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Occupational stress and intention to leave among frontline health care professionals during covid-19 pandemic at Khamis Mushyt general hospital in Assir region, Saudi Arabia

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Abstract: Aim: The study aimed to investigate the relation between occupational stress and intent to leave for the healthcare professionals at Khamis Mushyt Hospital during Covid-19 pandemic.

Method: A quantitative method based on a cross-sectional study; the study employed a sectional research design.

A total of (374) frontline health-care professionals were included in the study from all workers at Khamis Mushyt Hospital. The self-administered questionnaire was distributed using a convenience sample method in this study. The information gathered was entered into a special database.

Results: The results showed that there is no relation between the stress that frontline healthcare workers have witnessed during the peak of Covid-19 pandemic and their intent to leave their jobs. However, there is a relation between some demographics and the level of stress the healthcare professional experienced.

Recommendations: Based on the results I had; I recommend to reduce daily total working hours to prevent the occupational stress between the healthcare professional (medical / non-medical). I also recommend that other studies should to be carried out about stress factors like job satisfaction, work environment stress, and measure its impacts on the intent to leave. Extra studies need to be carried out for more investigation about stress factors.

Conclusion: the majority of the participants have experienced different levels of occupational stress, the participants who responded that they will definitely leave is not critical and there is no correlation between Occupational stress and Intention to leave.

Keywords: Occupational Stress, COVID-19, Healthcare Workers.

الضغط المهني وعزم أخصائيين الرعاية الصحية في الخطوط الأمامية على المغادرة أثناء وباء كوفيد -19 في مستشفى خميس مشيط العام في منطقة عسير، المملكة العربية السعودية

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المستخلص: الهدف: هدفت الدراسة التعرف على العلاقة بين الإجهاد المهني ونية المغادرة لأخصائيين الرعاية الصحية في مستشفى خميس مشيط خلال جائحة كوفيد -19. المنهج: وقد اعتمدت الباحثة في هذه الدراسة على تصميم بحث مقطعي، وقد تضمنت عينة الدراسة (374) من جميع العاملين في مجال الرعاية الصحية في مستشفى خميس مشيط، وكانت كانت الأداة الرئيسية لتحليل البيانات التي تم جمعها هي الاستبانة في هذه الدراسة.

النتائج: وقد أظهرت الدراسة النتائج الاتية: أنه لا توجد علاقة بين الإجهاد الذي شهده العاملون في مجال الرعاية الصحية في الخطوط الأمامية خلال ذروة جائحة Covid-19 وبين نيتهم ترك وظائفهم. ومع ذلك، هناك علاقة بين بعض التركيبة السكانية ومستوى الإجهاد الذي يعاني منه أخصائي الرعاية الصحية، وقد خلصت الدراسة الى عدد من التوصيات ومن أهمها: أن غالبية المشاركين قد عانوا من مستويات مختلفة من الإجهاد المهني، والمشاركين الذين أجابوا بأنهم سيغادرون بالتأكيد ليسوا حرجين ولا توجد علاقة بين الإجهاد المهني ونية المغادرة.

التوصيات: بناءً على النتائج التي حصلت عليها، أوصي بتقليل إجمالي ساعات العمل اليومية لمنع الإجهاد المهني بين أخصائي الرعاية الصحية (طبي / غير طبي). أوصي أيضًا بإجراء دراسات أخرى حول عوامل الإجهاد مثل الرضا الوظيفي، وضغوط بيئة العمل، وقياس تأثيرها على نية المغادرة. يجب إجراء دراسات إضافية لمزيد من البحث حول عوامل الإجهاد

الخلاصة: لقد عانى غالبية المشاركين من مستويات مختلفة من الإجهاد المهني، والمشاركين الذين أجابوا بأنهم سيغادرون بالتأكيد ليسوا حاسمين بقرارهم وانه لا يوجد ارتباط بين الإجهاد المهني ونية المغادرة.

الكلمات المفتاحية: الضغط المهني، الرعاية الصحية، كوفيد 19.

1. Introduction

1.1 Background

Healthcare workers (HCWs) represent the defense front lines who take care of patients every time a pandemic or an epidemic arises, such as measles, scarlet fever, HIV/AIDS,SARS, H5N1, H1N1, Ebola, MERS, or the flu of 2013[(1)]. The newly emerging Coronavirus Disease 2019 (COVID-19) pandemic was first identified in Wuhan, China, and now spread worldwide. The combination of stress and possible exposure makes HCWs highly susceptible for acquiring COVID-19 and potentially transmitting it to others [(2)]. To efficiently stop the spread of COVID-19 infection in Saudi General Hospitals have designated COVID isolation areas inside them for managing emergency suspected COVID-19 cases and referring other nonemergency cases to Fever or Chest Hospitals which act as Triage Hospitals receiving all suspectedCOVID-19 cases either referred from General Hospitals or referred by hotline or walk-in patients. Nurses working in areas of COVID isolation either in Triage Hospitals or in General Hospitals together with other health team members represent the defense frontline against COVID-19 [(3).]

Healthcare professionals battling the corona virus disease 2019 (COVID-19) pandemic are under a lot of stress, which puts them at risk of developing mental health issues (4).

