

Psycho-social concepts Encountered by Health Care Professionals in Work place at Public Health Care Centers in Eastern Region

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Background: Psychosocial aspects may affect workers and the quality of care given and if they have a negative impact in psychological state and may lead to more problems like quality of care and intention to leave work in primary centers.

Aim: This study aims to explore the psychosocial aspect encountered by the Health Care Professionals as related to their work in Public Health Care Centers in Work place in Eastern Region.

Methods: A descriptive cross-sectional and correlative design was used. convenient subjects among 300 participants.

Results: Participated in this study is a group of health Professional a total 300 include (doctors, nurses, pharmacist, allied health personal), above half is Females (54,3%), Married (77%) Diploma degree (50.7%), Nurses was the highest rate of Health Care Professionals (34%) In psychological aspect

the highest mean of employees are affection by their passion with client at work (Highest Mean: 3.78) the work for them was valuable and important (Highest Mean: 4.36) In social aspect their found the colleagues welcome to hear each other's and sharing problems in work or life more than managers or supervisor (Highest Mean:4.11) In last aspect the environmental aspect they were encountered that the work required them to complete their work very quickly (Highest Mean : 4.06) and more than 8 hours a day (Highest Mean: 3.49), there is no variation in work they do the same task every day (Highest Mean:4.16) the family and friends they told them they work a lot (Highest Mean : 3.91).

Conclusion: The participants of this study mainly female, nurses and married, Work place mostly prohibited and put participants in emotional disturbed situation, but this aspect potentiate their learning experience, Social support to seeking help found to be importance aspects for participants. It is obvious that stress experience of pressure and exhaustion in work for long hours, most prohibited aspects stated aspect by the study participants.

Key words: Psychosocial, aspects, Work place, challenges, emotion, stress, health professional, primary health care.

Chapter I

Introduction

1.1 Overview

Primary health care is the type of health care received in the community, usually from family physician, community nurses, staff in local clinics, or other health professionals. It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford. (World Health Organization reforms 2017).

A good health care system vision should aim at giving the client a high level of care, including prevention, diagnosis, and treatment of diseases. Healthcare is delivered by health professionals (providers or practitioners) working in allied health professions including: physicians, physician associates, dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology, and other health professions. This is done at different levels of care delivery as primary, secondary and tertiary care as well as in public health sector (Elke Peters1, Katja Spanier1, 2018) (Massoudi, Salah, and Hamdi 2017).

Health Care Professionals are those persons who acquire genuine qualifications and experiences for safe practice in the healthcare sector. (Lewandowski, Co-investigator, and Lewandowski 2015). As stated by World Health Organization in 2013, a health professional is considered as an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities.

Health Care Professionals at primary health care level are often subjected to the influence of stress due to working conditions, which might create much pressure, and stress. And can affect the health of staff, especially the nurses. Also the healthcare environment affects not only participants, but also the health care providing people (Sekol and Kim 2014 ,Applebaum D, Fowler 2010). A survey of 1,000 workers from various healthcare professions in Lower Austria found that, in the rapidly expanding healthcare sector, high levels of satisfaction with the work itself is found alongside high work pressures and poor working conditions. The study differentiated between four major aspects - work organization, psychosocial stress, physical health risks and client contact, and the authors considered it to be highly representative of the sector (Brunner et al, 2011).

Work place is one of the most important things that should be considered and interested in because it the place where the service is supposed to be provided. This requires giving more attention, and when one talks about the health field, then the Work place should be free of work conflicts and problems, and the staff should be connected and able to communicate with each other to give the best care (Diehl and Gleditsch 2001 , McCarthy, J. 2013), (Manyisa and van Aswegen 2017). The psychosocial Work place is an important aspect in-participants care setting, and knowing more of its correlates might open up new paths for future workplace interventions. According to (Hanna and Mona 2014), the healthcare environment affects not only participants, but also the people that work in these environments: nurses and physicians. Any changes that are made to the physical healthcare environment in order to benefit participants, must either benefit or have neutral impacts on healthcare professionals (Koinis et al. 2015).

