

QUALITY OF LIFE AMONG HEALTH CARE WORKERS: A SINGLE CENTER STUDY IN THE EASTERN REGION OF SAUDI ARABIA

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ABSTRACT

Workplace stress can influence healthcare professionals' physical and emotional well-being by curbing their efficiency and having a negative impact on their overall quality of life. Healthcare professions are among the first six most stressful workers ones. Not all health professionals develop the same level of stress, and not all of them develop signs of professional burn-out either.^[1] In this study we explored the quality of life (QOL) of health care providers in King Abdul-Aziz hospital in Al Ahsa, Saudi Arabia. King Abdul-Aziz hospital is one of the high stander hospitals in Saudi Arabia. A descriptive cross-sectional survey design was used to evaluate the quality of life of healthcare provider's status of KAH employees. 239 participants completed the questionnaire (78% response rate). The survey method design was used to get a better understanding of the problems. Quality of life of healthcare providers was measured using the Work-Related Quality of Life (WRQoL) scale. Professions group showed that the group of others (pharmacist and none physicians, none nurses or none allied health care workers) scored the highest mean 85.33 (15.15) while physicians scored the lowest mean 77.57 (SD = 17.04). In this study only the professions significantly affect the work-related quality of life. In conclusion, nurses have better quality of life than physicians. Regular evaluation of the healthcare worker stress level and implement strategies to improve QOL in healthcare providers are necessary for quality of patient care and safety. Also it can make the work environment healthier.

BACKGROUND

Workplace stress can influence healthcare professionals' physical and emotional well-being by curbing their efficiency and having a negative impact on their overall quality of life.

Healthcare professions are among the first six most stressful workers ones. Not all health professionals develop the same level of stress, and not all of them develop signs of professional burn-out either.^[1]

Healthcare professionals are subjected to considerable levels of stress due to work overload, excessive working hours, sleep deprivation, repeated exposure to emotionally charged situations, and dealing with difficult patients and conflicts with other staffs. Management of such stress should be given due importance, right from the early days of training in medical sciences.^[2]

Nevertheless, since stress is a complicated phenomenon, we can never be too confident and decisive regarding stress sources; on the contrary we should consider what each person individually perceives as a stressful factor. Some factors that may play a role regarding workplace-related emotional disorders and could have a negative impact on the health professionals'.^[1]

Workplace anxiety and tensions could lead to lower quality of patient care, which in its turn could lower professional satisfaction and consequently their quality of life.^[3]

In general, quality of life (QOL) is the perceived quality of an individual's daily life, that is, an assessment of their well-being or lack thereof. This includes all emotional, social, and physical aspects of the individual's life.

QOL is an important clinical health assessment tool. QOL is determined by the previous experiences, mental

conditions, personalities, and expectations of subjects.^[4] In the last few decades many studies have examined the concept of the quality of life (QoL) and methods.^[5]

The quality of life (QL) idea has led to broad scientific research and It has been more utilized by healthcare providers treating a large amount of illness.^[6] There is no doubt that maintenance or improvement of health-related or disease-related quality of life (QoL) is the ultimate goal of general practice.^[7] Medical work involves human services; as such, medical workers are at a high risk of occupational health hazards.^[8]

According to the World Health Organization (WHO), health not only indicates the absence of diseases but also includes physical, mental, and social well-being.^[9]

In this study we aim to explore the quality of life (QOL) of health care providers in King Abdul-Aziz hospital in Al Ahsa, Saudi Arabia. King Abdul-Aziz hospital is one of the high stander hospitals in Saudi Arabia.

Objectives of the Study

1. To assess the work-related quality of life among health care's providers.
2. To determine the quality of life of in different health care providers professionals.
3. To determine the works stress related to different health care providers professional.

MATERIALS AND METHODS

Health care providers working at King Abdulaziz Hospital (KAH), MNGHA, Alahsa (N=306) were invited to participate in the study after taking written consent. A descriptive cross-sectional survey design was used to evaluate the quality of life of healthcare provider's status of KAH employees. A purposive non-probability sampling technique was used for recruitment, and only 239 participants completed the questionnaire (78% response rate). The survey method design was used to get a better understanding of the problems. Quality of life of healthcare providers was measured using the Work-Related Quality of Life (WRQoL) scale.

The questionnaires were distributed to KAH healthcare providers. Demographic information collected from the participants consisted of gender, age, marital status, level of education, employment status, profession and years of experience.