During the COVID19 pandemic, this study will look into the prevalence of psychological issues in different types of health care professionals. (medical and non-medical)

A public health emergency was declared as a result of the new Corona virus. Millions of people published it in an emergency at off-peak hours. The natural environment inspired scientific research, as well as the science of scientific research, which I discussed at the start. It all starts with the emergence of the psychological state and its consequences. Occupational stress refers to workers' physical, mental, and emotional reactions when they believe their work demands surpass their ability and/or resources (e.g., time, access to help/support) to complete the work (5)

1.2 Research Question

The main question of the research lied in:

- What is the relation between the occupational stress and the intention to leave among frontline healthcare professionals during covid-19 pandemic at Khamis Mushyt General Hospital?

1.3 Objective of the research

The study objective is to assess the level of occupational stress among health care workers who were dealing with suspected COVID-19 patients. It is also aimed to assess the relationship between the level of occupational stress and employee intention to leave the organization during the peak time of COVID-19 pandemic in Khamis MushytGeneral Hospital , saudi Arabia.

1.4 Objectives

The study's objectives were as follows:

- To determine the perception of frontline healthcare professional towards the existence of occupational stress during Covid-19 pandemic.
- To investigate the relationship between workplace stress and the desire to leave.

2. Research issue

Since the declaration of COVID-19 as a pandemic in March 2020, healthcare workers and providers around the world have been under unprecedented strain to deal with the flood of cases every day. Many Healthcare workers have experienced significant levels of stress, sleep disturbances, and burnout as a result of the increased workload, shortage of personal protective equipment, especially at the beginning of the health emergency declation. Moreover the have experienced heightened risk of exposure, according to international studies conducted in high levels of psychological fear during the pandemic.

The study issue is to investigate the relation between occupational stress and intention to leave for the healthcare professionals at Khamis Mushyt Hospital during Covid-19 pandemic.

At present, studies on the COVID-19 pandemic mostly concentrated on epidemiological investigation, prevention and control, diagnosis, and treatment. Fewer studies have investigated the relation between the occupational stress and the intention to leave among frontline healthcare professionals during covid-19 pandemic. (12)

The study will address and discuss the related literature reviews, methodology, research approach, research design, setting, sampling method, data collection procedure, instrument data collection method, data analysis, and ethical considerations. In order to find the relationship between occupational stress impact and intention to leave in this study.

3. Literature Review

3.1 Theoretical framework

Occupational stress is a fast-growing cause of work-related diseases and injury; specifically, among HCWs (5). Occupational stress linked to COVID-19 is a key sign of mental illness, as it can lead to anxiety and despair when confronted with the simultaneous occurrence of many deaths, as well as long work shifts with a variety of unknowns and demands.. During the global response to the epidemic, HCWs are undoubtedly needed, but they represent one of the most vulnerable individuals in terms of acquiring the highly contagious disease (6). Lots of HCWs serving on the front lines of the COVID-19 pandemic have become infected and more have been in quarantine after exposure. Keeping the health of nurses is of paramount importance in managing infectious diseases as they have always played an essential role in prevention and control during epidemics.(7)

Occupational stress and job satisfaction are essential factors influencing workforce productivity. Preserving high level of job satisfaction among HCWs especially nurses is critical for achieving the appropriate high quality medical service (8). There is overwhelming evidence that current trends in working environment may have adverse effects on job satisfaction. Job satisfaction is the affective orientation that a worker has towards his/her work which consists of two facets: positive affectivity and negative affectivity. Positive affectivity is represented by high energy, enthusiasm, and enjoyable involvement while negative affectivity is indicated by distress, un-enjoyable involvement, and edginess. Occupational stress plays a vital role in job satisfaction; if it acts as a motivator, it will contribute to creativity and satisfaction and further will remove boredom, and if it acts as a negative factor, it will lead to aggression and low job satisfaction. On the other hand, job satisfaction may protect workers from stressors and act as a regulating factor for stress.(9)

Occupational stress has substantial direct and indirect effects on intention to leave the current organization and intention to leave the profession in the future. It mainly exerts its indirect effects through job satisfaction, depressed mood and stress adaptation. Policy makers should put intention to leave reduction strategies among nurses that should concentrate on creating a less stressful work environment, increasing job satisfaction and stress adaptation, and decreasing depressed mood concomitantly (10).At present, studies on the COVID-19 pandemic mostly concentrated on epidemiological investigation, prevention and control, diagnosis, and treatment. Fewer studies have investigated the mental health and the working environment of HCWs during the COVID-19 pandemic (7). The purpose of the present study was to compare occupational stress, job satisfaction, and intent to leave among healthcare professionals dealing with suspected COVID-19 patients in triage hospitals versus those working in general hospitals which were neither triage nor isolation hospitals and dealing only with suspected COVID-19 patients in emergency where its role is stabilization of patients then referral to triage hospitals. This comparison

would be useful to prioritize occupational stressors, identify degree of satisfaction, and intent to leave among both groups.(11)

A study entitled "Explaining burnout and the intention to leave the profession among health professionals – a cross-sectional study in a hospital setting in Switzerland" a total of 1840 hospital employees, including 1441 health professionals, were interviewed. The results have shown that temporal was measured by the self-reported number of extra hours can be considered as a stress factor for leave intent for healthcare professional .(12)

