social support influence family quality of life within the medical community. This study aims to address the following research questions:

1. What is the level of perceived burnout among medical professionals?
2. What is the level of perceived social support among medical professionals?
3. What is the level of family quality of life among medical professionals?
4. To what extent do burnout and perceived social support contribute to the family quality of life among medical professionals?

Research Significance:

The significance of this study lies in its contribution to both theoretical understanding and practical applications.

Theoretical Significance:

This research contributes to the existing literature by deepening our understanding of the relationship between burnout, social support, and family quality of life within the medical profession. By integrating findings from previous studies with a focus on healthcare workers, this study fills a critical gap in the literature and provides a foundation for further research on occupational stress and its broader implications.

Applied Significance:

From an applied perspective, this study highlights the need for institutional policies that promote social support within medical workplaces. Findings can inform hospital administrators and policymakers in designing intervention programs that aim to reduce burnout and enhance well-being among healthcare workers. Additionally, the research provides insights for family counselors and mental health professionals working with medical professionals, enabling them to develop targeted support strategies that foster a balance between work and personal life. Ultimately, this study aims to contribute to the development of a healthier, more sustainable work environment for medical professionals, leading to improved family quality of life and overall well-being.

Perceived Stress

Perceived stress is a fundamental concept in the field of mental health. It refers to how individuals perceive the pressures they experience and their ability to cope with them effectively (Cohen et al., 1983). This type of stress differs from actual stress, as it depends on each individual's interpretation of stressful situations rather than the intensity of the stressors themselves.

In the healthcare sector, perceived stress takes on great importance due to the significant pressures healthcare workers face. These workers often endure long hours, physically and mentally demanding tasks, and the necessity of making quick decisions in emergency situations (Maslach et al., 2001). Such stressors negatively affect their physical and mental health, leading to professional burnout, which in turn reduces the quality of care provided to patients (World Health Organization, 2020).

Operational Definition: Perceived stress is defined operationally as the extent to which an individual evaluates daily situations as stressful or beyond their ability to manage.

Factors Contributing to Perceived Stress

1. **Excessive Job Stress**: Workplace stress arises from handling multiple tasks within strict time constraints, which often leads to feelings of tension.
2. **Lack of Resources and Training Opportunities**: Insufficient training and a lack of essential tools required to complete tasks effectively contribute to heightened perceived stress.
3. **Multiple Job Roles**: In workplace environments, the overlapping of roles and responsibilities increases levels of perceived stress.
4. **High Performance Expectations**: Unrealistic expectations, whether self-imposed or set by others, heighten psychological pressure and perceived stress (Al-Hidarawi, 2019).

Impacts of Perceived Stress

Perceived stress significantly affects various aspects of healthcare workers' lives, particularly mental and physical health, job performance, and the quality of care delivered to patients.

1. **Psychological and Physical Effects**: Perceived stress increases the likelihood of developing mental health issues such as anxiety and depression. It also adversely affects physical health by raising the risk of chronic diseases, including heart conditions and hypertension (Cohen et al., 1983). Additionally, perceived stress is linked to burnout, which manifests as emotional exhaustion, reduced productivity, and a lack of self-esteem (Maslach et al., 2001).
2. **Impact on Productivity**: Excessive stress reduces the ability of healthcare workers to concentrate, increasing the likelihood of medical errors. It also leads to decreased job commitment, higher rates of absenteeism, and increased turnover intentions (Schaufeli & Bakker, 2004).
3. **Impact on Quality of Healthcare**: Perceived stress can negatively affect the quality of patient care. Healthcare workers experiencing high levels of stress may exhibit reduced empathy towards patients, which can strain the caregiver-patient relationship (World Health Organization, 2020).
4. **Impact on the Work Environment**: Excessive stress among employees can create a dysfunctional work environment characterized by heightened tension among staff, decreased collaboration, and increased conflicts among colleagues (Maslach et al., 2001).

Perceived Social Support

Healthcare workers face high levels of stress, tension, and burnout compared to other professions. This may be linked to the necessity of distancing themselves from their families and friends due to the nature of their work. Therefore, strategies to reduce stress and tension are essential, and one of the most prominent is perceived social support, which is considered an important social resource. It refers to the potential presence of close individuals, such as family, friends, and colleagues, who care for and support the individual in times of need. It is also defined as the assistance individuals receive from others in various forms, or provide to others, which helps improve performance, increase feelings of happiness, well-being, and

quality of life. Perceived social support also refers to an individual's self-assessment of the availability of social support networks and their accessibility and achievement (Choi, et al., 2024).