Psychosocial aspect plays a key role in integrated health care by helping worker modify their behavior to prevent conflict in work, Also the psychosocial aspect can services in primary care to increase the quality of care given to the client and reduce work conflict, this because the quality of healthcare is one of the most important aspects in how individuals perceive their quality of life (Aram Hanna Massoudi, 2017). Work-related psychosocial stress is a growing problem around the world that affects not only the health and well-being of employees, but also the productivity of organizations. Work-related stress arises where work demands of various types and combinations exceed the person's capacity and capability to cope (Victorian Work cover Authority, 2007), Also Prolonged work stress negatively affects physical and mental health outcomes among nurses. Nursing is one of the most stressful professions owing to the emotional nature of participants demands, long working hours and health-professional as well as interpersonal conflicts (Khamisa et al. 2017), many nurses perform activities that they perceive as demanding, constraining, and otherwise stressful. Mental health problems and other stress-related disorders are recognized to be among the leading causes of early retirement from work, high absence rates, overall health impairment, and low organizational productivity (World Health Organization, 2017).

In a study on the Health Care Professionals psychosocial aspects related to Work place, job Work place appeared to have both positive and negative impacts on the psychosocial well-being of workers. (Brinre RB 2017). Another study focused on the aspects affecting working conditions and strategies for improving working conditions in public including sub-themes

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such as: increased participants workloads, long working hours, shift work, poor infrastructure and staff shortages. Personal stress was found to be a better predictor of burnout and general health among nurses (Manyisa and van Aswegen 2017). The importance of a healthcare environment that promotes the health and well-being of participants is evident, but this healing environment should not negatively affect healthcare personnel (Tanja-Dijkstra and Pieterse 2011). The primary health care values to achieve (Health For All) require health systems that "Put people at the center of health care" (Gauld et al. 2012). The inclusion of all previous studies aims at identifying the gaps between health professional work in primary health care and psychosocial aspect related the Work place to improve the quality of care given to client.

In Saudi Arabia, the Public Health Care Centers is the best place for care provided for the individual, the family, the community. Each center serves the population living the center area. The center focuses on service provision to the Saudi nationals, but also it can serve the Non-Saudis as well. Each center has a highly skilled staff (Health professionals) such as nurses, physician, dentists, nurses, assistants and coordinators. The working time is usually from 8:00 am to 4:00 pm., from Sunday to Thursday. Public Health Care Centers (PHCs) are distributed all over the country, and according to statistics of the Ministry of Health, the total number of centers in all regions of the Kingdom of Saudi Arabia for 1437 H (2016) was 2325 center. In 1437 H (2016), the total number of Public Health Care Centers (PHCs) in Eastern city was 140 (Ministry of health Statistical year book in 1437_2016) According to the statistics of the Ministry of Health, the number of manpower in the Ministry of Health and health centers is increasing, In 1433H (2012), the number of physician was 8,390, the number of nurses was 16,317, the number of pharmacists was 137, and the number of allied health personnel was 10,113. In 1437H (2016), the number of physicians reached 10,263, the number of nurses 19,863, the number of pharmacists 430, and the number of allied health personnel 10,812 (Ministry of health Statistical year book in 1437_2016) The focus of this study is directed towards the psychosocial aspects in Work place encountered by Health Care Professionals working in Public Health Care Centers in Saudi Arabia.

1.2 THE SIGNIFICANCE OF STUDY:

The literature review concluded that the health care delivery system in Saudi Arabia is in its Prevent diseases and reform process. It is important to focus on aspects affecting the development and improvement of care provided both to the participants, as well as the health workers or the place where care will be provided.

The significance of this research is evident as it highlights the psychosocial aspects that may have great impact on workers in the primary health care sector. Addressing such issues will allow the Health Care Professionals to reform their jobs in a healthier working environment, and minimize any influential work conflicts that may occur. Also this research can be of help professional workers in primary health care setting through the identification of the different aspects having impacts on the Health Care Professionals in Work place.

1.3 AIM OF STUDY:

The aim of this study is to identify the psychosocial aspect encountered by the Health Care Professionals as related to their work in Public Health Care Centers in Work place in Eastern Region.

1.4 RESEARCH QUESTIONS:

1. What is the socio-demographic profile of health care professional included in this study?
2. What are the psychological aspects reported by health care professional?
3. What are the social aspects reported by health care professionals?
4. What is psychosocial aspect related to Work place stated by the study participants?
5. Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

1.5 CONCEPTUAL DEFINITION:

1. Psychosocial:

The Constitution of the world health organization defines health as "A state of complete physical, mental and social well-being" and not merely "The absence

of disease or infirmity" (World Health Organization. 2005).

2. Work place:

Is the environment where these human beings are fit with their job (Naharuddin and Sadegi ,2013).