Work-Related Quality of Life (WRQoL) scale was used to measure the quality of life of healthcare providers. The scale consisted of 24 questions with a 5-points Likert scale (1 = strongly disagree, 2 = disagree, 3 = Neutral, 4 = agree, 5 = strongly agree). Also, WRQoL scale is divided into six domains which are: job and career satisfaction (JCS), working conditions (WCS), general well-being (GWB), home-work interface (HWI), stress at work (SAW), and control at work (CAW). The

total score is ranging from 0 to 100. The cutoff points (low WRQoL ≤ 74 , moderate 75 –81, high ≥ 82) for the total scale was selected based on a previous study.^[10]

Descriptive statistics were used including means and standard deviations for continuous data, and frequencies for categorical data. Independent t-test and nonparametric Kruskal-Wllis tests were used to compare the means of WRQoL scores among different groups. Probabilities were considered statistically significant when the $P < 0.05$ (2-sided). Data was analyzed using SPSS version 25.

RESULTS

Two hundred thirty-nine participants responded to the survey, a response rate of 78%. Demographic information is given in (Table 1). The majority of participants were nurses 89 (37%), females 146 (61%), married 163 (96%), bachelor holders 166 (70%), permanent employees 221 (92%), and have experience of 1 to 5 years 79 (33%). Age ranged from 21 to 69 with a mean 36.0 years (SD = 8.9).

The overall mean of WRQoL score in our study was 82.26 (SD = 12.44). Table 2 showed the WRQoL mean scores based on different groups. In summary, professions group showed that the group of others (pharmacist and none physicians, none nurses or none allied health care workers) scored the highest mean 85.33 (15.15) while physicians scored the lowest mean 77.57 (SD = 17.04). In addition, the WRQoL based on different age groups showed that healthcare workers who are less than 25 years old have the highest WRQoL mean 86.64 (SD = 9.42) compared to the age group between 25 and 34 which scored the lowest value 80.34 (SD = 13.33). Also, individuals with 16 – 20 years of work experience have the highest score 86.06 (SD= 19.96) while those with 6 – 10 years scored the lowest 80.97 (SD = 10.27). The WRQoL means for female and male were 83.11 (SD = 10.83) and 80.92 (SD = 14.58), respectively. However, in this study only the professions significantly affect the work-related quality of life. (Table 2).

Kruskal-Wallis test showed that different professions significantly affects the work-related quality of life, ($p = 0.042$). Post-hoc Mann-Whitney tests using a Bonferroni-adjusted alpha levels were used to compare all pairs of groups. The only significant difference in WRQoL among different professions was only between physicians and other workers ($p = 0.029$). However, the number of the physicians participated in the study were 44 (18.4%) while the number of the others group were only 27 (11.3%).

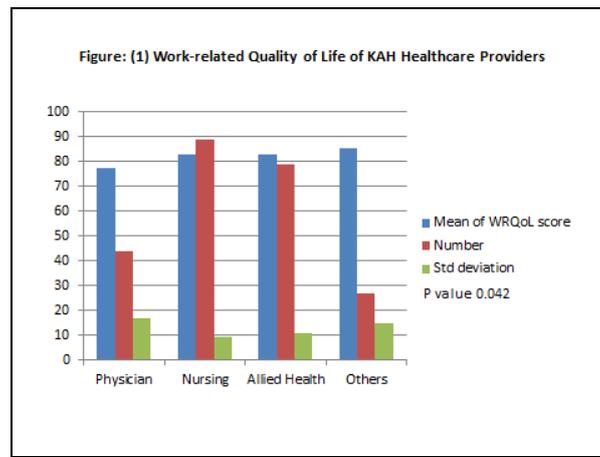
Table 1: Personal and Professional Characteristics.

Characteristics	No. (%)
Age (mean±SD = 36±8.9)	
< 25	22 (9.2)
25 – 34	87 (36.4)
35 – 44	77 (32.2)
45 or above	41 (17.2)
Gender	
Male	93 (38.9)
Female	146 (61.1)
Marital Status	
Single	69 (29.2)
Married	163 (69.1)
Divorced and Widow/Widower	4 (1.7)
Education	
High School	3 (1.3)
Diploma	33 (13.8)
Bachelor	166 (69.5)
Master	24 (10)
PhD	13 (5.4)
Employment	
Permanent	221 (92.4)
Locum	4 (1.7)
Intern	14 (5.9)
Profession	
Medicine	44 (18.4)
Nursing	89 (37.2)
Allied Health	79 (33.1)
Others	27 (11.3)
Experience (years)	
1 – 5	79 (33.1)
6 – 10	60 (25.1)
11 – 15	58 (24.3)
16 – 20	18 (7.5)
More than 20 years	24 (10)

Table 2: Work-Related Quality of Life Based on Different Groups.

