

Prevalence of Work-Related Stress and its Associated Factors among Healthcare Professionals at Jazan Region, Saudi Arabia

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Abstract

Background: Work stress has become more prevalent, as has its impact on employees' psychological and physical health. Occupational stress is the second most prevalent work-related complaint after low back pain. The study aimed to assess the workplace stress and associated variables among health care professionals in the Jazan region, Saudi Arabia. **Methods:** A correlation cross sectional study; was carried out at Sabya General Hospital in Jazan, Saudi Arabia; during the period from second week of January 2022 to May 2022. The population sample for this study included healthcare employees. Sample calculation was done by Stephen Thompson formula. **Results:** Nearly one third (32.5%) of participants their age is from 31- to 35 years old, while more than one fourth (27.2%) of participants their age is from 36- to 40 years, and more than one-fifth (20.9%) of participants their age is from 25- to 30 years old. Also, 56.3% of participants are females, while the rest (43.6%) are males. In addition, 49.0% of participants are nurses, 23.1% are general physicians and 13.8% are administrators. More than half (66.3%) of participants have a high stress level. However, there is insignificant association between stress level and job position of healthcare providers (P - value = 0.099). **Conclusion:** More than half of the participants in this study are exposed to high-stress levels. A higher percentage of nurses have a higher level of stress. Years of experience, working department, and occupational position are the significant correlated the factors which affect the level of job stress.

Keywords: Work stress, workload, healthcare providers, mental health, psychological health.

INTRODUCTION

Work stress has become more prevalent, as has its impact on employees' psychological and physical health. The focus of research has been on determining the fundamentals and sources of work-related stress and the impact of stress on employees' health and developing instruments to detect and measure the danger of stress in the workplace (Khan et al., 2020) .

Occupational stress is the second most prevalent work-related complaint after low back pain. According to a previous study, individuals and organizations are both negatively affected by work stress (Girma et al, 2021). Additionally, work-related stress affects all employed professions, particularly in locations where healthcare practitioners and other professionals shoulder a disproportionately large burden of care (Luan et al, 2018) .

Work-related tardiness, absenteeism, hypertension, musculoskeletal issues, cardiovascular ailments, and drug usage are all linked to occupational stress (Suliman, 2018). It also contributes significantly to mental health issues, occupational injuries, and employee turnover rates. Because of this, organizational dedication, job happiness, the quality of care offered, and organizational productivity all suffer (Kesarwani, Husaain, & George, 2020).

The majority of healthcare workers are anxious, and we are specifically talking about hospital staff (doctors and nurses) (Durand et al., 2019). This is uncommon among healthcare workers, who are the most affected by work pressures as a result of their work environment (Heidari et al., 2019). Workplace stress affects workers' health in the health care industry, including mental and behavioral illnesses including weariness, exhaustion, anxiety, and depression, as well as physical disabilities, such as cardiovascular disease and musculoskeletal ailments. Stress, absenteeism, higher employee turnover, retirement, decreased productivity, and lower quality of services or goods are some of the repercussions that affect workers' performance, productivity, and institution stability (Anand & Mejid, 2018).

According to Armstrong (2021), work-related stress was up from 38% in 2019. The pandemic has increased anxiety and depressive episodes because of the international closure of borders, increased challenges from work from home, and high job cuts. Daily stress level within the workplace was high by 57% in the US & Canada, while in Europe, the rate reduced from 46% to 39% in 2019. In the past decades, negative emotions like uncertainty, stress, anger, and depressive episodes have increased in global workplaces.

Batran (2019), conducted a study on 213 nurses in Saudi Arabia to understand work related stress sources. Findings revealed that dealing with high deaths, lack of resources, and the increased workload was a major cause of work stress. They observed that 32% of healthcare professionals reported back pain and nervousness while 30% claimed high exhaustion. The study concluded that a strong strategic plan is required to support the staff in ensuring health and well-being.