3. Health Professionals:

Healthcare practitioners include physicians, dentists, pharmacists, pharmacy technicians, and physician assistants, nurses, advanced practice registered nurses, midwives, dietitians, therapists, psychologists, social workers, and a wide variety of other human resources trained to provide some type of health care service. They often work in hospitals, healthcare centers, and other health service delivery points. Many countries have a large number of community health workers who work outside formal healthcare institutions (World Health Organization, 2012).

4. Primary Health Care center:

This is the cornerstone of rural health services- a first port of call to a qualified physicians of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centers for curative, preventive and primitive health care (Elke Peters I, Katja Spanier I, 2018).

1.6 OPERATIONAL DEFINITION:

1. Psychosocial:

I. Psychological aspects in this study include: (Emotional demands, demands for heading emotion, possibilities for development, meaning of work, commitment to the work place, ability to plan, work recognition, job insecurity, cognitive stress).

II. Social aspects in this study include: (Social support from colleagues, social support from supervisor, and family conflict).

2. Work place:

The environment in which the staff gives care or will do work to the participants including: (work place, cognitive demands influence at work, work variation, work conflicts between family and work).

3. Health Professionals:

Primary health care professional employees in this study will include: (Nursing staff, Physician, Pharmacists, and allied health personal) at a specific level of education (Diploma or Bachelor).

4. Primary Health Care Center:

The place where the health professional works and gives primary care services, Also defined as the place where and the client or family receive preventive care and basic curative care.

Literature Review

Chapter II

Search Strategies:

Before embarking in reviewing literature systematic review was done using the following search website; Science Direct, Bio Med, NCBI, PubMed, ProQuest, EBSCO host Research Gate, Academic Key, IOSR, Science PG, BMC, Google scholar.

Literature Review:

This chapter includes literature review, Rewards of positive work climate, conceptual frame work and Factors affecting health worker motivation and retention. Primary health care is essential health care made universally accessible to individuals and acceptable to them, through full participation and at a cost the community and country can afford. It is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy.

Primary health-care has basic essential elements and objectives that help to attain better health services for all the type of health care received in the community, usually from family physician, community nurses, staff in local clinics, or other Health Care Professionals like dentistry, midwifery, optometry,

audiology, pharmacy, psychology. This is done at different levels of care delivery as primary, secondary, and tertiary care, as well as in public health sector (Elke Peters I, Katja Spanier I, 2018 Massoudi Salah, and Hamdi 2017). It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford (World Health Organization reforms 2017).

A Main goal for the health care system is giving the client a high level of care, including prevention, diagnosis, and treatment of diseases. In many countries, there is great interest in the Work place and well-being of staff members (Currid, T.J 2008, Sørgaard, K.W 2010) the phenomenon of the psychosocial Work place and its constituents have been described in several different ways and often include a multitude of aspects, such as organizational climate and culture, work demands, work control, leadership empowerment and support, and co-worker support and collaboration. One study described the psychosocial Work place as a compound system that includes the work, the workers, and the environment (Van Bogaert, P 2013).

Another aspect to consider in relation to the psychosocial Work place is Moral Sensitivity, which involves the staff's attention to and awareness of moral conflicts, values, and implications. It also includes insight into the client's situation and has the function of a guide for ethical decision making and lays the ground for the ability to understand a client's needs. Using principal component analysis, found three factors of Moral Sensitivity: Sense of Moral Burden, Sense of Moral Strength, and Moral Responsibility. A study on psychiatric care showed that health professional members with more experience had higher Moral Sensitivity compared with those with less experience (Lütznén, K 2010).

An additional, aspect that might be important in the understanding of the psychosocial Work place of health staff members is Mastery, mastery can be understood as a coping mechanism, and it involves the control a person believes she/he has over situations and factors affecting her/his life. Results from the present study offer an initial step towards exploring the relationships between the psychosocial Work place and aspects of stress moral Sensitivity (Hanna and Mona 2014).

Quality of life is a multidimensional construct, which can be influenced by aspects of work and personal life, physical and psychological health, social relations, and the environment where a person lives. According to (World Health Organization 2013) conceptualized quality of life as the 'individual's perception of their position in life in the context of culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns'.

