

## **Violence in Healthcare Institutions: A Sociological Approach to The Explanatory Factors and Forms of Practice**

**Elbaa, Mohammed**

E-mail: [mohammed.elbaa@univ-msila.dz](mailto:mohammed.elbaa@univ-msila.dz)

**Fekir, Abdelrahmane**

E-mail: [fekir.abdelrahmane@univ-bechar.dz](mailto:fekir.abdelrahmane@univ-bechar.dz)

**Benkhira, Mohammed El Amin**

E-mail: [m.benkhira@univ-dbkm.dz](mailto:m.benkhira@univ-dbkm.dz)

### **Study Summary**

This article aims to study the phenomenon of violence in healthcare institutions from a sociological perspective, considering it a complex social phenomenon reflecting imbalances in organizational structure and professional relationships within the hospital setting. Violence here is not simply a matter of individual behavior, but rather a result of the interaction of a range of structural, social, and psychological factors that contribute to its production and perpetuation within healthcare institutions.

The study reveals that violence is fueled by organizational factors such as work pressure, limited resources, ambiguous roles, and poor task distribution, in addition to social and psychological factors related to occupational stress, poor communication, and a lack of trust between staff and patients. Conversely, the violence is also attributed to the free provision of healthcare. Violence manifests itself in various forms, most notably verbal violence (insults, shouting), physical violence (assault or threats), and symbolic or administrative violence (exclusion, marginalization, or mistreatment within the institution).

**Keywords:** Violence, Healthcare Institution, Free Healthcare

### **1- Introduction**

Violence within healthcare institutions constitutes a complex sociological phenomenon reflecting the tensions inherent in the hospital environment, a field where professional, human, and organizational relationships intersect.

A healthcare institution is not merely a space for treatment; it is a social system within which doctors, nurses, patients, and administration interact under multiple material, psychological, and organizational pressures.

Violence in the healthcare setting has become one of the most prominent manifestations of the structural crisis facing the hospital system in contemporary societies, where organizational factors (such as limited resources, overcrowding, and mismanagement) intersect with social and psychological factors (such as occupational stress, poor communication, and low levels of trust among stakeholders). From this perspective, this sociological approach seeks to analyze the factors explaining the spread of violence in health institutions, and to identify the forms of violent practice that manifest themselves within this space, whether verbal, symbolic or physical, with the aim of understanding its dynamics and social dimensions, and proposing ways to reduce it in light of a holistic vision that takes into account the specificity of the health context. Accordingly, we pose the following question:

Do the conditions surrounding work within the hospital institution play a role in the emergence of violent behavior among medical staff and visitors to the hospital institution?

### **1. The Importance of the Study:**

The importance of this study lies in:

- Striving to discover scientific truth and clarify sociological issues.
- Identifying the most prevalent patterns of violent behavior within healthcare institutions.
- Investigating the causes of violence within healthcare institutions and highlighting its various aspects to determine its extent, impact, and prevalence.

### **2. Study Concepts:**

#### **2.1 Violence:**

Violence is any overt or covert, direct or indirect, physical or psychological act intended to harm oneself, others, or others, whether relatives or non-relatives. Violence is also a means of expression, achieving power, and asserting oneself when an individual loses their sense of security, experiences frustration, and suffers from the deterioration of social values due to the absence of justice, self-degradation, loss of respect, and the lack of authority to regulate behavior. Violence is a manifestation of conflict, ranging from simple conflict to violent conflict. It may escalate, beginning with slapping, insults, and beatings, and ending with murder or attempted murder.

#### **Procedurally:**

It is an act that violates societal standards and values and laws, each of which stipulates penalties for its perpetrator. It is committed by an individual against another or a group against another group, causing them harm, whether material or moral. It is divided into two parts: visible physical violence and invisible symbolic violence.

#### **2.2 Health Institutions:**

A health institution is defined as a group of medical and non-medical specialists and professionals, along with material resources and materials, organized in a specific way to serve current and prospective patients, meet their needs, and ensure the continuity of the health organization.

The World Health Organization (WHO) defines it as: "An essential part of a social and medical organization whose function is to provide comprehensive health care to the population, whether curative or preventive. Its outpatient services extend to the family in its home environment. It is also a center for training health workers and conducting vital social research." C.