Enad Alanazi et al., (2019) also supported this research, researching over 101 nurses working in primary healthcare. The study was conducted for nurses working in primary healthcare units of Arar city. The findings revealed that work-related stress was attributed to time pressure, boredom, under load, and non-participation in decision making.

Significance of the Study

The significance of this study will focus on assessing the prevalence of occupational stress among healthcare professionals. As evidenced by the reviewed studies, there is still very little evidence regarding occupational stress and related risk factors management in Saudi Arabia. There are no specific stress management strategies developed based on certain research findings to address this issue. Therefore, this study is essential in revealing occupational stress levels, particularly stress among health care professionals its related variables.

Aim of the Study

The main aim of this study is to assess prevalence of work-related stress and its associated factors among healthcare professionals in Jazan, Saudi Arabia.

Research Question

What is the Prevalence of Work-Related Stress and its Associated Factors among Healthcare Professionals at Jazan Region, Saudi Arabia?

Materials and Methods

Research design

A descriptive correctional cross-sectional study.

Research settings

Sabya General Hospital in Jazan, Saudi Arabia. This hospital provides secondary and tertiary approaches of care for patients. The study was carried out during the period from second week of January 2022 to May 2022.

Research subjects

The population sample for this study included healthcare employees working in hospitals in the Jazan region, Saudi Arabia, aged 25 to 50years. Their total number is equal to 17,306 according to the statistics of the Human Resources Department of the Directorate of Health Affairs in Jazan Region.

Sample size and sampling technique

Sample calculation was done by Stephen Thompson formula and with consultation of statistician [CI = 95.0%, confidence limit = 0.05, power=0.8, N=17,306]. Sample after the calculation is (376) health care workers. The convenience sampling method of health care professionals from the Sabya General Hospital were collect the current study sample.

$$n = \frac{N \times p(1-p)}{\left[\left[N - 1 \times (d^2 \div z^2) \right] + p(1-p) \right]}$$

Inclusion criteria and Exclusion criteria

All healthcare professionals who were working six months and above, male and female, aged 25 to 50 years, Saudis and non-Saudi's and who accept to participate, were included in the study. Meanwhile, all healthcare professionals working less than six months, on annual vacation, and who refuse to participate in the study were excluded.

Tools of Data Collection

The questionnaire of this study consists of two parts.

Part 1: sociodemographic data of study participants.

Such as (age-nationality-sex - marital status experience-working hours -level of education-job position)

Part 2 : "Job Stress Questionnaire" adaptation from Management Standards and workrelated stress in the UK developed by Rosanna Cousins et al. (2004). This questionnaire involves 35 items distributed over six sub-domains. The first sub-domain, "demand," involves eight items. The second sub-domain, (control) involves six items. The third sub-domain, support from managers/support from peers, involves nine items. While the fourth sub-domain (Relationships) involves four items. The fifth sub-domain (role) involves five items, and the last domain, the (change) involves three items. The participants will be asked to give their responses on a five-point Likert scale contains 23 items, responses to most items are given on a five-point scale: 1 (never), 2 (seldom), 3 (sometimes), 4 (often) and 5 (always). The remaining items involve responses given on a five-point scale of 1 (strongly disagree), 2 (disagree), 3 (neutral), 4 (agree) and 5 (strongly agree).

The analysis for each stress domain was based on the average or mean a number of questions chosen by a participant. An average of 4-5 showed low levels of stress, an average score of 3 was categorized as neutral, while an average score of 1-2 showed high levels of stress. A participant scoring an average of 4-5 showed that this person had few issues about the management standard and hence likely exhibited (with case of demands) low levels of demand resource imbalance (low level of stress). An average score of 1-2 showed that they were likely to be already suffering from high levels of stress because of demand-resource imbalance or be at risk of it. They categorized a score of 3 as neutral (Okwor et al.,2020).