Healthcare workers have been affected physically and psychologically by the COVID-19 pandemic.Due to regular interaction with infected patients, health care professionals are more susceptible than the general population to get COVID-19. Health-care employees have been asked to perform under demanding settings without sufficient protection equipment and make challenging ethical decisions. Around the world, health and social institutions are striving to adapt. In humanitarian, vulnerable, and low-income settings, when health and social services are already weakened, the situation is extremely difficult. Because of the marginalization of sexual and reproductive health care, maternal mortality and morbidity are high.(14)

According to the World Health Organization, one out of every 10 health workers in some countries is infected with the Coronavirus. In March 2020, health workers made up 9% of people infected with COVID-19 in Italy. The International Council of Nurses revealed in May 2020 that the COVID-19 epidemic had infected at least 90,000 healthcare professionals and killed over 260 nurses. In March 2020, one in every four doctors in the United Kingdom was sick, isolated, or caring for a COVID-19 patient. The UK government has declared that retired healthcare workers will be called back from retirement to assist with the COVID-19 outbreak. They may be more prone to severe Covid-19 illness as a result of this (15).

3.2 Related studies

- Fear of COVID-19 Among healthcare workers and providers

Recent literature has established the ill effects of stress on the nurses' psychological well-being and work outcomes (16). Stress is generally sourced from situations that a person has no control over، such as a pandemic. Currently, there is a surge of es on how the COVID-19 pandemic has caused much stress to the various health care systems across the globe (17).

- occupational stress and intent to leave for the healthcare professionals

Researchers have thoroughly discussed the impact of the pandemic on the healthcare professionals and psychological wellbeing. Mounting studies found that nurses who provided direct patient care appeared to be more stressed, overworked, and psychologically disturbed and less fulfilled in their job compared with nurses in other areas of assignment (18)

the pandemic has increased the feelings of depression, anxiety, worry, and dis-organization on healthcare workers, but unfortunately, necessary precautions have not been able to be taken in this regard.(19)

While it has not affected other countries so the study comes to investigate the relation between occupational stress and intention to leave for the healthcare professionals at Khamis Mushyt Hospital.

4. Research methods

4.1 Study Design

We adopted a positivist quantitative approach in this study to analyze the impact of occupational stress on health care professionals during the COVID19 pandemic, as well as the variables affecting psych ological health. The cross-sectional design was the most suitable for this study as the participants worked in different positions and departments. In a cross-sectional study, the investigator examines the outcome as well as the study participants' exposures at the s ame time. (13).

4.2 Study Setting

The study was undertaken in Khamis Mushyt General Hospital, Saudi Arabia. which is located in Khamis Mushyt in Assir, Kingdom of Saudi Arabia. It is one of the most famous hospitals in the region and is interested in all specialties. It has a large and huge team of doctors in all medical specialties, which depends on a team of the best Doctors with the best certificates and fellowships, while it relies on the best modern medical equipment [(14)].

The study focused on healthcare personnel in the ER, ICU, CCU, MSW, FSW, MMW, FMW, OR, X-ray, pharmacy, and COVID-19 departments at Khamis Mushyt General Hospital.

4.3 Sampling

The study participants were healthcare employees (medical and non medical) at Khamis Mushait General Hospital in Saudi Arabia's Southern Province, including doctors, nurs es, administration staff, paramedics, and support staff374healthcare personnel were recruited to complete a survey questionnaire, which was found to be representative of the study with a 94% confidence level and a 6% margin of error.

4.4 Sampling Method

In this research, a convenience sampling method was used to distribute the self-administered questionnaire.

4.5 Data Collection

In this study, data was collected mostly by a questionnaire that was somewhat a apted from earlier investigations (16).In addition, both an Arabic and an English version of the questionnai re were utilised. The questionnaire was shared with two professionals to see if it was clear and visible, as well as to get their feedback on how to improve it. After receiving approval from the two experts who verif ied the questionnaire, it was used.

4.6 Data Collection Instrument

In this study, we used an online Google form questionnaire to assess the occupational stress among different healthcare workers (medical and non-medical) during the COVID-19 pandemic in Khamis Mushait General Hospital. Reliability of questionnaire was tested using Cronbach's alpha. The questionnaire consists three parts. The first part contains six question about the demographic characteristics of the participants. Part two is having twenty-three- statements that investigated the existence of occupational stress that faced the healthcare workers during the Covid-19 pandemic. Part three is having one question only and asking the opinion of employee towards intent to leave the work. To collect the data needed for the study, the questionnaire was circulated online and via social media (mos tly Whats App).

4.7 Data Analysis

The information gathered was entered into a special database. In this study, Spearman correlatio n coefficient analysis and Kendall correlation coefficient analysis were used to analyze data and assess factors in order to determine the link between the depende nts and independent variables. SPSS was the main tool for analyzing the collected data.

4.8 validation and reliability

Validity and reliability of the questionnaire were assessed beforehand, and changes were made as necessary.

The questionnaire's reliability was assessed using Cronbach's alpha.

Reliability of health care workers is good (alpha = 0.925).

4.9 Ethical consideration

Before participating in this study; I received ethical approval from Hail University's ethical committee to perform it. The HCWs who completed the questionnaire agreed to take part in the study. Participation was optional, and the replies were both anonymous and confidential to the person.

5. Results

The onset of COVID-19 has escalated healthcare workers' psychological distress. Multiple factors, including prolonged exposure to COVID-19 patients, irregular working hours, and workload, have substantially contributed to stress and burnout among healthcare workers. This study aimed to assess the effect of psychosocial risks and emotional intelligence on nurses' health, well-being, burnout level, and stress during the rise and main peak of the COVID-19 pandemic in Khamis Mushyt general hospital in Assir region, Saudi Arabia. The questionnaire consisted of 30 questions pertaining to different 374 health care workers (medical and non-medical).