#### **2.3 Free Treatment:**

Free treatment means providing medical and health services to the patient without charge. This means that the patient can obtain medical examinations, treatments, surgeries, or consultations without having to pay for them, as the state, charitable organizations, or supporting entities bear these costs.

## **2- Methodological Procedures of the Study**

The current study falls under qualitative research, where qualitative research is defined as "a means of exploring and understanding the meaning that individuals or groups attribute to a

social or human problem. The research process includes questions, emerging procedures, and data that are usually collected in the participants' environment. The data is inductively referred, based on details, to general themes, and the researcher interprets the meaning of the data. The final written report is characterized by a flexible structure. Those participating in this research support the type of inquiry. The way of looking at the research respects the inductive method and the focus on individual meaning and the importance of presenting the complexity of the situation.”

### **1. Study Methodology**

In line with the study's objectives, the appropriate research methodology is the descriptive approach. Descriptive research relies on collecting information about a specific problem with the aim of addressing it by describing it from all its aspects and dimensions. This methodology is based on studying phenomena as they exist in reality and expressing them quantitatively, clarifying the extent of the phenomenon and its degree of correlation with other phenomena, or qualitatively, describing the phenomenon and clarifying its characteristics. Descriptive research differs from exploratory research in that it is more specific about the problem and its hypotheses and more detailed in the information it requires. According to this type of descriptive research, the required information and data are collected by describing the subject of the phenomenon or describing the audiences under study, such as conducting research on the customer audience to learn about their characteristics in terms of age, cultural and educational level, and purchasing habits, which is considered a description of this audience.

### **2. Data Collection Tools**

The research tool is determined based on the general context of the research, whether quantitative or qualitative, and the constraints this context imposes on the researcher. Furthermore, the research design does not depend on whether quantitative, qualitative, or mixed methods are used in the data collection and analysis processes. The decision to adopt qualitative or quantitative methods is primarily based on your research question and the nature of the data you intend to analyze in order to answer that question.

#### **2.1 Interview**

The interview is used in scientific research as a tool to collect data from individuals or the study population about a specific topic. The interview enables the researcher to obtain detailed and in-depth perspectives on the phenomenon under study. It takes place through a conversation between two or more people (the researcher and the respondents), in which one of them asks the other questions to obtain information, opinions, or feelings. The interview can be conducted face-to-face, directly, or by telephone or through other multiple media. Based on its principle of dialogue, the interview can be defined as "a verbal interaction that takes place in a confrontational situation in which the interviewer tries to elicit information, opinions, or beliefs from another person or people to obtain some objective data."

#### **2.2 Observation**

Observation is one of the oldest data collection tools and the most widely used in qualitative research. It is unique in that it can be applied without the need for linguistic mediation, often in conjunction with other tools. It essentially involves using the researcher's

senses and innate and acquired skills (developed through training) to describe, record, and analyze objects, events, and people, with or without interaction. Observation allows the researcher to directly observe the physical and social environment in which events and individual actions take place. It can be conducted separately by breaking down the behavior of the subjects into simple actions and activities, or by grouping related actions and events.

**3. Study Sample**

In line with the aforementioned considerations that determine the type of sample adopted, as well as the differences between probability and non-probability sampling, purposive sampling represents the most suitable sample for our current study. Purposive sampling, which is a type of non-probability sampling, is defined as "a non-probability sampling method in which elements are selected from the target population based on their conformity and suitability to the study's objectives and the inclusion and exclusion criteria of the sample." It is also called a purposive sampling method. Unlike a convenience sample, elements in purposive sampling are not simply selected based on availability, abundance, or self-selection. Instead, the researcher deliberately selects the elements to participate in the study because these elements meet the inclusion and exclusion criteria. After confirming that an element meets the participation criteria, it is asked to participate in the study.

**4. Study Areas**

**4.1 Spatial Scope:** The study was conducted in the city of Ain Defla, and included a case study of four public hospitals.