Ethical Considerations

The researcher was committed to all required ethical considerations for this study. An official letter was obtained from the Postgraduate Studies deanship - Faculty of Nursing Department, UQU to the Institutional Review Board (IRB) in the Ministry of Health to obtain the ethical approval to conduct the study and collect the data. Then permission from the Directorate of Health Affairs in Jazan Region was obtained to start data collection. The aim of the study was explained by the researchers to the participants, By stating the objective of the study in the sample data collection tool that was used in the study before starting to record the response of the participants. Also, anonymity, confidentiality, and privacy were assured for all participants. Moreover, the explanation that their participation would be entirely voluntary and they could withdraw from the study or refuse to give information during data collection point.

Data Collection

The process of data collection include: 1) Ethical approval was obtained from the authorized persons and directors of research, 2) Conducting visits to the selected hospital, Sabya General Hospital in Jazan, Saudi Arabia. And conducting interview with hospital manager to distribute electronic link for data collection, 3) Apply inclusion and exclusion criteria based on the proposed study were done,4) A pilot study was conducting to test validity and reliability of tool were done 5) Participants were recruited in the study after their voluntary consent, 6) Assuring the participants' ethical considerations by anonymity, 7) Questioner was administered to the selected participant's link.

The researcher was used Statistical Package for Social Sciences (SPSS) version 24 to analyze data for the study. The statistical tests used include both descriptive and inferential statistics, descriptive such as frequencies, bar and pie charts, means, standard deviations, and inferential statistics, such as t-test for independent samples, one-way ANOVA, were used to investigate the correlation between study variables.

Results

Table 1: Percentage distribution of Sociodemographic and Work Characteristics of study subjects (n=412)

Sociodemographic data	No.	%
Age		
25-30	86	20.9
31-35	134	32.5
36-40	112	27.2
41-46	52	12.6
46-50	28	6.8

Gender		
Male	180	43.6
Female	232	56.3
Nationality		
Saudi	329	79.9
Non-Saudi	83	20.1
Marital status		
Single	130	31.6
Married	224	54.4
Divorced	51	12.4
Widow	7	1.7
Job position		
Nurse	202	49
General physician	95	23.1
Administrator	57	13.8
Others	58	14.1
Work experience		
More than 6 months	52	12.6
More than 2 years	124	30.1
More than 5 years	236	57.3
Qualification		
Diploma	103	25
Bachelor	219	53.2
Master	73	17.7
PHD	17	4.1
Work hours		
8 hours	326	79.1
9 hours	72	17.5
12 hours	14	3.4
Department		
Nursing office	18	4.4
ER/ OR / ICU	135	32.8
Outpatient / HE/ physiotherapy	56	13.6
Pediatric	22	5.3
Surgical / Medical Ward / others	81	19.7
Administrator office	62	15

Pharmacy	17	4.1
Laboratory	21	5.1

Table [1] shows the distribution of sociodemographic characteristics of the study participants. It was noted that the majority of participants are females (56.3%), and the most frequent age group was from 31-35 years (32.5%). In addition, most of participants are nurses (49.0%), and the work experiences of participants were mainly more than 2 years. Moreover, 32.8% of participants are working in ER/ OR / ICU, 19.7% of them are working in surgical, medical, or other wards, 15.0% of them work in administrator position, 13.6% of them are working in outpatient, hemodialysis, or physiotherapy wards, and 5.1% of them are working in laboratory.

Table 2: Percentage distribution of Levels of job stress among health care providers (n=412)

Levels of stress	no	%
High stress level	273	66.3
Neutral stress level	122	29.6
Low stress level	17	4.1
Total	412	100

Table [2] shows the level of job stress among health care providers. More than half (66.3%) of participants have a high stress level. In addition, 29.6% of participants of them have neutral stress level, while only 4.1% of them are have low stress level.

