

# ARC '16

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## Health and Biomedical Pillar

<http://dx.doi.org/10.5339/qfarc.2016.HBOP2571>

### Job Stress and Job Satisfaction Among Health Care Professionals

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## Abstract

### Background

Workplace stress can lead to poor health and work-related injuries. Health care professionals comprise an important group of individuals who are affected by emotional states and stress because of their unique work environment. The employee's stress level and satisfaction with his/her job are primary factors that influence the quality of work and individual productivity. In health care, employee job stress can have a negative impact on the quality of patient care. Among this group, studies have found various causes of stress, including varied working hours, heavy work load, night shifts resulting in sleep deprivation, imbalance between work and life, isolated feelings, and minimal control over the workplace accompanied by minimal autonomy. Results of various researchers show that stress, fatigue, burnout, depression, and general psychological distress negatively affect health care systems and patient care. While there are a few published studies examining the prevalence of stress and job satisfaction among health care professionals in the Middle East, no such studies are available from Kingdom of Saudi Arabia (KSA).

### Objective

To measure the prevalence of job stress and job satisfaction among healthcare professionals and to identify potential factors that could affect job stress or satisfaction among health care workers were also explored.

**Cite this article as:** Salam A. (2016). Job Stress and Job Satisfaction Among Health Care Professionals. Qatar Foundation Annual Research Conference Proceedings 2016: HBOP2571 <http://dx.doi.org/10.5339/qfarc.2016.HBOP2571>.

## Research Design

The design of this study was a quantitative, multi-center, cross-sectional, correlational study where job stress and job satisfaction validated questionnaires were administered to randomly selected health care professionals working at National Guard Health Affairs, Eastern Region, Kingdom of Saudi Arabia. A total sample size of 620 subjects was needed to produce a two-sided 99% confidence interval (44.8%–55.2%), with an effect size of 5.2%.

## Subjects

Physicians, residents, nurses, and radiologists working at National Guard Health Affairs, Eastern Region, Kingdom of Saudi Arabia.

## Measures

Job stress and satisfaction were measured using 25 specific questions about sources of work-related stress and 17 questions about sources of work related satisfaction. Demographic and job characteristics variable data were also collected.

Statistical Methods Descriptive results for all demographic variables, job characteristics, and socioeconomic factors were reported using mean  $\pm$  standard deviation (SD) and number (percentage) as appropriate. Logistic regression analysis was performed to identify predictors among the demographic variables, job characteristics, and socioeconomic factors between those who were stressed and not stressed using Wald test-statistics. Results were expressed as odds ratios using a 95% confidence interval. Multiple logistic regression models were used to identify significant independent predictors of job stress after adjusting for potentially confounding factors. Results were expressed as adjusted odds ratios with 95% confidence intervals. The final model was assessed using the Pearson chi-square goodness-of-fit test to see how well the model fit the data. Statistical significance was established when  $p < .05$  (two-tailed). All statistical analyses were performed using SPSS (Statistical Package for Social Sciences version 20.0).

## Results

A total of 626 of the 1168 health care professionals completed the job stress and job satisfaction surveys, resulting in a response rate of 54%. Twenty-nine percent of the respondents were male, and 71.0% were female. The mean age among all participants was 39.3 years. Job Stress Results indicated that the majority of the health care professionals who participated reported moderate to high stress levels, and the overall prevalence of job stress was 66.2%. Results indicated that, on average, younger staff had higher stress levels than older staff (OR = 0.968; 95% CI: 0.95–0.987;  $p = .001$ ). Residents reported a higher level of stress ( $p = .003$ ). Being of Saudi nationality resulted in 4.4 times more stress than being non-Saudi (OR: 4.36; 95% CI: 2.46–7.73;  $p < .001$ ) while education level did not result in a statistically significant relationship. Those who work more than 50 hours per week were more stressed (79.4%;  $p = .001$ ). Of those who always worked night shifts, 84.0% were more stressed ( $p < .001$ ), and of those who always worked weekends were also more stressed (81.8%’  $p = .001$ ) compared to those who never or sometimes worked weekends or nights shifts. Those who received free time compensation all the time were less stressed (56.8%) than those who received it sometimes (62.2%) or not at all (70.9%;  $p = .044$ ). Additionally, 93.9% of those who felt under pressure all the time, 95.2% of those who had conflicts of demand all the time, and 73.1% of those who believed there was inadequate staff to do the job were more stressed ( $p < .001$  for all three groups). Health care professionals who don't know whom to approach if they have stress affecting their work and life were more stressed (76.3%;  $p < .001$ ), and those who were exposed to a stressful event outside of work within a year were more stressed (73.8%  $p < .001$ ). Those variables that were significantly associated with job stress using univariate analysis were considered for step-by step multiple logistic regression models to identify the statistically significant independent factors associated with job stress. These factors were: working on weekends, not getting free time compensation, feeling under pressure to meet deadlines, conflicts in the demand on time, being Saudi, believing there is inadequate staff to do the job, not knowing whom to approach if they are under stress, and being exposed to a stressful event outside of work within a year.

## Conclusion

This study shows that the current workplace environment could increase the risk of stress among health care professionals. However, the satisfaction rate was high and not negatively associated with low stress levels. The high satisfaction rate among the highly stressed could be a result of the benefits and incentive system applied in this organization. Our study identifies some potential factors, which if eliminated or changed, could lead to a decrease the stress level among health care workers. Future research is recommended to assess the impact of high stress on medical errors. This should be accompanied by studying the introduction of new policies and programs that could reduce the stress level among our health care staff.