**4.2 Temporal Scope:** The study ran from February 20 to May 20, 2025.

**4.3 Human Scope:** A group of healthcare professionals (four participants) were interviewed.

**3- Presenting the Results**

**1. Presenting the Observation Grid**

The following observation network was completed as a preliminary part of the interview-based field study. The aim of this technique was to collect some field data on manifestations of violent behavior within hospital institutions. The observation took place within two different institutions, which we will present as follows:

<b>observation location</b>	The observation was made inside one of the hospital institutions in the city of Ain Defla on April 14, 2025.
<b>observation period</b>	25 minutes
<b>observation tool</b>	naked eye
<b>Potential effects</b>	Our initial observations focused on the institution's operational procedures, starting with the reception staff at the entrance. We also noted the absence of overcrowding within the institution, suggesting effective organization in managing operations. Regarding the medical and support staff, we observed their courteous treatment and positive interaction with patients (reception at the entrance and the provision of stretchers and wheelchairs for patients unable to walk or move).

**Observation grid display number 02**

<b>observation location</b>	The observation was made inside one of the hospital institutions in the city of Ain Defla on April 20, 2025.
<b>observation period</b>	20 minutes
<b>observation tool</b>	naked eye
<b>Potential effects</b>	The initial observation focused on the number of people using the facility. A considerable number of patients were present in the reception area, waiting their turn to see the doctor. Signs of exhaustion and discomfort due to the heat were evident, in addition to the presence of young children running around in the corridor. We also noted the presence of several paramedical staff members (a significant number in the reception area, seemingly uninvolved). Furthermore, the center exhibited a high level of activity, with staff and visitors alike entering and exiting frequently, sometimes multiple times.

**Commenting on the observations**

Based on our observations during this study, conducted in April 2025, which included two institutions—one private and the other public—the following observations were made:

The private institution (observed in the first network) was characterized by good management, including a welcoming environment, the provision of resources to reduce stress on both patients and staff, and the absence of disorder or disruptive behavior.

In contrast, the public institution (observed in the second network) exhibited the opposite characteristics in terms of organization and management. It was overcrowded and exhibited numerous unnecessary and inappropriate behaviors. While no instances of violence were observed in either institution, it can be argued that the second institution may have a higher likelihood of violent behavior from either employees or staff compared to the first. This possibility can be attributed to the environment of the second institution, which is characterized by overcrowding due to the free services it provides, thus facilitating easy access to treatment. This creates numerous challenges for the medical and administrative staff, including work-related stress and the potential for staff performance to decline due to the large number of patients. Furthermore, the patient's psychological state may contribute to violence as a result of their emotional distress.

This tense environment can manifest in violent behaviors that escalate beyond their initial intensity, whether from staff or patients, such as verbal altercations, staff ignoring staff, or other forms that negatively impact the overall work environment, such as frequent absences from the institution.

**Presenting the interview results****A. Presenting the interviews****Interview 01:**

- The interview took place at a public hospital in Ain Defla province on February 24, 2025, at noon, and lasted approximately 40 minutes.
- The interviewee was a 59-year-old married nurse and head of department with 36 years of experience in nursing.

According to the interviewee, patients and their companions often obstruct medical services. He stated that when faced with such obstruction, it was outside his responsibility and that he left the matter to the security personnel. He also stated that he did not refuse to provide service despite the poor treatment he and his companions received, particularly in cases where patients requested reinjections, which they often refused.

When asked if the medical equipment in his institution was sufficient to provide the best medical services, the interviewee replied, "The equipment is a bit lacking, not perfect."

According to the case, the shortcomings negatively impact the provision of medical services. He states: "For example, the treatment isn't as effective as if the room were large. You work in a 100-square-meter room, not the same as in a 20-square-meter room. And everyone tries to be first. You have a room that can hold 15 patients, and 20 arrive; the remaining 5 can't find a place to sit, and it's obvious they get frustrated." Regarding his communication with patients and their companions, the interviewee stated, "I treat them normally. If someone comes in polite, I treat them politely, and if someone is upset, I help them out. That's all." He also stated that he has been subjected to violent behavior: "Sometimes they insult you and knock you down, and sometimes they even threaten to hit you." Regarding his reaction to the violence he experienced, he stated, "If someone insults you and you're not calm, and given the pressure of work, you might respond in kind." As for the reasons that drive him to use violence against patients and their companions, he stated, "We don't have a problem with the patients." If someone tries to hit me, I won't respond. We have a problem with the patients' companions; they're the ones who cause trouble in the hospital. It's the companions who are ruining us. Regarding his opinion on the main causes of violence within the hospital, he states: "Poor medical service can cause violence and bring problems upon its recipient. As I told you, the waiting room is too small. You have six beds, and there are ten patients. Tell me, how are you supposed to manage those four? That's where the problems begin."