Table 3: Correlation between Levels of job stress and job position among health care provider (n=412)

Levels of stress	Job Position			
	Nurse	General physician	Administrator	Others
Low stress level n= (17)	13	2	0	2
Neutral stress level n= (122)	62	24	14	22
High stress level n= (273)	127	69	43	34
Total n= (412)	202	95	57	58
Pearson Chi-Square test = 10.669				
P - value = 0.099				

Table [3] shows that 127 nurses, 69 general physicians, and 43 of participant working in administrator work are exposed to high stress level. In addition, 62 nurses, 24 general physicians, and 14 administrators are exposed to neutral stress level, while 13 nurses and 2 general physicians, are exposed to low stress level. However, there is insignificant association between stress level and job position of healthcare providers (P - value = 0.099).

Table 4: Correlation between job related stress and health care professional 's Age, (n=412).

Age:	Demand		Control		Support – colleague		Support - Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
25-30 n= (86)	2.988	0.674	2.770	0.715	9.738	3.084	11.214	3.444
31-35 n= (134)	2.980	0.603	2.813	0.756	9.455	3.072	11.705	3.439
36-40 n= (112)	2.827	0.535	2.764	0.607	9.100	2.516	11.163	3.140
41-46 n= (52)	2.880	0.585	2.846	0.733	9.808	2.851	11.142	3.320
46-50 n= (28)	2.862	0.479	2.786	0.756	10.652	2.375	12.229	3.431
F - Test	1.457		0.172		1.964		0.988	
P - value	0.214		0.953		0.099		0.414	
Age:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
25-30 n= (86)	2.721	0.634	3.109	0.888	2.674	0.890	2.842	0.463
31-35 n= (134)	2.618	0.689	3.196	0.892	2.707	0.938	2.859	0.427

36-40 n= (112)	2.627	0.627	3.089	0.759	2.589	0.900	2.762	0.375
41-46 n= (52)	2.731	0.793	3.042	0.840	2.897	0.994	2.854	0.368
46-50 n= (28)	2.598	0.643	3.379	0.770	2.810	0.734	2.907	0.414
F - Test	0.573		1.012		1.139		1.220	
P - value	0.683		0.401		0.337		0.302	

Table [4] shows the correlation between job related stress domains and health care professional's age. The table shows that there is a statistical insignificant difference in the mean scores of all job stress domains; demand (F=1.457, P-Value =0.214), control (F=0.172, P-Value =0.953) support colleague (F=1.964, P-Value =0.099), relationship (F=0.573, P-Value =0.683), managerial support (F=0.988, P-Value =0.414), role (F=1.012, P-Value =0.401) and change (F=1.139, P-Value =0.337) with regard to sociodemographic characteristics of health care professional.

Table 5: Correlation between job related stress and of health care professional's Marital Status) (n=412).

Marital status:	Demand		Control		Support - colleague		Support - Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Single n= (130)	3.031	0.669	2.709	0.732	9.302	2.915	11.089	3.316
Married n= (224)	2.858	0.537	2.865	0.727	9.773	2.954	11.634	3.508
Divorced n= (51)	2.900	0.607	2.682	0.498	9.049	2.383	11.165	2.655
Widow n= (7)	2.964	0.488	2.857	0.500	10.286	2.426	12.543	2.830
F – Test	2.381		1.850		1.447		1.092	
P - value	0.069		0.137		0.229		0.352	
Marital status:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Single n= (130)	2.677	0.684	3.022	0.830	2.654	0.912	2.796	0.437
Married n = (224)	2.615	0.678	3.235	0.874	2.796	0.924	2.868	0.418
Divorced n= (51)	2.775	0.631	3.035	0.729	2.373	0.826	2.751	0.310
Widow n= (7)	2.643	0.476	3.171	0.496	2.810	0.742	2.931	0.468
F – Test	0.850		2.085		3.207		1.684	
P - value	0.467		0.102		0.023		0.170	

Table [5] showed that there is a significant difference in the mean score of change with regard to participants' marital status (F=3.207, p=0.023). Post hoc test showed that the difference was noted between two groups, "widowed" and "married" in favor to those who are married.