More specific, one region at the primary care centers could make a change in psychosocial aspects, for example increase the nurse's control and decrease their demands, and make no change in another region. Burnout and psychosocial strain should have been measured before and after the intervention, and then the results between the two groups can be compared. The conclusion in this study is women are overrepresented in the nursing profession and there is a strong association between high psychosocial strain and high scores on burnout. Which role unfavorable coping strategies play in the association between high burnout and high psychosocial strain needs further investigation (Naeser, Persson 2017).

In Saudi Arabia, King Khaled University there is a study focus in workplace stress is the harmful physical and emotional response that occurs when there is a poor match between job demands and the capabilities, resources, or needs of the worker. Mental health is an important issue in the workplace, particularly in developing countries its aimed to explore the workplace psychosocial aspects and mental health among worker to examine the relationship between workplace psychosocial aspects and mental health (El Maksoud, Elmasri, and Ahmed 2013).

Work place define as the environment in which an individual performs his work, It includes all physical and psychological factors and circumstances that influence his work (Manyisa, 2015, Manyisa and van Aswegen 2017) is one of the most important things that should be considered and interested in because it the place where the service is supposed to be provided. This requires giving more attention, and when one talks about the health field, then the Work place should to be free of work conflicts and problems, and the staff should be connected and able to communicate with each other to give the best care (Manyisa and van Aswegen 2017). Supportive Work places provide conditions that enable health workers to perform effectively and making best use of their knowledge, skills and competences and the available resources in order to

provide high-quality health services. This is the interface of the Work place and quality of care (Oswald 2012).

Aspect of workplace environment plays an important role towards the employees' performance. The aspect of workplace environment gives an immense impact to the employees' either towards the negative outcomes or the positive outcomes (Chandrasekar, 2011). Over the last decades, the aspect of Work place of the office workers had changed due to the changes in several aspects such as the social environment, information technology and the flexible ways of organizing work processes when the employees are physically and emotionally having the desire to work, then their performance outcomes shall be increased. Moreover, they also stated that by having a proper workplace environment, it helps in reducing the number of absenteeism and thus can increase the employees' performance which will leads to the increasing number of productivities at the workplace.

Some research had shown that there are some positive affects when applying a proper workplace environment strategy such as the machine design, job design, environment and facilities design. The aspect of workplace environment that had been determined are job aid, supervisor support, opportunity to get promoted, performance feedback, goal setting, workplace incentives, mentoring, coaching and also the physical Work place (Naharuddin and Sadegi 2013). Now days, organizations must be aware of their potential workforce due to the competitive business environment. There is key aspect in the employees' workplace environment that could give a great impact towards the motivation and performance level. The aspect of workplace environment also gives a great impact towards the changes of lifestyle, work-life balance and also the health fitness whether towards the positive or negative impact (Chandrasekar, 2011, Naharuddin and Sadegi 2013).

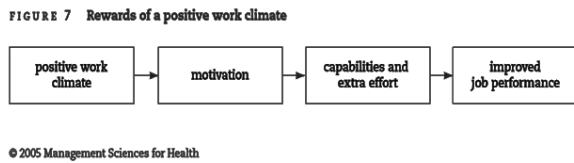
The concept of 'workplace performance' means that the aspect of workplace environment that is being provided by the employer to their employees that could support the employee's performance at work. By having a high-level performance of employees, it will increase the levels of the corporate productivity and thus will increase the company's profit. The employees who have their performance affected by the workplace environments are those who always complaints on the discomfort and dissatisfaction at the workplace. Some of the examples of variables that could leads towards the discomforts of the employees are such as the lightings, ventilation and also noise. The functional comfort can be defined as in which level that the employees can perform their task in their current aspect of workplace environment (Visher, 2008).

In the other hand, the aspect of Work place is associated with the effects on work on health. The most of the respondent rated that the aspect of Work place gives impact on their job. Therefore, it also shows that workplace environment aspect has a very strong relationship towards the health, facilities and performance. The workplace design might result in physiological and psychological reactions whether direct or indirectly. This might result into a long-term reaction which includes the decreased in performance. Many organizations have been trying new designs and techniques to construct office buildings, which can increase productivity, and attract more employees. Many authors have noted that, the physical layout of the workspace, along with efficient management processes, is playing a major role in boosting employees' productivity and improving organizational performance. Other factors are also significant such as: furniture, noise, flexibility, comfort, communication, lighting, temperature and the air quality (Massoudi and Hamdi 2017).