**Interview 02:**

- The interview took place in Ain Defla (at a public institution) on February 26, 2025, at 10:00 AM. The interview lasted 35 minutes.
- The interview was conducted with a senior general practitioner, 42 years old, married, with eleven (11) years of experience in general medicine.

Regarding the situation, patients and their companions sometimes obstruct the provision of medical services. He stated, "It doesn't happen often that they stop me or refuse to be treated by me."

Regarding his reaction to this obstruction, he said, "There's nothing you can do but contact the security services, either the agents or the police directly."

When asked if the medical equipment available in his institution was sufficient to provide the best medical services, the interviewee stated, "No, it's not enough to provide good medical services." He added that the shortcomings negatively affect the provision of medical services, stating, "Of course they do, and they create problems with the immense pressure from the public." Regarding whether there were any reception staff at the hospital, the interviewee stated: "No, there weren't any, even if there were, they wouldn't be trained to receive reception staff."

Regarding his communication with patients and their companions, the interviewee stated, "I treat them normally, and the communication is normal."

He also stated that he had previously experienced violent behavior: "I was subjected to verbal abuse more than once or twice, and in some cases, I even took legal action and forgave them."

Regarding his reaction to the violence he experienced, he stated, "I put a stop to it and take legal action against them. I don't stoop to their level, but when things get out of hand, I can't control myself."

As for the reasons that drive him to use violence against patients and their companions, he stated: "The pressure and the large number of patients, and the lack of resources, plus the patients overstepping their boundaries—that's what makes you react in a bad way." Regarding his opinion on the main causes of violence within the hospital, he stated, "I see the main reason as the moral decay of the patients, and the lack of resources we have, which leads us to encounter these problems."

**Interview 3:**

- The interview took place in El Abadia on March 15, 2025, at 10:00 PM. The interview lasted 35 minutes.
- A 28-year-old nursing assistant, single, with four years of experience, stated that patients and their companions often obstruct them when they are providing medical services. He said, "It often happens to me that they stop me when I'm working."

Regarding the reason for this obstruction, he explained, "It's fear. They tell you that the doctor has to be present, and when they realize that the act isn't yours, they stop me."

As for his reaction to this obstruction, he said, "Obviously, I get annoyed and send the companion away. I don't serve the patient, so another nurse comes and serves him."

When asked if the medical equipment available at their institution was sufficient to provide the best medical services, the interviewee stated: "No, it's not enough, there's a lot lacking. We don't even have enough medicine." Depending on the situation, these deficiencies negatively impact the provision of medical services, as he stated: "It's obvious that it affects and harms the patient."

Regarding whether there were reception staff at the hospital, the interviewee stated: "No, there aren't any reception staff, only in the emergency room." Concerning his communication with patients and their companions, he stated: "I give the patient their medication and tell them to go to sleep. What else do they want me to give them?" He also stated that he had previously been subjected to violent behavior: "It's clear I was subjected to verbal abuse and insults, and some people act arrogantly and disrespectfully towards you." Regarding his reaction to the

violence he experienced, he stated: "I just argue with them and give them what they want. If they do something to me, I give them what they want." Regarding the reasons that drive him to use violence against patients and their companions, he stated: "What bothers me is when they interfere with my work and talk too much."

In his opinion, regarding the main reasons for violence within the hospital, he stated: "The reasons are obvious: excessive talking and the lack of equipment. The equipment is insufficient, and the excuse for violence is always the hospital staff."

#### **Interview 4**

- The interview took place in El Abadia on May 4, 2025, at 3:00 PM. The interview lasted 35 minutes.
- A 27-year-old single nurse with three years of experience.