Table 6: Correlation between job related stress and health care professional's work experience (n=412).

Work experience:	Demand		Control		Support - colleague		Support- Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
More than 6 months n= (52)	2.949 5	0.593	2.607 7	0.669	8.855 8	2.863	10.75 8	3.245
More than 2 years n= (124)	2.904 2	0.615	2.714 5	0.644	9.050 4	2.733	11.22 9	2.976
More than 5 years n= (236)	2.921 1	0.583	2.875 4	0.731	9.954 4	2.892	11.66 5	3.532
F – Test	0.108		4.258		5.858		1.863	
P - value	0.897		0.015**		0.003**		0.157	
Work experience:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
More than 6 months n= (52)	2.774	0.694	2.796 2	0.784	2.583 3	0.819	2.713 2	0.382
More than 2 years n= (124)	2.645 2	0.607	2.946 8	0.763	2.521 5	0.862	2.739 4	0.370
More than 5 years n= (236)	2.633 5	0.699	3.320 3	0.851	2.817 8	0.944	2.906 3	0.428
F – Test	0.951		13.812		4.843		9.381	
P - value	0.387		0.000*		0.000*		0.000*	

• *Significant p- value

Table [6] shows that there is a significant difference in the mean score of control domain

(F= 4.258, p=0.015), support colleague domain (F=5.858, P-Value=0.003), change domain

(F=4.843, P-Value =0.000), role domain (F=13.812, p=0.000), and total mean score of stress (F=9.381, p=0.000) with regard to participants' work experience.

Table 7: Correlation between job related stress and health care professional's working hours (n=412)

Work hours:	Demand		Control		Support - Colleague		Support - Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
8 hours n= (326)	2.880	0.593	2.782	0.699	9.540	2.856	11.418	3.305
9 hours n=(72)	3.033	0.577	2.831	0.685	9.267	2.870	11.325	3.261
12 hours n= (14)	3.250	0.512	2.857	0.939	11.054	3.095	11.929	4.730
F – Test	4.274		0.198		2.278		0.190	
P – value	0.015		0.820		0.104		0.827	
Work hours:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
8 hours n= (326)	2.641	0.669	3.122	0.854	2.725	0.914	2.821	0.406
9 hours n=(72)	2.747	0.710	3.128	0.780	2.611	0.843	2.841	0.401
12 hours n= (14)	2.500	0.490	3.686	0.739	2.548	1.238	3.029	0.598
F – Test	1.112		3.054		0.656		1.719	
P – value	0.330		0.048		0.519		0.181	

Table [7] shows that there is a significant difference in the mean score of "demand" domain (F= 4.274, p=0.015), "role" domain (F= 3.054, p=0.048) with regard to participants'

working hours.

Table 8: Correlation between job related stress and health care professional's job position (n=412)

Job position:	Demand		Control		Support - colleague		Support - Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Nurse n= (202)	3.013	0.637	2.819	0.738	9.594	3.025	11.413	3.538
General physician n= (95)	2.975	0.501	2.678	0.614	9.479	2.510	11.177	2.992
Administrator n= (57)	2.719	0.503	2.702	0.543	9.075	2.654	11.291	2.715
Others n= (58)	2.700	0.560	2.983	0.821	9.935	3.104	11.966	3.760
F – Test	7.061		2.695		0.901		0.708	
P - value	0.000*		0.046		0.441		0.547	
Job position:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Nurse n= (202)	2.725	0.708	3.234	0.887	2.787	0.968	2.885	0.448
General physician n= 95	2.684	0.601	2.973	0.731	2.400	0.735	2.767	0.344
Administrator n= (57)	2.597	0.649	2.926	0.656	2.760	0.865	2.726	0.282
Others n= (58)	2.418	0.629	3.310	0.941	2.822	0.941	2.855	0.476
F – Test	3.405		4.191		4.571		3.241	
P - value	0.018		0.006		0.004		0.022	

Table [8] shows that there is a significant difference in the mean score of demand domain (F=7.061, p=0.000), control domain (F=2.695, p=0.046), relationship (F=3.405, p=0.018), role (F=4.191, p=0.006), change (F=4.571, p=0.004), and total mean score of stress (F=3.241, p=0.022) with regard to participants' job position.