Several studies (Haugan & Eriksson, 2021; Alsubaie, et al., 2019) have highlighted sources of social support, which include external sources such as friends, relatives, and colleagues, and internal sources like self-esteem and self-confidence. Studies have shown that social support directly impacts self-efficacy, personality traits, job satisfaction, and how individuals perceive work and family conditions. Social support is positively related to mental, physical, and emotional health as it increases positive feelings such as a sense of belonging and reduces anxiety, stress, and depression. Moreover, studies have shown that increased social support, especially from family, is significantly associated with lower levels of behavioral problems, negative emotional symptoms, and hyperactivity. Strong social support networks, such as family, provide emotional support, guidance, and practical assistance, positively affecting an individual's beliefs, behaviors, and performance.

Social support has been categorized in various ways according to the theoretical perspectives of researchers, but most align with Cohen and Wills' (Choen & Wills) classification, **which divides social support into four categories:**

1. Informational Support: This involves offering advice, information, and perspectives that can help solve the problems individuals face. This type of support helps individuals understand difficult events or situations and identify possible solutions. It often comes from friends, parents, or psychologists.

2. Appraisal Support: This consists of the recognition by others of an individual's skills and value, providing them with a positive image of themselves and expressing empathy, helping them feel capable of overcoming challenges. It strengthens self-esteem and a sense of competence.

3. Emotional Support: This includes the perception that individuals have people who care about their emotional well-being. This support is typically exchanged within stable and important relationships, such as those with spouses, relatives, and close friends.

4. Material Support: This includes all forms of tangible support (financial, assistance with tasks, and direct or indirect services) aimed at overcoming the problems individuals face. It typically comes from relatives and neighbors. This type of support enables individuals to feel that there are people ready to offer them material help in emergencies (Haugan & Eriksson, 2021)

Family Quality of Life

Despite the widespread focus on studies related to quality of life in various fields, most researchers have concentrated on conceptualizing and measuring individual quality of life. However, the concept of family quality of life has recently started to attract the attention of researchers. This concept is fundamentally based on the literature concerning individual quality of life, and multiple perspectives have emerged regarding its definition (Ayesh, 2011).

Family quality of life is considered an evolving phenomenon within family research. Studies in this field have focused on understanding the quality of an individual's life within the context of their family practices. This concept is complex and multifaceted, encompassing various elements of family interactions, as well as social and psychological factors that affect individuals within the family (Abdulwahab, 2016).

Definition of Family Quality of Life:

It refers to the stability and well-being of family life, ensuring the happiness of family members and meeting their diverse needs. This is achieved through marital harmony, effective communication between spouses, and their ability to face life's challenges together. Moreover, successful physical, psychological, and social care for children contributes to creating an environment conducive to developing children's abilities and skills, thereby preparing a generation of talented and creative individuals in society (Al-Zahrani, 2019).

Family quality of life is a multidimensional concept, and researchers have offered various classifications of its dimensions. According to Park and colleagues (Park et al., 2003), family quality of life can be classified into two main dimensions:

1. **Individual Aspects:**
   This includes emotional happiness, social happiness, health status, productivity, resilience, and coping mechanisms.
2. **Family Aspects:**
   This involves family interaction, daily life, parenting, and the financial status of the family.

Indicators of Family Quality of Life (Fallowfield, 1990):

1. **Social Indicators:**
   - **Positive:** Good and beneficial social relationships, as well as the level of individual integration into society and participation in social and recreational activities.
   - **Negative:** Feelings of alienation within society and a persistent sense of oppression (Khashmon, 2019).
2. **Psychological Indicators:**
   - These include feelings of anxiety and depression or adapting to illness, as well as feelings of satisfaction, happiness, and optimism (Sarkaz, 2020).
3. **Physical and Bodily Indicators:**
   - **Positive:** Enjoying good health, strong bodies, the ability to meet biological needs effectively, and receiving appropriate healthcare when sick (Khashmon, 2019).
   - **Negative:** Experiencing illness, malnutrition, poor healthcare, and neglect by caregivers.
4. **Professional Indicators:**
   - These include the degree of job satisfaction, love for one's profession, the ability to perform tasks, and alignment with work obligations (Sarkaz, 2020).

Previous Studies

Maslach et al. (2001) This study aimed to understand how perceived stress affects healthcare workers, especially in light of the psychological and physical challenges they face. The researchers used the Maslach Burnout Inventory (MBI) to measure levels of burnout among doctors and nurses in hospitals. Additional tools were employed to assess perceived stress levels, focusing on daily stress, social support, and available resources. The study highlighted a strong correlation between perceived stress and professional burnout in healthcare settings. Workers with high levels of perceived stress were more prone to burnout, which manifested as feelings of being overwhelmed by work, time pressure, multitasking demands, and insufficient social support. These factors led to emotional exhaustion and reduced ability to provide adequate patient care.