The questionnaire data was coded and imputed into the computer system, then analyzed with Da ta Analysis and Statistical Software (Spss version 25)

The data was examined using frequency percentages and non-parametric statistics such as Descriptive Statistics (frequencies) and the Spearman correlation coefficient.

Qualitative data obtained from the respondents during the interview were also utilized to get the complete picture of telemedicine process and challenges.

A total of 374 healthcare workers (medical and non-medical) took part in this questionnaire survey. The profile of healthcare workers was summarized in the following:

Table (1) shows that participants, 49.5 % were males and 50.5 % were females. The two third of the participants were Saudi (63.6%). Regarding the qualifications, (45.5%) had a bachelor degree, while (9.9%) had Ph.D. (42.5%) of the participants' age is between 25 and 35 years and considered the dominating age. Of the participants, (70.3%) work 5 to 10 hours aday. When it came to years of experience, the one third of the participants (36.9%)

had 6-10 years, followed by 11-15 years (22.5 percent).

Table 1: Demographics of different Healthcare Workers

Table 1: Demographics of different health care workers (medical and non-medical)			
Characteristics of health care workers		**Number**	**(Percentage)**
Gender			
Male		**185**	**49.5**
Female		**189**	**50.5**
Total number (374)			
Nationality			
	Saudi	**238**	**63.6**
	Non-Saudi	**136**	**36.4**
Qualification			
	Diploma	**96**	**25.7**
	Bachelor Degree	**170**	**45.5**
	Master Degree	**71**	**19.0**
	Ph.D.	**37**	**9.9**

Table 1: Demographics of different health care workers (medical and non-medical)			
Age in years			
	25Less than	55	14.7
	35to 25	159	42.5
	45to 36	105	28.1
	Above 45	55	14.7
hours working total Daily			
	Less Than 5	50	13.4
	5 hours to 10	263	70.3
	More than 10	61	16.3
Total work experience in health sector			
	5Less than	82	21.9
	5 to 10	138	36.9
	11 to 15	84	22.5
	More than 15	70	18.7

Objective 1 Result Analysis:

Table 2: Occupational stress

Table 2: Occupational stress				
Questions		Answer	N	(%)
1	Risk of becoming infected			
		Not at all Stressful	56	15.0
		Somewhat Stressful	107	28.6
		Moderately Stressful	88	23.5
		Very Stressful	67	17.9
		Extremely Stressful	56	15.0
(Mean ± S. D.)		(2.89 ± 1.287)		
2	Self-monitoring of symptoms.			
		Not at all Stressful	56	15.0
		Somewhat Stressful	136	36.4
		Moderately Stressful	80	21.4
		Very Stressful	75	20.1
		Extremely Stressful	27	7.2
(Mean ± S. D.)		2.68 ± 1.164		
3	Risk of loved ones becoming infected.			
		Not at all Stressful	47	12.6
		Somewhat Stressful	122	32.6
		Moderately Stressful	65	17.4
		Very Stressful	77	20.6
		Extremely Stressful	63	16.8

Table 2: Occupational stress				
(Mean ± S. D.)		2.97 ± 1.308		
4	Risk of unintentionally infecting other people			
		Not at all Stressful	46	12.3
		Somewhat Stressful	135	36.1
		Moderately Stressful	72	19.3
		Very Stressful	76	20.3
		Extremely Stressful	45	12.0
(Mean ± S. D.)		2.84 ± 1.231		
5	Read about or heard others talking about the severity and contagiousness of COVID-19.			
		Not at all Stressful	55	14.7
		Somewhat Stressful	140	37.4
		Moderately Stressful	83	22.2
		Very Stressful	56	15.0
		Extremely Stressful	40	10.7
(Mean ± S. D.)		2.70 ± 1.205		
6	Stigma, shame or discrimination related to being in a certain age-group (e.g., negative statements about Millennials or Generation Z)			
		Not at all Stressful	69	18.4
		Somewhat Stressful	127	34.0
		Moderately Stressful	66	17.6
		Very Stressful	66	17.6
		Extremely Stressful	46	12.3
(Mean ± S. D.)		2.71 ± 1.292		
7	Stigma, shame or discrimination related to being in a certain age-group (e.g., negative statements about Millennials or Generation Z)			
		Not at all Stressful	69	18.4
		Somewhat Stressful	136	36.4
		Moderately Stressful	86	23.0
		Very Stressful	47	12.6
		Extremely Stressful	36	9.6
(Mean ± S. D.)		2.59 ± 1.202		
8	Uncertainty about how long quarantine			