Work climate is the prevailing workplace atmosphere as experienced by employees. It is what it feels like to work in a group. When people work in a supportive environment, they strive to produce results. Such an environment is called a positive work climate. Work climate is the "weather of the workplace." Just as weather conditions can affect your daily activities, work climate influences your behavior at work. A good work climate can improve an individual's work habits, while a poor climate can erode good work habits. Most importantly, a positive work climate leads to and sustains staff motivation and high performance (Galer, Vriesendorp, and Ellis 2005). To improve a work climate, it helps to understand how climate affects people and how it develops. A positive work climate stimulates staff motivation because it provides conditions under which people can pursue their own goals while

striving toward organizational objectives. Everyone has motivator's impulses, needs, and energy reserves that can drive him or her to work more effectively, when staff feels motivated, they want to put their capabilities to work. They may even make efforts that exceed job expectations. Quite simply, they try harder with all their potential, and doing so improves their performance on the job, as Figure 1 (Galer, Vriesendorp, and Ellis 2005).

Figure 1: Rewards of positive work climate



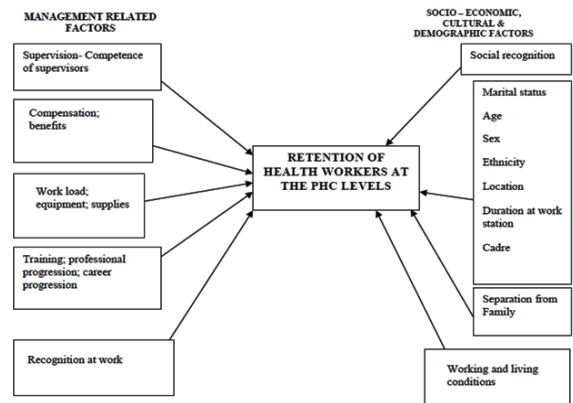
The relationship between work climate and performance is not just intuitive; it has been demonstrated in fields as diverse as health, education, and business. Canadian health professional staff found that a positive work climate increased their sense of empowerment and Job commitment, which, in turn, improved their care of participants (Galer, Vriesendorp, and Ellis 2005). The physical Work place can be seen as all materials, objects and stimuli that employees are exposed to in their workplace (Elsbach and Pratt, 2007) while psychological health is generally operationalized in terms of deficits in psychological health (e.g. stress, anxiety and depression). Given that all elements of our environment can potentially interact with our state of health or wellbeing several researchers have sought to determine the impact of the physical Work place on the psychological health of employees. The purpose of the review was to focus specifically on the negative impact of the physical Work place. The question addressed in this review is: What aspects of the physical Work place (e.g., space, lighting, noise, vibration, confined spaces, temperature) contribute to poor psychological health in workers? A search of academic and grey literature was conducted in order to gather information relevant to Work place stress measurement. The results of this review reveal that there is only limited evidence of a relationship between the physical Work place and psychological health of employees. In research where a relationship has been identified, most relationships were weak and generally found between composite measures of the physical Work place (e.g., temperature, noise, crowding) and psychological factors such as stress and anxiety. The physical Work place was generally not found to impact on psychological health, when psychological health has been measured in terms of depression, burnout or generalized measures of psychological distress (e.g. anxiety, depression and stress incorporated into one scale) (Shea, Pettit, and Cieri 2011).

2.1 Conceptual frame work:

The growing shortage of health workers at the lower levels of health service provision is a critical issue that must be addressed as an integral part of strengthening health systems. The shortage of paramedics often results in long waiting times for participants at health centers and causes overcrowding in hospitals. This is especially more evident in rural areas where primary health care is key to human health. The literature review revealed that primary health care workers are an essential component of any health system. There however exists a gap in retention strategies for paramedics serving in primary health care facilities. Interventions geared towards addressing the management, socio-economic, cultural and demographic factors can influence the retention of primary health care workers. It can therefore be postulated that if the proximate and intermediate factors are not addressed, the outcome will be low retention levels of paramedics at PHC facilities. The conceptual framework highlighted on figure 2 illustrates how factors such as recognition at work, workload, equipment, supplies, compensation, benefits, competence of supervisors, training and career progression, working and living conditions, and demographic factors influence retention of health workers at the PHC levels (Facilities et al. 2012).