Schaufeli & Bakker (2004) This study analyzed the relationship between job demands, such as stress and workload, and burnout among nurses. It utilized measures of perceived stress and job-related factors in various work environments to determine the contributors to professional burnout. The findings emphasized the critical role of perceived stress in burnout, especially when employees faced repeated pressures at work. The study also highlighted the importance of organizational policies in reducing perceived stress among healthcare workers.

Al-Hidarawi (2019) This exploratory study investigated the impact of occupational stress on the motivation of employees in technical humanities colleges at Al-Furat Al-Awsat Technical University. It focused on factors contributing to high stress levels and how they influenced employee motivation and performance. Using a descriptive-analytical approach, questionnaires were distributed to employees, containing questions about levels of occupational stress and its effects on motivation. Statistical analysis revealed that higher levels of stress negatively impacted employee motivation. Workers experiencing stress due to heavy workloads, time constraints, and limited resources were less motivated. The study also found that personal characteristics, such as gender and years of experience, played a role in determining stress levels and employee motivation.

Hung et al. (2024) aimed to determine the impact of social support and resource support on emotional burnout, insomnia, and suicidal thoughts among healthcare trainees and medical postgraduates. The researchers used a scale for anxiety, depression, and stress, along with a series of self-designed questions to assess social support, resource support,

emotional burnout, suicidal thoughts, and self-stigma. The scales and questions were distributed online, and 552 responses were obtained. The structural stigma model revealed that perceived stigma was associated with self-stigma, and self-stigma was linked to psychological distress, emotional burnout, insomnia, and suicidal thoughts. Meanwhile, social support and resource support were negatively associated with perceived stigma.

Fu et al. (2021) conducted a study aimed at exploring the relationship between social support and depressive symptoms among doctors in university hospitals in China. The depression and social support scales were used, and the results revealed an inverse relationship, where lower social support scores were associated with higher levels of depression.

Naseri and Bani (2017) investigated the relationship between perceived social support, quality of life, and the mediating role of perceived stress among housewives in Sunanda. The sample consisted of 120 working women who were head of households in Sunanda in 2013, with 200 participants selected based on Morgan's table using a cluster sampling method. The research tools included the Perceived Social Support Scale by Zimet et al. (1988), the Perceived Stress Scale by Cohen et al. (1983), and the Quality-of-Life Scale (SF-36). The data were analyzed using structural equation modeling. The results showed that, in the final model, reducing stress was the only significant relationship between family support and quality of life focusing on physical and mental health.

Naseri and Bani (2017) conducted a study aimed at clarifying the relationship between perceived social support and quality of life and the mediating role of perceived stress among homemaker women in Sanandaj city. The study population consisted of 120 working homemaker women in Sanandaj in 2013. From this population, 200 participants were selected using Morgan's table and cluster sampling. The research instruments included the Perceived Social Support Questionnaire by Zimet et al. (1988), the Perceived Stress Scale by Cohen et al. (1983), and the Quality-of-Life Questionnaire (SF-36). The data collected from the questionnaires were analyzed using structural equation modeling.The results indicated that, in the final revision model, research on the relationship between the dimensions of perceived social support (family and significant others) and the dimensions of quality of life (focusing on physical and mental health) revealed that reducing stress is the sole mediator between family support and quality of life related to physical and mental health.

Mehrara et al. (2019) conducted a study aimed at determining the relationship between quality of life, psychological stress, and marital satisfaction among married working women in healthcare centers in Khorramabad Health Center. The sample consisted of 124 married working women. The study utilized questionnaires from the World Health Organization (SF-36), the Perceived Stress Scale (Cohen's Questionnaire), the ENRICH 47 Marital Satisfaction Questionnaire, and a demographic information questionnaire to collect data.The data were analyzed using SPSS software. The study results showed that most participants had a good quality of life and reported high to very high levels of marital satisfaction and low levels of perceived stress. There was an inverse relationship between perceived stress, marital satisfaction, and quality of life. Furthermore, quality of life and perceived stress were found to be significant predictors of marital satisfaction among married working women.

Study methodology: The study followed the descriptive predictive approach.

Study community: Medical workers in Jordan.

Study sample: The study sample consisted of (400) medical workers in Jordan who were selected randomly.