Table 9: Correlation between job related stress and sociodemographic characteristics of health care professional's working department (n=412)

Department:	Demand		Control		Support – colleague		Support - Managerial	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Nursing office n= (18)	3.097	0.447	2.878	0.717	9.847	3.162	11.489	2.768
ER/ OR / ICU n= (135)	3.050	0.630	2.862	0.745	10.017	2.880	11.698	3.578
Outpatient / HE/ physiotherapy n= 56	2.681	0.573	3.011	0.752	10.446	3.517	12.579	3.472
Paediatric n= (22)	2.835	0.492	2.609	0.772	8.171	2.612	10.982	2.615
Ward surgical / medical / others n= 81	3.006	0.565	2.622	0.635	9.216	2.435	10.457	3.239
Administrator n= (62)	2.790	0.591	2.732	0.588	9.028	2.733	11.229	2.957
Pharmacy n= 17	2.765	0.617	2.906	0.752	9.529	2.592	11.929	3.592
Laboratory n= (21)	2.827	0.408	2.786	0.756	8.071	1.805	10.800	3.069
F – Test	3.585		2.203		3.413		2.348	
P - value	0.001		0.033		0.001		0.230	

Department:	Relationship		Role		Change		Total Mean	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Nursing office n= (18)	2.778	0.757	3.856	0.799	3.074	0.805	3.048	0.403
ER/ OR / ICU n= (135)	2.583	0.631	3.209	0.884	2.716	0.979	2.896	0.488
Outpatient / HE/ physiotherapy n=(56)	2.563	0.696	3.336	0.915	2.750	0.867	2.924	0.423
Paediatric n= (22)	2.841	0.615	2.891	0.804	2.606	0.889	2.700	0.283
Ward surgical / medical / others n= 81	2.809	0.685	3.012	0.744	2.560	0.905	2.760	0.339
Administrator n= (62)	2.597	0.681	2.936	0.722	2.737	0.860	2.737	0.324
Pharmacy n= 17	2.603	0.625	3.282	0.791	2.549	0.874	2.822	0.444
Laboratory n= (21)	2.679	0.746	2.838	0.731	2.778	0.933	2.687	0.294
F – Test	1.398		4.144		0.868		3.176	
P - value	0.204		0.000*		0.532		0.003	

Table [9] shows that there is a significant difference in the mean score of demand domain (F=3.585, p=0.001), control domain (F= 2.203, p=0.033), support colleague domain (F=3.413, p=0.001), role domain (F= 4.144, p=0.000), and total mean score of stress (F= 3.176, p=0.003) with regard to participants' working department.

Discussion

The study results proved that, more than half (66.3%) of health care providers who shared in the study are exposed to high-stress levels, 29.6% of participants have neutral stress level, while only 4.1% of them are exposed to the neutral stress level. A similar result was found in the study of Gebeyehu & Zeleke (2019), they found that the prevalence of workplace stress was 78.6% of healthcare providers. Meanwhile this study finding is inconsistent with the study done by Godifay et al. (2018) in Mekelle, as they found that 46.9% of health care professionals have a high level of stress. The variance workplace stress level in this study might be due to the study setting, the tools used, the time difference and the study population.

High stress in the current study could also be attributed to the high pressure in the and stressful events faced by healthcare providers in the hospital. Additionally, the high-stress level in the current study could be attributed to the presence of high number of nurses in this study. Nurses in this study constitute nearly half (49.0%) of the study sample. A study of showed that nurses reported the highest frequency of occupational stressors due to their workload (Anshasi et al., 2020).