Figure 2: Conceptual frame work

Figure 3.1: Conceptual framework



It has been noted that the retention of nurses and clinical officers at the health center and dispensary level is a challenge. While efforts have been put in place by government to train and retrain health workers, found that, despite high health worker unemployment rates and the existence of financial and non-financial incentives, many positions remained unfilled public and private health sectors. Primary health care facilities were severely understaffed, with relative overstaffing of hospitals (County, provincial and national hospitals). This imbalance causes health workers in public institutions to migrate from primary health care (PHC) facilities to County, provincial and national hospitals respectively.

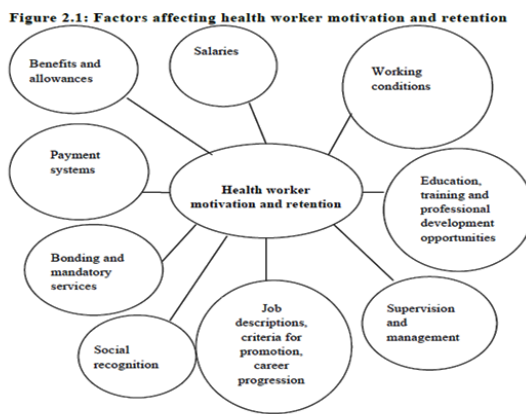
This indicates a gap in the service delivery at the lowest level of health services as noted by (MoMS). Why then is service at the County level more preferred by participants in rural areas when they can easily access PHC services within a reasonable radius in their community? What are the perceptions of community members regarding the services offered at these lower levels? What are the perceptions of the paramedics regarding the services they offer at these levels? Is it a case of lethargy or lack of understanding of the essential package that should be offered at these levels? As the health workers seek alternative employment opportunities, the vacuum left behind is not filled as quickly as it should. This has implications on the quality of health service at community level. It has been documented that many Health Care Professionals like doctors and nurses are leaving the country for “greener pastures” in developed countries like Canada, United Kingdom; United States and other such developed countries. Furthermore, there is a disparity within the country with a notable number of professionals leaving the rural areas for better employment prospects in urban areas leaving a gap at the lower levels of health provision It has also been observed that without professional health workers in place, there cannot be any significant gains in a country's health indicators.

Willis-Shattuck et al (2008) indicates that health workers are one of the key building blocks of an efficient and equitable health system. He states that without their expertise many health care interventions would not be delivered efficiently. He further claims that they are the element of the system that makes health care both acceptable to clients and therefore more likely to be effective, or can act as a deterrent to people seeking care.

2.2 Factors affecting health worker motivation and retention

Literature reviewed revealed several factors that affect health worker motivation and retention (Zurn 2005). Cites several studies indicating that financial incentives form a major component of the incentives, that policy makers in the health system put in place to improve recruitment, retention, motivation and performance of service providers (Henderson et al 2008) Highlights key factors that may influence motivation and retention of health workers. These are summarized in figure 3 (Facilities et al. 2012).

Figure 3: Factors affecting health worker motivation and retention



Wheeler (2009), suggests that one of the key priorities for the retention of health workers “Active development and testing of innovative retention approaches”. It is therefore evident that; creative strategies must be employed by health policy makers and planners in order to motivate and retain professional health workers in rural areas. These can be financial and non-financial incentives -higher salaries; salary supplements, benefits and allowances as indicated in Figure 3.

(Willis- Binnewies, Ohly, and Niessen 2008, Shattuck et al 2008) note almost all (90%) of studies reviewed discuss the Importance of financial incentives on health worker motivation. Studies however indicate that financial incentives should be integrated with other incentives, more so where migration is concerned since financial incentives alone may not keep health workers from migrating. The search also indicates that motivational factors are context specific whereas financial incentives, career development and management issues are core factors. There is inadequate data to provide concrete reasons as to why health workers migrate in Kenya as evidenced by (Ndeti et al 2008) findings, who state that HR records were not standardized hence data regarding the departure of health workers could not be established. Further argues that the existing data in the Ministry of health gave the following reasons for leaving, optional retirement before official age, mandatory official retirement age, golden handshake/retrenchment, resigning for further studies, job opportunities outside the country, joining private sector, dismissal on disciplinary grounds, desertion of duty, retirement on medical grounds, transfer of services and death of the staff member. However, through key informant interviews and FGD’s (when comparing public and private services) include poor remuneration, poor working conditions, limited conditions, limited career opportunities and poor communication facilities, limited educational opportunities and, impact of HIV and AIDS. Push factors out of rural areas include, poor working conditions, inadequate communication facilities, lack of ambulances to transfer critical participants to tertiary medical facilities and inadequate medical supplies. In addition, poor housing, poor access to schools and health care are notable push factors to urban areas in Kenya. Increasing population coupled with old (malaria) and new (HIV and AIDS) diseases are also leading factors in misdistribution and motivation of healthcare workers resulting in recruitment challenges.