Table (1) shows the distribution of the study sample members according to gender, age, specialization, type of hospital, number of years of experience, academic qualification, department, marital status, family income, and number of family members.

Characteristics	Category	Number	Percentage
Gender	Female	286	71.5
	Male	114	28.5
Age	+30	213	53.3
	22-24	55	13.8
	25-29	132	33.0

Characteristics	Category	Number	Percentage
Educational level	Bachelor	279	69.8
	Postgraduate	121	30.3
Marital status	Single	279	69.8
	Married	121	30.3
Total		400	100.0

Study tools

First: Family quality of life scale

Validity and reliability of the scale

Indications of validity and reliability of the scale in the current study:

Apparent validity**:**To verify the validity of the Family Quality of Life Scale in its initial form, it was presented to (10) arbitrators from faculty members specializing in psychological counseling, with the aim of arbitrating the scale in terms of; the comprehensiveness of the scale paragraphs, the accuracy of the linguistic formulation, the clarity of the paragraphs and the deletion of inappropriate paragraphs or the suggestion of new paragraphs. The arbitrators' comments on the scale were taken into account, and the percentage of agreement between them was (80%).

construct validity

The correlation of the items with the subscales and the total score of the scale was extracted to check the construct validity as shown in table (2).

Table (2): Correlation coefficients between items, subscales, and total score of Family quality of life scale

Family interaction			Raising children			Emotional happiness			material happiness		
N.	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**
1	0.851**	0.715**	7	0.779**	0.720**	13	0.857**	0.774**	17	0.776**	0.612**
2	0.870**	0.751**	8	0.834**	0.726**	14	0.824**	0.555**	18	0.796**	0.540**
3	0.886**	0.799**	9	0.880**	0.811**	15	0.744**	0.730**	19	0.897**	0.693**
4	0.888**	0.830**	10	0.905**	0.774**	16	0.795**	0.538**	20	0.855**	0.636**
5	0.884**	0.753**	11	0.829**	0.765**				21	0.731**	0.653**
6	0.828**	0.794**	12	0.825**	0.746**						
The correlation between subscale and total score		0.889**	The correlation between subscale and total score		0.902**	The correlation between subscale and total score		0.799**	The correlation between subscale and total score		0.768**

**Statistically significant at the significance level.(0.01)

*Statistically significant at the significance level.(0.05)

It is noted from the data in Table (2) that the values of the paragraph correlation coefficients with the total score of the scale ranged between (0.538-0.830), the paragraph correlation coefficients with the dimensions ranged between (0.731-0.905), and the dimension correlation coefficients with the total score of the scale ranged between (0.768-0.902). The acceptance criterion was adopted for the paragraph correlation coefficient with the dimension to be (0.30) or higher, and thus the scale remained composed of (21) paragraphs.

reliability

The reliability of the questionnaire and its dimensions were verified by extracting the internal consistency coefficients using the Cronbach alpha equation. Table (3) shows the results.

Table (3): The reliability of Family quality of life scale and its dimensions

Subscales	internal consistency coefficients
Family quality of life	0.949
Family interaction	0.933
Child rearing	0.917
Emotional happiness	0.819
Material happiness	0.867

Table (3) shows that the internal consistency stability coefficients of the scale and its dimensions ranged between (0.819-0.949), which are good stability coefficients as they were all higher than (0.60), and thus the scale was adopted in its final form as it consisted of (21) paragraphs.

Scale correction

In order to correct the scale, a five-point Likert scale was adopted to measure the level of family quality of life, where the answer was always given (5 points), often (4 points), sometimes (3 points), rarely (2 points), never (1 point), and the averages of estimating the level of family quality of life were judged as follows:

Through the following equation: 5 - 1 = _4_ = 1.33

3 3

-From (1.00-2.33) low level.

-From (2.34-3.66) medium level.

-From (3.67-5.00) high level.

Perceived Social Support Scale

Implications of the validity and reliability of the scale in the current study:

First: Apparent validity

To verify the validity of the perceived social support scale in its initial form, it was presented to (10) arbitrators from faculty members specializing in psychological counseling, with the aim of arbitrating the scale in terms of; the comprehensiveness of the scale paragraphs, the accuracy of the linguistic formulation, the clarity of the paragraphs and the deletion of inappropriate paragraphs or the suggestion of new paragraphs. The arbitrators' comments on the scale were taken into account, and the percentage of agreement between them was.(%80)

construct validity

The correlation of the items with the subscales and the total score of the scale was extracted to check the construct validity as shown in table (4).