Table 2: Occupational stress				
	and/or social distancing requirements will last.			
		Not at all Stressful	52	13.9
		Somewhat Stressful	137	36.6
		Moderately Stressful	79	21.1
		Very Stressful	71	19.0
		Extremely Stressful	35	9.4
(Mean ± S. D.)		2.73 ± 1.191		
9	Changes to daily personal care routines (e.g., cooking, cleaning, exercise/relaxation, hobbies).			
		Not at all Stressful	56	15.0
		Somewhat Stressful	143	38.2
		Moderately Stressful	77	20.6
		Very Stressful	60	16.0
		Extremely Stressful	38	10.2
(Mean ± S. D.)		2.68 ± 1.204		
10	Changes to daily work routines (e.g., unable to earn money, attend full- or part-time work schedule).			
		Not at all Stressful	58	15.5
		Somewhat Stressful	132	35.3
		Moderately Stressful	81	21.7
		Very Stressful	59	15.8
		Extremely Stressful	44	11.8
(Mean ± S. D.)		2.73 ± 1.238		
11	Changes to daily education routines (e.g., online instruction)			
		Not at all Stressful	69	18.4
		Somewhat Stressful	138	36.9
		Moderately Stressful	74	19.8
		Very Stressful	57	15.2
		Extremely Stressful	36	9.6
(Mean ± S. D.)		2.61 ± 1.222		
12	Changes to social routines (e.g., spending free time with friends/loved ones).			
		Not at all Stressful	79	21.1
		Somewhat Stressful	121	32.4
		Moderately Stressful	80	21.4

Table 2: Occupational stress				
		Very Stressful	57	15.2
		Extremely Stressful	37	9.9
(Mean ± S. D.)		2.60 ± 1.251		
13	Changed responsibilities to care for dependents (e.g., childcare, eldercare).			
		Not at all Stressful	55	14.7
		Somewhat Stressful	126	33.7
		Moderately Stressful	73	19.5
		Very Stressful	72	19.3
		Extremely Stressful	48	12.8
(Mean ± S. D.)		2.82 ± 1.266		
14	Cancellation of planned or scheduled celebrations, entertainment, vacations or trips (e.g., graduations, birthdays, concerts).			
		Not at all Stressful	78	20.9
		Somewhat Stressful	131	35.0
		Moderately Stressful	65	17.4
		Very Stressful	56	15.0
		Extremely Stressful	44	11.8
(Mean ± S. D.)		2.62 ± 1.290		
15	Cancellation of meaningful personal or religious rituals (e.g., funerals, religious services).			
		Not at all Stressful	65	17.4
		Somewhat Stressful	127	34.0
		Moderately Stressful	62	16.6
		Very Stressful	67	17.9
		Extremely Stressful	53	14.2
(Mean ± S. D.)		2.78 ± 1.317		
16	Inability to travel (e.g., cancellation of vacations, weekend trips).			
		Not at all Stressful	73	19.5
		Somewhat Stressful	119	31.8
		Moderately Stressful	54	14.4
		Very Stressful	66	17.6
		Extremely Stressful	62	16.6
(Mean ± S. D.)		2.80 ± 1.380		
17	Increased contact with close others or loved ones (e.g., increased conflict, co-worrying).			

Table 2: Occupational stress				
		Not at all Stressful	68	18.2
		Somewhat Stressful	122	32.6
		Moderately Stressful	67	17.9
		Very Stressful	70	18.7
		Extremely Stressful	47	12.6
(Mean ± S. D.)		2.75 ± 1.298		
18	Pressure to "make the most of" COVID-19 or "find a silver lining" while quarantining (e.g., social media fitness challenges, encouragement to increase productivity).			
		Not at all Stressful	71	19.0
		Somewhat Stressful	135	36.1
		Moderately Stressful	79	21.1
		Very Stressful	43	11.5
		Extremely Stressful	46	12.3
(Mean ± S. D.)		2.62 ± 1.260		
19	Loss of current job security or income (e.g., inability to earn money).			
		Not at all Stressful	49	13.1
		Somewhat Stressful	109	29.1
		Moderately Stressful	69	18.4
		Very Stressful	78	20.9
		Extremely Stressful	69	18.4
(Mean ± S. D.)		3.02 ± 1.329		
20	Loss of current job training opportunities or education benchmarks (e.g., certification, apprenticeship, internship or degree completion).			
		Not at all Stressful	38	10.2
		Somewhat Stressful	131	35.0
		Moderately Stressful	69	18.4
		Very Stressful	76	20.3
		Extremely Stressful	60	16.0
(Mean ± S. D.)		2.97 ± 1.267		
21	Potential changes to the national or global economy (e.g., future job prospects, loss of investments).			
		Not at all Stressful	46	12.3
		Somewhat Stressful	119	31.8

Table 2: Occupational stress				
		Moderately Stressful	75	20.1
		Very Stressful	87	23.3
		Extremely Stressful	47	12.6
(Mean ± S. D.)		2.92 ± 1.242		
22	Difficulty accessing important resources for daily life (e.g., health care, food, clothes, water, housing, medical supplies or prescriptions).			
		Not at all Stressful	57	15.2
		Somewhat Stressful	128	34.2
		Moderately Stressful	60	16.0
		Very Stressful	69	18.4
		Extremely Stressful	60	16.0
(Mean ± S. D.)		2.86 ± 1.328		
23	Inadequate access to reliable information about COVID-19 (including your personal risk of illness)			
		Not at all Stressful	60	16.0
		Somewhat Stressful	121	32.4
		Moderately Stressful	81	21.7
		Very Stressful	59	15.8
		Extremely Stressful	53	14.2
(Mean ± S. D.)		2.80 ± 1.286		
Intent to leave				
24	Which statement most clearly reflects you're feeling about your future in your present work place?			
		Definitely I will not leave	107	28.6
		Probably I will not leave	88	23.5
		Probably I will leave	135	36.1
		Definitely I will leave	44	11.8
(Mean ± S. D.)		2.3 ± 1.012		

In continuation of table 2, in table 3 we can conclude that the participants showed different levels of experiencing occupational stress. The results were as the following:

table 2 shows that 15.5 of the participants answered with "Not at all stressful" while 34.2 % of the participants answered with "Somewhat stressful", 19.59 % of the participants answered with "Moderately

stressful" ,17. 57 % of the participants answered with "Very Stressful" and 12.69 % of the participants answered with "Extremely Stressful".