The shortage of health workers is a critical issue that must be addressed as an integral part of strengthening health systems. Health workers migrate, leave the health sector, or use various coping strategies in response to difficult circumstances such as poor or intermittent remuneration, inadequate working conditions, limited training opportunities or weak supervision. To minimize attrition from the health workforce and the negative effects of coping strategies, efforts are required to address the causes of health worker dissatisfaction and to identify the factors that influence health worker choices. The challenges in maintaining an adequate health workforce require a sustained effort in workforce planning, development and financing. This effort requires innovative strategies – such as incentive packages – for retaining and motivating health workers in resource-constrained settings.

The health system in each country is different and requires different strategies to stem the loss of skilled health workers, especially in rural and remote areas.

Consequently, there is no global model for improving the retention of health workers and their performance. The literature highlights the importance of considering a broad range of incentives that may be packaged to attract health workers and to encourage them to stay in the health sector. It emphasizes that non-financial incentives can be as crucial as financial incentives.

There is potential for health worker incentives schemes to succeed in the Asia-Pacific region. Successful incentive strategies are multifaceted and include: long-term political commitment and sustained effort at all levels, a deep understanding of the cultural, social, political and economic context in which the incentives strategy is being developed, involvement of key stakeholders especially the health workers themselves in developing the strategy, formulating policy and implementing initiatives, integration of efforts between government sectors, donors, non-governmental organizations and the private sector to ensure the initiatives are sustainable packages of coordinated and linked financial and non-financial incentives that adequately respond to the needs of health workers monitoring and evaluation tools and systems, strengthened supervision and management capacities, performance management systems that link health worker performance to supportive supervision and appraisal, and continued research on what motivates health workers in order to adapt and adjust the incentives to the changing needs and desires of the workforce. While the literature identifies several approaches for improving the motivation and retention of health workers through the use of incentives, there is a paucity of evidence on the efficacy of various incentives schemes.

Further examination and analysis are needed to better understand the contributing factors to health worker motivation and retention, and to ascertain the extent to which different incentives, or packages of incentives, influence health workers. This information is critical for effective workforce planning and policy development in the health sector. Incentive packages to attract retain and motivate health workers should be embedded in comprehensive workforce planning and development strategies in Pacific and Asian countries. Research findings from the region indicate that improved salaries and benefits, together with improved working conditions, supervision and management, and education and training opportunities are important. Country-specific strategies require examination of the underlying factors for health worker shortages, analysis of the determinants of health worker motivation and retention, and testing of innovative initiatives for maintaining a competent and motivated health workforce. Continued research and evaluation will strengthen the knowledge base and assist the development of effective incentive packages for health workers (Ndeti et al 2008).

Chapter III

STUDY METHODOLOGY:

This chapter presents the methodology that used to address the research questions of the study. This includes description for the study design, Population and Subjects, setting, sampling technique, instrument, pilot study, validity and reliability, data collection procedure and data analysis.

MATERIAL and METHODS:

3.1 Study Design:

Design of this study is a quantitative exploratory, cross-sectional design and correlative. This method was chosen because the research is quantitative in which it looks to collect a detailed information and the cross-sectional and correlative studies are used to measure and explore potentially related factors or aspects and predictors in specific point in time as well as it gives snap shot of characteristics under study in a current population at specific point in time. As such type of study designs are used to give baseline data for under-studied subjects and issues in certain population thus also aimed to conduct survey via using such study design. (Levin, 2006) As the topic under discussion is not well studied in Saudi Arabia and baseline data needs to be accumulated for identify and understand the psychosocial aspect encountered by the Health Care Professionals as related to their work in Public Health Care Centers in Work place in Eastern Region. This study design will fulfill the purpose.

3.2 Population and Participants:

The population of interest in this study included all health professional (Physician Nurses, Pharmacist, Allied health personnel) who are working in Public Health Care Centers in the Kingdom of Saudi Arabia. The accessible population is health professional who work in the Public Health Care Centers in Dammam in Saudi Arabia According to the statistics of the Ministry of Health, the total number of the manpower working at Public Health Care Centers in Eastern Region 1200 worker, the health professional include (Physician:148, Nurses:387, Dentists doctor: 54, Pharmacist:59, and Allied health personnel: total 157 which include lab specialist :15, X-ray specialist :20, specialty dental health :57). The sample size determined using reliable statistical calculation formula which was 300.