Table (4): Correlation coefficients between items, subscales, and total score of perceived social support scale

Friends			**Family**			**Strangers**		
N.	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**
1	0.873**	0.721**	6	0.811**	0.703**	10	0.812**	0.724**
2	0.890**	0.783**	7	0.886**	0.704**	11	0.826**	0.623**
3	0.901**	0.750**	8	0.772**	0.514**	12	0.803**	0.616**

Friends			Family			Strangers		
N.	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**	**N.**	**Correlation with subscale**	**Correlation with total score**
4	0.917**	0.750**	9	0.857**	0.684**	13	0.761**	0.759**
5	0.856**	0.726**				14	0.644**	0.588**
The correlation between subscale and total score		0.841**	The correlation between subscale and total score		0.787**	The correlation between subscale and total score		0.862**

It is noted from the data in Table (4) that the values of the paragraph correlation coefficients with the total score of the scale ranged between (0.514-0.783), the paragraph correlation coefficients with the dimensions ranged between (0.644-0.917), and the dimension correlation coefficients with the total score of the scale ranged between (0.787-0.862). The acceptance criterion was adopted for the paragraph correlation coefficient with the dimension to be (0.30) or higher, and thus the scale remained composed of (14) paragraphs.

reliability

The reliability of the questionnaire and its dimensions were verified by extracting the internal consistency coefficients using the Cronbach alpha equation. Table (5) shows the results.

Table (5): The reliability of perceived social support scale scale and its dimensions

Subscales	internal consistency coefficients
perceived social support scale	0.915
Friends	0.932
Family	0.851
Strangers	0.825

Table (5) shows that the internal consistency stability coefficients of the scale and its dimensions ranged between (0.825-0.932), which are good stability coefficients as they were all higher than (0.60), and thus the scale was adopted in its final form as it consisted of (14) paragraphs.

Scale correction

In order to correct the scale, a five-point Likert scale was adopted to measure the level of family quality of life, where the answer was always given (5 points), often (4 points), sometimes (3 points), rarely (2 points), never (1 point), and the averages of estimating the level of family quality of life were judged as follows:

Through the following equation: 5 - 1 = _4_ = 1.33

3 3

-From (1.00-2.33) low level.

-From (2.34-3.66) medium level.

-From (3.67-5.00) high level.

Pictorial Stress Scale

Implications of the validity and reliability of the scale in the current study:

Apparent validity

To verify the validity of the pictorial stress scale in its initial form, it was presented to (10) arbitrators from faculty members specializing in psychological counseling, with the aim of arbitrating the scale in terms of; the comprehensiveness of the scale paragraphs, the accuracy of the linguistic formulation, the clarity of the paragraphs and deleting inappropriate paragraphs or suggesting new paragraphs. The arbitrators' comments on the scale were taken into account, and the percentage of agreement between them was.(%80)

construct validity

The correlation of the items with the subscales and the total score of the scale was extracted to check the construct validity as shown in table (6).

Table (6): Correlation coefficients between items, subscales, and total score Pictorial Stress Scale

N.	Correlation with subscale	N.	Correlation with subscale
1	0.487**	8	0.543**
2	0.518**	9	0.586**
3	0.405**	10	0.426**
4	0.583**	11	0.562**
5	0.665**	12	0.444**
6	0.582**	13	0.472**
7	0.540**	14	0.469**

It is noted from the data in Table (6) that the values of the paragraph correlation coefficients with the total score of the scale ranged between (0.405-0.665), and the criterion for accepting the paragraph was that its correlation coefficient with the total score of the scale be (0.30) or higher, and thus the scale in its final form remained consisting of (14) paragraphs.

reliability:To ensure the stability of the illustrated stress scale, the internal consistency coefficient of the scale was calculated according to Cronbach's alpha equation for internal consistency. The value of Cronbach's alpha coefficient for the tool reached (0.790), and thus the scale was adopted in its final form, as it consists of (14) paragraphs.

Scale correction

In order to correct the scale, a five-point Likert scale was adopted to measure the level of family quality of life, where the answer was always given (5 points), often (4 points), sometimes (3 points), rarely (2 points), never (1 point), and the averages of estimating the level of family quality of life were judged as follows:

Through the following equation: 5 - 1 = _4_ = 1.33

3 3

-From (1.00-2.33) low level.

-From (2.34-3.66) medium level.

-From (3.67-5.00) high level.

Study results

Results of the first question: What is the degree of Pictorial Stress among medical workers?

To answer the question, the arithmetic means and standard deviations of the degree of stress depicted among medical workers were calculated, and Table (7) shows the results.