Regarding the patient's reaction to a medical error, he stated, "There was no reaction at all."

Regarding the patient and their companions sometimes objecting to the provision of medical services, he stated, "They don't want me to serve them and refuse."

Regarding the reason for this refusal and objection, he stated, "They're suspicious of you; they want an older person to serve them."

Regarding his reaction to this objection, he said, "My reaction is anger and frustration."

Regarding whether he had previously refused to provide service, he stated, "Yes, I have refused before."

Regarding whether he had previously used the excuse of a lack of medical equipment to take a break, he stated, "Yes, I would do that. I'm lying to you." When asked if the medical equipment available at their institution was sufficient to provide the best medical services, the interviewee stated, "No, it's not enough." He explained that the deficiencies negatively impact the provision of medical services, saying, "It's clear the impact is strong; the noise and fuss increase, and we, who hear about the problems and mistakes, are the ones who suffer." Regarding the presence of reception staff at the hospital, the interviewee stated, "Yes, there are, but only in the emergency room."

Regarding his interaction with patients and their companions, the interviewee stated, "I greet them with a normal, cheerful face."

He also stated that he had previously experienced violent behavior: "Yes, we were subjected to physical abuse and had a fight with the patient's father."

Regarding his reaction to the violence he experienced, he stated, "I got to the point where I confronted the patient's father and resorted to using a baton and hitting him."

As for the reasons that drive him to use violence against patients and their companions, he stated, "Excessive talking is the root of the problems."

In his opinion, the main reasons for violence within the hospital are: "The reasons are the lack of medical resources, the excessive workload on the hospital, and the clinics being closed. The doctors are understaffed and work in shifts, not all at once. There's no oversight. Some patients should only go to the clinic; they come to the hospital."

**Data organization and classification**

**A. Data about the study sample**

This data includes the age of the person being interviewed, gender, workplace, seniority at work and job position.

Data	The researchers			
	No01	No02	No 03	No 04
<b>Age of the interviewee</b>	59 years old	42 years old	28 years old	27 years old
<b>Gender</b>	male	male	male	male
<b>Seniority</b>	36 years old	11 years old	04 years old	03 years old
<b>Position</b>	Nurse, Head of Department	General Practitioner	Assistant Nurse	Nurse

**B. General Data Arrangement**

**Table No. 2: Data on Forms of Violence Practiced**

Type of violence	The form of violence	repetition	ratio
<b>Moral violence</b>	Insults	03	50%
	Threats of assault	02	33.3%
<b>physical violence</b>	Physical assault	01	16.7%
<b>the total</b>		06	100%

Based on the respondents' statements regarding the forms of violence they experience at the hands of those using healthcare facilities, we observe that verbal abuse, specifically insults, is the most prevalent type at 50%, followed by threats of physical assault, which fall under the same category (verbal abuse), at 33.3%.

Conversely, physical abuse, specifically assault, is the least common type, accounting for only 16.7% of the total forms of violence reported by the respondents. Verbal or psychological abuse, particularly insults, is the most widespread form, according to the respondents. This can be attributed to the psychological state of the patient or their companions when visiting a healthcare facility. Insults or verbal abuse often arise as a reaction to a lack of professional responsiveness, delays in service delivery, or insufficient resources. Furthermore, the prevalence of this type of violence can be attributed to cultural factors, specifically the way people communicate and interact in everyday life.

**Data on factors contributing to the spread of violence**

**Table 3: Internal factors (related to the institution)**

Type of factor	Nature of the factor	repetition	Percentage
<b>internal</b>	Poor service	01	20%
	Crowded waiting room	01	20%
	Lack of facilities and	02	40%

	resources		
	Workload pressure	01	20%
<b>the total</b>		05	100%

The following table, which represents the factors and causes of violence within public hospitals based on respondents' statements, categorizes these factors into internal factors related to the institution, as shown in the table.

We observe that the lack of available medical resources and equipment is the most prominent factor contributing to the spread of violence among the internal factors, representing 40% of the total.