Table 3: Occupational Stress Scale.

Table 3: Occupational stress			
	Answer	N	%
	Not at all Stressful	1372	15.95
	Somewhat Stressful	2942	34.20
	Moderately Stressful	1685	19.59
	Very Stressful	1511	17.57
	Extremely Stressful	1092	12.69

The above table 3 shows that the majority of the participants (84.05 %) have experienced occupational stress with different levels, while (15.95 %) of the participants haven't experienced occupational stress at all.

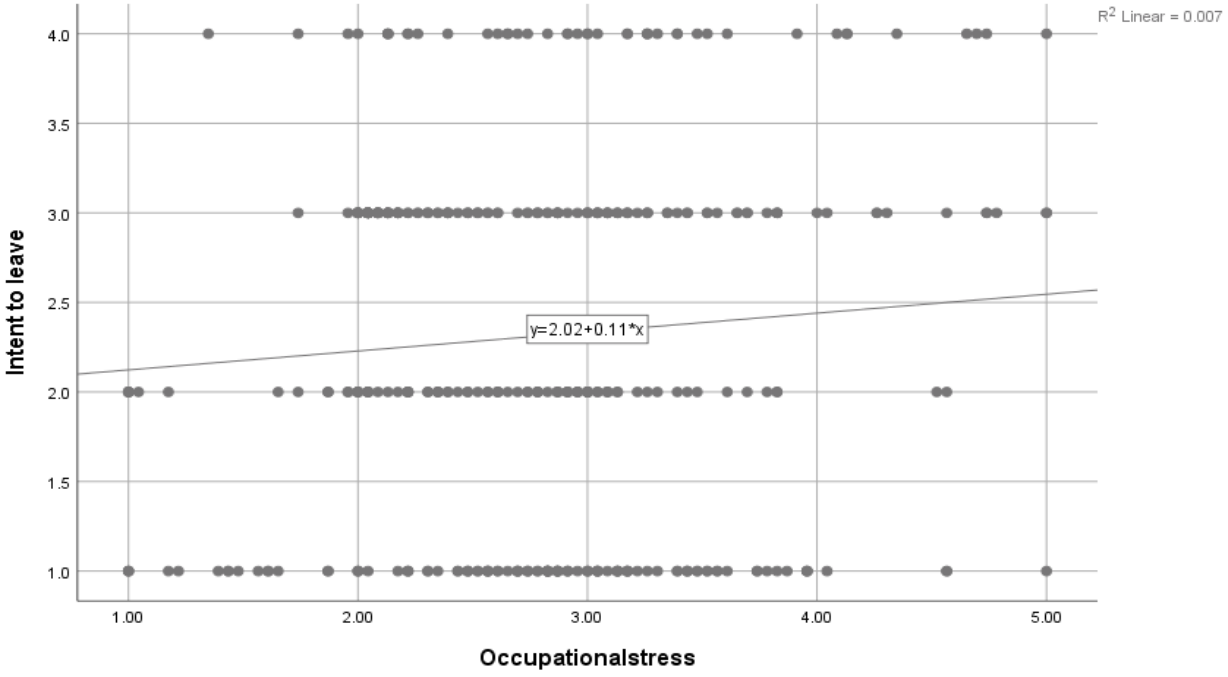
We can find out the responses to each of the questionnaire questions about occupational stress and intention to leave, 107 (28.6%) of health care workers "definitely I will not leave", 88 (23.5%) " probably I will not leave", 135 (36.1%) "Probably I will" leave and 44 (11.8 %) "Definitely I will leave". We can conclude that the exact percentage of the participants who are determined to leave is about (11.8 %), while (88.2 %) varies between the other three responses.

Objective 2 Result Analysis:

Table 4: Correlations between occupational stress and intent to leave

Table 4: Correlations				
			Intent to leave	Occupational stress
Spearman's	Intent to leave	Correlation Coefficient	1	0.020
		Sig. (2-tailed)		0.595
		N		374
Kendall's	Occupational stress	Correlation Coefficient	0.020	1
		Sig. (2-tailed)	0.615	.
		N	374	374

Figure 2: Correlation between Occupational Stress and Intent to leave



From Table 4, we obtained a weak positive Spearman and Kendall's correlations coefficients equals (0.020) and there is no correlation between Occupational stress and Intent to leave. (P-Value =0.595> 0.05, P-Value =0.615> 0.05), then the correlations between the variables is not significant.