Table(7) : Arithmetic means and standard deviations of the degree of Pictorial Stress among medical workers

N.	Item	Rank	Mean	Std. Deviation	Value
12	During the past month, how often have you thought about the things you need to get done?	1	4.13	0.907	high
3	During the past month, how often did you feel stressed, nervous, or overwhelmed?	2	3.88	1.055	high
6	During the past month, how often have you felt confident in your ability to handle your personal problems?	3	3.67	1.045	high

N.	Item	Rank	Mean	Std. Deviation	Value
4	During the past month, how often have you successfully dealt with upsetting or worrying life issues?	4	3.58	0.957	moderate
5	During the past month, how often have you felt that you were successful in coping with important changes in your life?	5	3.57	1.069	moderate
11	In the past month, how often have you gotten angry because things happened that were beyond your control?	6	3.44	1.214	moderate
10	During the past month, how often did you feel in control?	7	3.40	1.069	moderate
14	Over the past month, how often have you felt that difficulties were piling up to the point where you could not overcome them?	8	3.33	1.235	moderate
8	During the past month, how often did you feel like you couldn't do all the things you had to do?	9	3.28	1.118	moderate
9	During the past month, how often were you able to control the annoying (triggering) things in your life?	10	3.28	1.034	moderate
7	During the past month, how often did you feel that things were going your way?	11	3.26	1.129	moderate
1	During the past month, how often did something unexpected happen to you?	12	3.24	1.233	moderate
13	During the past month, how often were you able to control how you spent your time?	13	3.22	1.112	moderate
2	During the past month, how often have you felt like you had no control over important things in your life?	14	3.14	1.282	moderate
Pictorial Stress			3.46	0.574	moderate

Table (7) shows that the degree of perceived stress among medical workers was average, with an arithmetic mean of (3.46), while the arithmetic means of the study sample members' answers to the perceived stress paragraphs ranged between (3.14-4.13). The paragraph that obtained the highest arithmetic mean was paragraph (12) "During the past month, how often did you usually think about the things you had to accomplish?" with an arithmetic mean of (4.13). The paragraph that obtained the lowest arithmetic mean was paragraph (2) "During the past month, how often did you usually feel that you could not control the important things in your life?" with an arithmetic mean of.(3.14)

Results of the second question: What is the degree of perceived social support among medical workers?

To answer the question, the arithmetic means and standard deviations of the degree of perceived social support among medical workers were calculated, and Table (8) shows the results.

Table (8) Arithmetic means and standard deviations of the degree of perceived social support among medical workers

N.	subscale	Rank	Mean	Std. Deviation	Value
2	family	1	3.90	0.961	high
3	stranger	2	3.48	0.975	moderate
1	friends	3	2.92	1.150	moderate
social support			3.40	0.862	moderate

Table (8) shows that the arithmetic averages of the study sample members' answers to the dimensions of perceived social support among medical workers ranged between (2.92-3.90), and the second dimension "family" came in first place with an arithmetic average of (3.90), and the first dimension "friends" came in last place with an arithmetic average of (2.92). The arithmetic average of the degree of perceived social support among medical workers was (3.40) with a standard deviation of (0.862) and at an average level.

Results of the third question: What is the degree of family quality of life among medical workers?

To answer the question, the arithmetic means and standard deviations of the degree of family quality of life among medical workers were calculated, and Table (9) shows the results.

Table (9) Arithmetic means and standard deviations of the degree of family quality of life among medical workers

N.	subscale	Rank	Mean	Std. Deviation	Value
4	Material happiness	1	4.04	0.887	high
1	Family interaction	2	4.03	0.952	high
2	Child rearing	3	3.95	0.872	high
3	Emotional happiness	4	3.30	0.965	moderate
family quality of life			3.87	0.775	high

Table (9) shows that the arithmetic averages of the study sample members' answers to the dimensions of family quality of life among medical workers ranged between (3.30-4.04), and the fourth dimension, "material happiness," came in first place with an arithmetic average of (4.04), and the third dimension, "emotional happiness," came in last place with an arithmetic average of (3.30). The arithmetic average of the degree of family quality of life among medical workers was (3.87) with a standard deviation of (0.775) and at a high level.

Results of the fourth question: What is the percentage of contribution of each of the perceived stress and the perceived social support to the quality of family life among workers in the medical sector?

To answer this question, a multiple linear regression analysis was calculated to determine the percentage of contribution of each of the perceived stress and the perceived social support to the quality of family life among workers in the medical sector, and Table (10) shows the results.