The results showed that the highest mean score for the job stress sub-domain is "Role", with a mean score of 3.14, followed by "Demand," with a mean score of 2.91. On the other hand, the lowest mean score for the job stress sub-domain is 2.6. The mean score of "Support – Colleague" is 9.54, and the mean score of "control" is 2.79. The role is the highest score that could be attributed to the fact that there is still confusion about the role of healthcare providers, especially nurses, regarding their job description in the hospital. Role stress, in particular, work overload, has been reported as one of the main reasons for nurses leaving the workforce (Alyahya & AboGazalah, 2021).

Moreover, demand is the second-highest score, which could be attributed to high demand among healthcare providers in their healthcare work. Nurses also have a high demand for their work, and in this study, nurses constitute nearly half of the study sample, which could affect the result of the current study.

Nursing professionals also exhibited much greater levels of work-related stress, including depression and general anxiety, than the general population, according to a study of 1783 healthcare employees conducted by Ahn et al. (2021).

Regarding work experience among healthcare providers and its relationship with stress, the results show that there was a significant difference in the mean score of control, support/colleague, role change, and the total mean score of job stress about participants' work experience, and the difference was noted between two groups, "more than five years" and "more than six months" in favor to those who have more than five years' experience .

This result finding is inconsistent with the result of Odonkor & Adams (2021), which showed insignificant difference in the level of stress about participants' marital status. The difference in the results could be attributed to the sample size and sampling process difference. The difference in the results could also be attributed to the difference in place of the study.

On the other hand, the current result findings of levels of job stress regarding the participant experience is consistent with the result of Gebeyehu & Zeleke (2019), which showed that experience was found to be the most common source of work-related stress among healthcare providers, accounting for 56 percent of all cases in Ethiopia. A similar result also was noted in an Iranian study done by Vahedian-Azimi et al. (2019), which showed that years of clinical experience was a protective variable of stress among healthcare providers.

Regarding participants' working hours, the current result showed insignificant difference in the total stress level regarding their working hours. This result is not similar to the results done by Odonkor & Adams (2021), which showed that respondents who worked 40hrs per week - were more stressed (42.8%) than those who worked over 50 hours per week (22.7%). This study's results are also contrary to Birhanu et al. (2018) in Saudi Arabia. As these studies finding it was proved that working hours had no effect of stress on healthcare providers .

A variety of factors, such as the type of labour, the number of break intervals, the length of break intervals, and the number of hours that pass between shifts, might explain the differences in findings between the current study and other studies.

In this particular study, a statistically significant difference in the mean score was found between the stress domains of "demand" and "role" concerning the participants' working hours. It was acknowledged that, the long working hours, the intense workload, the poor earnings, and the high job danger were all contributors to the stress (Munnangi et al., 2018; Yehya et al., 2020; Molero et al., 2019).

In addition, supporting these findings A cross-sectional study of Alanazi et al., (2019) that was also conducted among nurses in Saudi Arabia, and its findings showed that time pressure was the most common source of work-related stress among nurses. This was followed by boredom-induced stress, pressure on the job, work underload stress, and dispute and indecision as the next most common causes of stress among nurses .

Conclusion

More than half of the participants in this study are exposed to high-stress levels. The highest mean score for the job stress sub-domain is "Role", while the lowest mean score for the job stress sub-domain is "Change". A higher percentage of nurses have a higher level of stress. Years of experience, working department, and occupational position are the significant correlated the factors which affect the level of job stress. The nurses in the current study also reported higher level of stress compared with general physicians.

Recommendations

- Future large-scale research should be conducted on healthcare providers in other regions of Saudi Arabia for expansion and generalize the findings .
- Further studies are needed to explore other contributing factors that the researcher did not look at.
- Educational sessions on stress and burnout should be established by authorities to minimize of stress levels among healthcare providers.

Study limitations:

This study adopted a convenient sampling method, that limiting the generalization of results. Researcher take a long process and time are taken for obtaining ethical approval by Sabya General hospital ethics committee.

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