Objective 3 Result Analysis:

Table 5 illustrates the correlation between the demographics of the participants and the study variables (occupational stress and intent to leave)

Table 5: Correlation between demographics, occupational stress and intent to leave

Table 5: Correlation between the variables and demographics elements			
		Occupational stress	Intent to leave
Gender	Correlation Coefficient	-0.153**	0.083
	Sig. (2-tailed)	0.003	0.107
Age (years)	Correlation Coefficient	0.144**	0.028
	Sig. (2-tailed)	0.005	0.595
Qualification	Correlation Coefficient	0.047	0.028
	Sig. (2-tailed)	0.364	0.595
Nationality	Correlation Coefficient	-0.207**	0.028
	Sig. (2-tailed)	0.000	0.595
Daily total working Hours	Correlation Coefficient	0.115*	0.028
	Sig. (2-tailed)	0.026	0.595
Total work Experience in Health sector	Correlation Coefficient	0.209**	0.028
	Sig. (2-tailed)	0.000	0.595

From Table 5 we conclude the relations between occupational stress, intention to leave and demographics elements as follows:

1- There is a negative significant correlation between occupational stress and gender.
2- There is a positive significant correlation between occupational stress and age.
3- There are no significant correlation between occupational stress and qualification.
4- There is a negative significant correlation between occupational stress and nationality.
5- There is a positive significant correlation between occupational stress and daily total working hours.
6- There is a positive significant correlation between occupational stress and total work experience in health sector.
7- There is no significant correlation between intention to leave and gender, age, qualification, nationality, daily total working hours and total work experience in health sector.

6. Discussion

The onset of COVID-19 has escalated healthcare workers' psychological distress. Multiple factors, including prolonged exposure to COVID-19 patients, irregular working hours, and workload, have substantially contributed to stress and burnout among healthcare workers. This study aimed to assess the effect of psychosocial risks and emotional intelligence on nurses' health, well-being, burnout level, and stress during the rise and main peak of the COVID-19 pandemic in Khamis Mushyt general hospital in Assir region, Saudi Arabia. The participants showed different levels of experiencing occupational stress. The results were as the following:

The majority of the participants have experienced occupational stress with different levels, while some of the participants haven't experienced occupational stress at all.

Based on the occupational stress they experienced, the researcher can conclude that the exact percentage of the participants who are determined to leave is about a little number, while the majority of responses were varies between the other three responses (probably I will leave, probably I won't leave and definitely I won't leave).

For the correlation between occupational stress, the study obtained a weak positive Spearman and Kendall's correlations coefficients equals (0.020) and there is no correlation between Occupational stress and Intention to leave. (P-Value=0.595, 0.615> 0.05), then the correlations between the variables is not significant. There was a positive significant correlation between some demographic characteristics (like age, daily total working hours and total work experience) and the intent to leave.

- Some studies revealed the severity of psychological distress during the outbreak of the Corona virus, and that many medical health practitioners face post-traumatic stress disorder, depression, anxiety, shock, and exhaustion even after this virus has stopped. Health care workers suffer from sleep problems

which is much higher than that of other occupational category. One possible reason is that the labor and time intensity of health care workers will increase in the face of diligence. This leads to their lack of rest and they are vulnerable to chronic stress and psychological distress severe cases, PTSD symptoms may occur, which is closely related to sleep disturbances .

It is worth noting that there are not enough services to provide psychological counseling and psychological examination services for anxiety, depression and suicide for health practitioners who deal with infected patients as some previous studies indicated that doctors suffer from high psychological disorders due to these epidemics and this brings opinion The killer is that different levels of occupation have a different effect on mental health .

7. Recommendations

Based on the results of the study, the researcher recommends to reduce daily total working hours to prevent the occupational stress between the healthcare professional (medical / non-medical). A lso recommend that other studies should to be carried out about stress factors like job satisfaction, work environment stress, and measure its impacts on the intent to leave. Extra studies need to be carried out for more investigation about stress factors.

8. Conclusion

However, the majority of the participants have experienced different levels of occupational stress, the participants who responded that they will definitely leave is not critical and there is no correlation between Occupational stress and Intention to leave.

Gender and nationality showed a negative correlation with the intent to leave from the results we got could conclude that:

- From the demographic scale, we concluded that the majority of the participants worked 5 to 10 hours (70.25%)
- About 16.35 % of the participants have worked more than 10 hours
- There is a positive significant correlation between occupational stress and daily total working hours.
- Working-hours indicator caused a lot of occupational stress for the healthcare professional (medical / non-medical) (84.05 %) have experienced occupational stress with different levels, while (15.95 %) of the participants have not experienced occupational stress at all.
- Of the whole participants (11.8 %) admitted that they will definitely leave and, while the others' responses varied from (definitely I will not leave, probably I will not leave and probably I will leave.
- There is no significant correlation between intention to leave and gender, age, qualification, nationality, daily total working hours and total work experience in health sector.

- However, the majority of the participants have experienced different levels of occupational stress, the participants who responded that they will definitely leave is not critical.
- After analyzing the whole data, we can conclude that there is no correlation between occupational stress and intention to leave.