Table(10) : Multiple linear regression analysis of the percentage of contribution of each of the perceived stress and the perceived social support to the quality of family life among workers in the medical sector

independent variable	Model Summary		Analysis of variance		Transaction table		
	R	R^2	F	SIg	Beta	t	sig
Perceived social support	0.549	0.302	85.847	0.000	0.586	12.829	0.000
Pictorial Stress					-0.121	-2.647	0.008

Table (10) indicates that there is a contribution of perceived stress and social support to the quality of family life among workers in the medical sector. This is shown by the value of F (85.847), which is a statistically significant value at a significance level of ($\alpha = 0.05$). The interpretation rate reached (30.2%), and the value of the correlation coefficient reached (0.549). The contribution of perceived social support was higher in predicting the quality of family life among workers in the medical sector, as the value of beta reached (0.586), which is a positive value indicating the existence of a direct relationship between the two variables. As for perceived stress, its contribution was less in predicting the quality of family life among workers in the medical sector, as the value of beta reached (-0.121), which is a negative value indicating the existence of an inverse relationship between the two variables

Discussion

The First Question:What is the level of perceived stress among medical professionals?

The results can be interpreted by understanding the nature of perceived stress, the contributing factors to its occurrence, and its impact on professionals in this sector.

1. **The Dual Nature of the Medical Environment:**

Working in the medical field involves a combination of daily pressures and tasks that require critical and rapid decision-making, as well as the humanitarian nature of the work, which necessitates emotional engagement with patients. These factors may lead to moderate levels of perceived stress rather than very high levels, as medical professionals often adapt to this environment over time.

2. **Individual and Collective Coping Mechanisms:**

Medical professionals typically possess mechanisms for handling stress, such as social support from colleagues and specialized training that prepares them to deal with emergencies. These mechanisms help mitigate the impact of daily pressures and maintain moderate levels of perceived stress.

3. **Relative Lack of Resources and Training:**

According to theoretical literature, a lack of resources and training opportunities is one of the factors contributing to stress. Professionals may face difficulties in efficiently carrying out their tasks, leading to moderate stress levels without reaching extreme levels, possibly due to the limited availability of some supporting resources.

4. **Multiple Job Roles and High Expectations:**

In the medical sector, the multiplicity of job roles and high expectations from professionals create an environment that fosters feelings of stress. However, high expectations can also serve as a positive motivator in some cases, helping to reduce the impact of severe stress.

5. **Experience and Professional Adaptation:**

Studies, such as Maslach et al. (2001), indicate that experienced professionals often learn to manage daily work pressures in ways that reduce perceived stress levels. This professional adaptation helps maintain a moderate level of stress rather than allowing it to escalate.

6. **Organizational Support and Health Policies:**

Organizational policies and measures taken by health administrations can play a role in reducing the intensity of stress. Psychological and social support, along with efforts to improve the work environment, are key factors contributing to keeping stress levels within moderate bounds.

Implications of the Result on Work Quality and Healthcare Services:

Moderate levels of perceived stress may reflect a balance between professional challenges and the available resources for medical professionals. This balance ensures the continuity of healthcare delivery with acceptable quality, while leaving room for improvement in working conditions to further reduce stress.

Question Two: What is the level of perceived social support among medical professionals? The results indicate the following:

- The overall mean score for perceived social support is **3.40**, reflecting a moderate level.
- The "family" dimension ranked first with a mean score of **3.90**, indicating a high level.
- The "strangers" dimension ranked second with a mean score of **3.48**, reflecting a moderate level.
- The "friends" dimension ranked last with a mean score of **2.92**, also reflecting a moderate level.

These findings align with the study by Fu et al. (2021), which highlighted a relationship between social support and mental health. High levels of support were associated with improved psychological well-being, whereas low levels were linked to feelings of stress. Similarly, Hung et al. (2024) noted that social support reduces the effects of psychological stress and burnout, emphasizing the importance of enhancing various sources of support.

The results can be interpreted through several dimensions:

1. **Family Dimension**:
   Family ranked first with a high level of social support, surpassing support from friends and strangers. This can be attributed to the significant role of family as the primary source of social and emotional support. Families often provide a nurturing and supportive environment, appreciating the work-related pressures faced by healthcare workers. This support helps alleviate stress and reduces social responsibilities, making healthcare workers heavily reliant on their families.
2. **Friends Dimension**:
   Social support from friends ranked last with a moderate level. This may be due to the long working hours and high work-related pressures experienced by healthcare workers, which limit their ability to maintain communication and interaction with friends outside of work. Consequently, the constant busyness results in decreased social support from friends.
3. **Strangers Dimension**:
   Social support from strangers ranked second with a moderate level, higher than the support from friends but lower than that from family. This can be explained by the importance of professional or incidental interactions, such as communication with colleagues and service recipients in the healthcare sector. The extended working hours facilitate numerous interactions, allowing healthcare workers to receive some level of social support from these encounters.
4. **General Social Support**:
   The moderate level of overall social support may also be linked to internal factors such as self-confidence and self-esteem, as discussed in the theoretical framework. Working under long hours and high-pressure conditions often leads to work-related fatigue or stress, which can affect healthcare workers' perceptions of social support.