Meanwhile, poor service quality, cramped waiting areas, and the pressures faced by staff while performing their duties each account for 20%. It can be said that the hospital institution, as a social system, has roles determined by the subsystems that make up this institution. Therefore, its efficiency is linked to the nature of the organization and coordination within it, including the availability of resources and means necessary for work, a qualified administrative staff to perform its tasks, in addition to the organizational aspects of this institution. Therefore, the lack of resources and means creates a gap between the institution's performance at the actual level and the expectations that the institution's users, the patients, aspire to, where violent behavior is formed as an attempt by the sector's professionals to manage work with the available resources, which often do not live up to the patients' aspirations.

**Table No. 04: External Factors (Users of the Institution)**

Type of factor	Nature of the factor	repetition	Percentage
<b>external</b>	The patient's moral decline	01	20%
	Method of communication	03	60%
	Lack of culture	01	20%
<b>the total</b>		05	100%

The following table, which represents the factors and causes of the spread of violence within public hospitals based on the respondents' statements, shows the external factors related to patients and their behavior.

According to the respondents, the patient's language is the most prominent factor driving the spread of violent behavior, representing 60% of the total external factors. The patient's moral depravity and lack of communication skills are secondary factors, each accounting for 20%.

Based on Tables 3 and 4, it can be concluded that the factors contributing to the spread of violence within hospitals are due to two main elements:

**Internal factors:** These relate to the services provided by the institution, including poor service quality, cramped waiting rooms, and, most importantly, a lack of resources and facilities.

**External factors:** These relate to the patients and their behavior, such as moral depravity and a lack of communication skills, which manifests itself in their manner of speaking and their use of insults.

#### **4- Discussion of the Study Results**

Based on the results obtained through analyzing field interviews with the respondents, we attempted to identify the underlying factors behind the prevalence of violent behaviors within healthcare institutions, as well as to understand the most prominent manifestations of these behaviors. It should be noted that our current study falls under the category of qualitative research; therefore, the results obtained are limited by the temporal and spatial boundaries of the study, and cannot be generalized under any circumstances.

Based on the above, it can be said that the underlying factors behind the prevalence of violent behavior within healthcare institutions can be attributed to internal factors related to the resources and capabilities available within the institution, as well as external factors related to the behaviors of patients or their companions. It is also worth mentioning an important aspect, which is the free treatment provided by public hospital institutions. This feature is considered one of the pillars of a state of social justice, which aims to achieve comprehensive health care for all without discrimination. However, reality sometimes presents a different picture, as the free treatment is often accompanied by material and organizational pressures on the hospital institution, the medical and administrative staff, and all its employees. This creates a state of chaos and inefficiency in performance as a result of internal and external pressures, as we have previously indicated. This chaos translates into tensions and violence between patients or their companions and the medical staff and employees of the hospital institution.

It can also be said that violence within the healthcare institution can be addressed through a set of dimensions related to the institution's structure, including:

- **The structural dimension:** This encompasses the general contexts that influence the operation of healthcare institutions, such as funding policies and staffing programs.
- **The cultural dimension:** This includes patient perceptions of the concept of free treatment and the right to treatment, and how these perceptions affect their communication and interaction with healthcare professionals.

The high patient volume resulting from free treatment leads to a decline in service quality, creating friction and verbal or physical violence.

- **The functional dimension:** The large number of patients due to free treatment and its relationship to increased work pressures and a shortage of necessary resources and equipment.

#### **Conclusion:**

Every social system necessitates external forms of violence that correspond to the nature of that system. Violence is considered an existential social issue linked to the existence of social life. From this perspective, violence, in its essence, has existed since the very beginnings of societies, although its forms, manifestations, and practices have changed. Violence in hospitals is also considered a phenomenon in which psychological, social and institutional factors are embodied, as the work environment in these institutions constitutes a field of conflicts and tensions, with its pressures and responsibilities, which make health sector professionals more prone to stress and misunderstanding, which opens the door to violent behaviors that may be issued by patients or their companions.

Confronting the phenomenon requires a comprehensive vision through which the focus is placed on organizational aspects, in addition to promoting a culture of positive communication, providing psychological and professional support to workers, and enacting clear procedures to protect everyone within the hospital space.

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