Characteristics	M (SD)	P
< 25	86.64 (9.42)	0.090
25 – 34	80.34 (13.33)	
35 – 44	81.25 (13.17)	
45 or above	86.05 (10.19)	
Gender		
Male	80.92 (14.58)	0.186
Female	83.11 (10.83)	
Marital Status		
Single	85.29 (8.46)	0.114
Married	80.84 (13.79)	
Divorced and Widow/Widower	85 (2.83)	
Education		
High School	84 (7)	0.139
Diploma	81.12 (10.69)	
Bachelor	82.78 (11.89)	
Master	76.96 (16.15)	
PhD	87.85 (14.67)	
Employment		
Permanent	81.92 (12.69)	0.206

	Locum	80.75 (6.4)	
	Intern	88.07 (7.84)	
Profession			
	Medicine	77.57 (17.04)	0.042*
	Nursing	83.07 (9.50)	
	Allied Health	82.91 (10.82)	
	Others	85.33 (15.15)	
Experience (years)			
	1 – 5	82.97 (10.27)	0.471
	6 – 10	80.97 (13.99)	
	11 – 15	80.45 (13.03)	
	16 – 20	86.06 (16.96)	
	More than 20 years	84.67 (8.76)	
* Significant at P <0.05			



DISCUSSION

Stress has been reported as an occupational risk factor. In this study we are evaluating the quality of life and work stress related in the health care providers in one of the prestigious hospitals in Saudi Arabia.

King Abdul-Aziz hospital Al hasa is one of six high stander hospitals in Saudi Arabia and has central general management. It is one of the best hospitals on the gulf area with good benefits, with high slandered of care, using high technology and average work load.

In this study the quality of life of health care workers were different and has statistical significant between the groups of different profession. (P value: 0.042) The Physician has a moderate quality of life with a lowest mean WRQoL score 77.57, while nurses has a high quality of life with mean WRQoL score 83.07.

Furthermore 29.5% of physicians were reported as has low qualities of life, and 70.5% has average or high qualities of life. While, for nurses only 7.9% has low qualities of life and 92.1% has either average or high qualities of life. In other health care providers (non-physician and non-nurses) have the highest qualities of life.

In addition, this study revealed that physicians have the lower qualities of life comparing to the nurses and other health care worker. However, there was no statistically significant correlation between quality of life age, gender, marital status, education, and employment status or work experience in health care workers. An American Medical Association survey noted that 92 percent of physicians aged 35 or younger felt that work-life balance was important.^[11]

When comparing this result with previous studies, Kelbiso etal, published that 67.2% of the nurses were dissatisfied with the quality of their work life, while the remaining 32.8% rated experiencing a relatively high level of quality of work life.^[12] Another study conducted in Saudi arabia suggested that PHC nurses are not satisfied with their QWL. Other sources of unsatisfactory nursing work life was linked to lack of support for the family members of nurses (children and adult dependents), inadequacy of vacations and the less salary.^[13] Furthermore, nurses' quality of work life was at the moderate level in a study published in Nursing and Midwifery Studies in 2014.^[14]

Another study, reported the Quality of life among nurses working in different health care setting in the state of Karnataka, India. The study concluded that the hospital authorities and health managers of any type of health care setting need to plan for enhancing better quality of

life for nurses by planning for better working environment by providing facilities for coping mental demands, software systems and work-rest schedules to reduce the jobs physical demands. Thus, enhancing the QOL of nurses could result in better healthcare services to the community.^[15]

In 2017 Azevedo *et al.*, reported that the higher the addiction to work, the lower the quality of life. Similarly, we observed that the more addicted to work, the greater the deterioration of the QL, which proves that work addiction can affect the QL of physicians.^[16]

Factors such as high job satisfaction, monthly income, and work shift arrangements predicted the professional QOL of health-care providers. Therefore, paying attention to improving job satisfaction and improving their working conditions and income can improve their professional quality of life, and consequently improves the quality of patient care.^[17]

Most physicians presented high quality of life; however physicians' dissatisfaction is an important issue and has significant consequences on various aspects of the modern health care system, including patient care, physicians' well-being, and growth and viability of the medical field. Though there is growing recognition of physician dissatisfaction and its consequences.^[17,18] The work life balance can be disturbed by the typical physician routine work like patient contact, administrative duties, charting, teaching, and meetings. In addition to the modern mobile phone technology, the work time can easily creep into lifetime.

In this study, physicians has lower QL than other health care providers, this was explained with previous studies which state that dissatisfaction, depression, and burnout are common in physicians.^[17,18,19]

CONCLUSION

In this study, nurses have better quality of life than physicians. Strategies to improve QOL in healthcare providers are necessary for quality of patient care and safety. Also it can provide workers with increased well-being, pleasure in the workplace and can make the work environment healthier. This is essential for the development and success of any organization.

We recommend a regular evaluation for the healthcare provider's quality of life and work related stress by the institution administrations and to put plans that can improve the healthcare provider's quality of life.

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