Discussion of Question Three: What is the level of family quality of life among medical professionals?

This result can be interpreted as follows:

First Rank: Material Happiness (Dimension Four):

Material happiness ranked first with a mean score of (4.04), reflecting a relative satisfaction among medical professionals regarding the material aspect of their family lives. This could be attributed to:

- **Stable salaries and financial benefits:** Financial stability, particularly in private hospitals or high-paying medical professions, plays a key role.
- **Financial incentives:** Employees in medical institutions often receive additional financial incentives for overtime, job performance, or night shifts.
- **Private vs. public sector:** Employees in the private sector typically receive more bonuses compared to those in the public sector, further contributing to financial stability.

Last Rank: Emotional Happiness (Dimension Three):

Emotional happiness ranked last with a mean score of (3.30), indicating significant challenges in this area. Possible reasons include:

- **Intensive work pressure and long hours:** These factors, along with shortages in medical staff in some areas, contribute to emotional strain.
- **Daily exposure to emergencies:** Particularly in government hospitals and crowded health centers, the demanding environment negatively affects psychological and emotional stability, increasing both physical and mental exhaustion.
- **Financial stress:** The high cost of living compared to salaries can create tension, further impacting emotional well-being (Sarkaz, 2020).

Overall Family Quality of Life:

The overall mean score for family quality of life was (3.87) with a standard deviation of (0.775), indicating a relatively

high level. This can be explained by positive factors such as:

- **Financial stability:** Competitive salaries and additional incentives provided by the sector help meet basic family needs and achieve "material happiness," which ranked first among family quality of life dimensions.
- **Social and professional recognition:** As noted by (Khashmon, 2019), medical professionals enjoy social and professional esteem, enhancing their sense of satisfaction regarding their roles within their families.

However, there is still room for improvement in areas such as emotional happiness, which is affected by work pressures and long working hours.

Discussion of the Fourth Question: what extent do burnout and perceived social support contribute to the family quality of life among medical professionals?

The findings indicate that both burnout and perceived social support significantly impact the family quality of life among medical professionals. The role of burnout in this relationship can be understood through the lens of the **Job Demands-Resources (JD-R) Model** (Demerouti et al., 2001), which suggests that high job demands—such as long working hours, high emotional exhaustion, and critical decision-making—can deplete employees' mental and physical resources, leading to professional burnout. As highlighted by Maslach and Leiter (2016), burnout manifests as emotional exhaustion, depersonalization, and reduced personal accomplishment, all of which contribute to lower overall well-being and diminished family life quality. These findings align with previous research, such as that of Shanafelt et al. (2017), which found that burnout among medical professionals correlates with strained personal relationships, decreased marital satisfaction, and overall poor family life quality.

Conversely, the positive impact of perceived social support on family quality of life can be explained through **the Buffering Hypothesis** (Cohen & Wills, 1985), which suggests that social support acts as a protective factor against the negative effects of stress. Family, community, and peer support provide medical professionals with emotional and

psychological resources that help mitigate the detrimental effects of workplace stress and burnout. Empirical studies support this notion; for example, the work of Karing and Beelmann (2019) demonstrates that individuals with strong social support networks experience lower stress levels, improved emotional regulation, and enhanced mental well-being. Similarly, Lin et al. (2020) emphasize that perceived social support fosters resilience among healthcare professionals, improving their ability to manage occupational stress and maintain a better work-life balance.

By integrating these theoretical perspectives and empirical findings, it becomes evident that while burnout significantly hampers family quality of life, social support plays a crucial role in alleviating these negative effects. Thus, interventions aimed at enhancing workplace support systems, promoting peer networks, and strengthening family connections can serve as effective strategies to improve the well-being of medical professionals and their families.

Recommendations:

1. Conduct experimental studies and research that include the use of group counseling programs offering psychological and social support to medical professionals.
2. Improve the work environment to reduce professional stress and enhance employee well-being.
3. Organize training workshops to enhance employees' ability to cope with professional pressures.

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