9. References

- Jun J, Tucker S, Melnyk B. (2020). Clinician Mental Health and Well-Being During Global Healthcare Crises: Evidence Learned From Prior Epidemics for COVID-19 Pandemic. Worldviews on Evidence-Based Nursing, 17(3):182-184.
- Neto M, Almeida HG, Esmeraldo JD, Nobre CB, Pinheiro WR, deOliveira C, Sousa I, Lima O, Lima N, Moreira MM, Lima C,Júnior JG, da Silva C (2020) When health professionals look deathin the eye: themental health of professionals who deal daily with the 2019 coronavirus outbreak. Psychiatry Res 288:112972. Advanceonline publication. https://doi.org/10.1016/j.psychres.2020.112972
- Teo I, Chay J, Cheung Y, Sung S, Tewani K, Yeo L et al. (2021). Healthcare worker stress, anxiety and burnout during the COVID-19 pandemic in Singapore: A 6-month multi-centre prospective study. PLOS ONE, 16(10): e0258866.
- Alotaibi R, Alahmari A, Ababtain I, Altamimi A, Alkhaldi A, Alhelail M et al. (2022). The effect of COVID-19 on the characteristics of adult emergency department visits: A retrospective cohort tertiary hospital experience in Riyadh. Journal of Infection and Public Health, 15(1):132-137.
- Zafar Q. (2020). Psychosocial Impact of Covid-19 Pandemic on Frontline Healthcare Workers in Pakistan: A Cross-Sectional Study. Journal of Dentistry and Oral Sciences.
- Said R, El-Shafei D. Occupational stress, job satisfaction, and intent to leave: nurses working on front lines during COVID-19 pandemic in Zagazig City, Egypt. Environmental Science and Pollution Research. 2020;28(7):8791-8801.
- Khatun M, Parvin M, Rashid M, Alam M, Kamrunnahar M, Talukder A et al. Mental Health of Physicians During COVID-19 Outbreak in Bangladesh: A Web-Based Cross-Sectional Survey. Frontiers in Public Health.
- Mo Y, Deng L, Zhang L, Lang Q, Liao C, Wang N, Qin M, Huang H(2020) Work stress among Chinese nurses to support Wuhan for fighting against the COVID-19 epidemic. J NursManag AcceptedAuthor Manuscript 28:1002–1009. https://doi.org/10.1111/jonm. 13014
- Deeba D, Usmani D, Akhtar D, Zahra D, Rasool D. job satisfaction (2015). among doctors working in public and private territory care hospitals of Lahore. The Professional Medical Journal, 20(10):1373-1378.

- Hoboubi N, Choobineh A, Kamari Ghanavati F, Keshavarzi S, Akbar Hosseini A. (2017). The Impact of Job Stress and Job Satisfaction on Workforce Productivity in an Iranian Petrochemical Industry. Safety and Health at Work, 8(1):67-71.
- Lo W, Chien L, Hwang F, Huang N, Chiou S. (2017). From job stress to intention to leave among hospital nurses: A structural equation modelling approach. Journal of Advanced Nursing, 74(3):677-688.
- Saeed B, Shabila N, Aziz A. (2021) Stress and anxiety among physicians during the COVID-19 outbreak in the Iraqi Kurdistan Region: An online survey. PLOS ONE, 16(6): e0253903.
- Hämmig O. Explaining burnout and the intention to leave the profession among health professionals – a cross-sectional study in a hospital setting in Switzerland. BMC Health Services Research. 2018;18(1).
- Tabur A, Elkefi S, Emhan A, Mengenci C, Bez Y, Asan O. Anxiety, Burnout and Depression, Psychological Well-Being as Predictor of Healthcare Professionals' Turnover during the COVID-19 Pandemic: Study in a Pandemic Hospital. Healthcare. 2022;10(3):525.
- Mosolova E, Sosin D, Mosolov S. Stress, anxiety, depression and burnout in frontline healthcare workers during two peaks of COVID-19 pandemic in Russia. Psychiatry Research. 2021;306:114226.
- Setia M. Methodology series module 3: Cross-sectional studies. Indian Journal of Dermatology. 2016;61(3):261.
- Taherdoost H. (2016).Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. SSRN Electronic Journal.
- Khasne R, Dhakulkar B, Mahajan H. (2020). Burnout among Healthcare Workers during COVID-19 Pandemic in India: Results of a Questionnaire-based Survey. Indian Journal of Critical Care Medicine, 24(8):664-671
- Mo Y, Deng L, Zhang L, Lang Q, Liao C, Wang N, Qin M, Huang H (2020) Work stress among Chinese nurses to support Wuhan for fighting against the COVID-19 epidemic. J Nurs Manag Accepted Author Manuscript 28:1002–1009.
- Falguera, C. C., De los Santos, J. A. A., Galabay, J. R., Firmo, C. N.Tsaras, K., Rosales, R. A., Mirafuentes, E. C., & Labrague, L. J. (2020).Relationship between nurse practice environment and work outcomes: A survey in the Philippines. International Journal of Nursing Practice. Advance online publication.
- Bong, C. L., Brasher, C., Chikumba, E., McDougall, R., Mellin-Olsen, J.,& Enright, A. (2020). The COVID-19 pandemic: Effects on low- and middle-income countries. Anesthesia and Analgesia, 131(1), 86 – 92.

- Zerbini, G., Ebigbo, A., Reicherts, P., Kunz, M., & Messman, H. (2020). Psychosocial burden of healthcare professionals in times of COVID-19- a survey conducted at the University Hospital Augsburg. German Medical Science: GMS e-journal, 18, Doc05. https://doi.org/10.3205/ 000281
- Al-Azhar Education: Journal of Educational and Psychological Scientific Research Court 210-255 Article 5. Volume 39.187. C July 4, 2020
- Tuncer, A. M.(2022). The Effect of the COVID-19 Pandemic on Healthcare Workers. Advances in Applied Sociology, 12, 29-33.
  https://doi.org/10.4236/aasoci.2022.122003.