A representative stratified sampling method considered, the following inclusive criteria: both sex (male and female) selected out of the study population. In this sampling plan, the total population is divided into these groups and a representative sample of the groups selected.

Moreover, Stratification is the process of dividing members of the population into homogeneous subgroups before sampling. The strata should be mutually exclusive: every element in the population must be assigned to only one stratum. The strata should also be collectively exhaustive, systematic sampling is applied within each stratum. The objective is to improve the precision of the sample by reducing sampling error (Botev, Z. Ridder, A. (2017).

3.3 Inclusion criteria

The inclusion criteria for the selection of participants both male and female, all Health Care Professionals working in primary care centers Eastern Region.

3.4 Exclusion criteria

An administration worker in primary care centers.

3.5 The Sample Size:

The sample size determined using reliable statistical calculation formula which was 300 , The total population size of the Health Care Professionals from the PHCS is 1200 participants which include the Health Care Professionals in Eastern Region, the sampling size is 300 Health Care Professionals only without administration employee, the sample was calculated using this formula:

$$SS = \frac{Z^2 * (p) * (1-p)}{C^2}$$

Used the below parameters:

- Confidence Level: 95%.
- Confidence Interval: 5%.
- Population: 1200.

3.6 Study Setting:

This study conducts at Public Health Care Centers in Eastern Region, Kingdom of Saudi Arabia. The study settings selected according to cluster random sampling technique centers in Eastern Region to ensure choosing a sample representing the different primary health care sectors within the city (Eastern, Western, Southern, Northern, and Central). The selection consider randomization so that the study setting can be determined more accurately without bias, the sample taken from 8 PHCs selected out of 30 Public Health Care Centers in Eastern City.

These 8 PHCs have been chosen according to cluster sampling technique these centers are:

1. Administration PHCs, the participants in the research 30 health professionals.
2. Al-Shifa PHCs, the participants in the research 50 health professionals

3. AL - Jame'ein PHCs, the participants in the research 30 Health Care Professionals
4. Badr PHCs, the participants in the research 60 health professionals
5. Al-Ddahia PHCs, the participants in the research 40 health professionals
6. Auhd PHCs, the participants in the research 30 health professionals
7. AL-Manar PHCs, the participants in the research 40 health professionals
8. AL-Garnada PHCs, the participants in the research 20 health professionals

3.7 Tool of the study:

A Structured Self - Administered Questionnaire: A previously tested and validated research tool utilized for data collection. The researcher already received permissions from relevant authorities to use this tool. The questionnaire was originally designed in English language by the Canadian Mental Injury Tool Group based on the Copenhagen Psychosocial Questionnaire 2017 and then it was translated later to Arabic by Dr. Monna A. Almaquod et al 2013. And the tool is cognitively and culturally tested because they already used in another studies in King Khaled University in Saudi Arabia.

The tool comprises six parts:

Part One: Consists of the personal profiles of the research participants in terms of age, gender, marital status, number of family member.

Part Two: Consists of the social specification's profiles of the research participants in terms of education level, position type of recruitment, experience, monthly income, hours of work

Part Third: If the research participants suffering from disease.

Part Four: If the research participants practice habits.

Part Five: If the research participants attended training courses.

Part Six: Job related Psychosocial and Work place risk aspects in primary health care included in questions directed to currently employed health professionals. (Malango, Charity 2012). The questionnaire adopts a Likert Scale, scoring as following: (Never =1, Seldom = 2, Neutra'l = 3, Often= 4, Always=5). This part focus on three main areas as: (Psychosocial, social, Work place) In order to give a clear meaning for the mean scores calculated for scale, the range is calculated for the scale where the range = 5-1=4, by dividing the range by the number of categories (5) resulted 4/5 = 0.8 which the length of each category of four scales, then the length of the category is added to the lowest grade of the scale which is the number (1). So the first category is produced to be (1-1.8) by adding the length of the highest limit for the category to produce the second category and so on for the rest of the categories.

Table (1) Criteria for the scale used in the research

Agreement	Weight	Mean score
Always	5	4.21 - 5
Often	4	3.41 - 4.2
Neutral	3	2.61 - 3.4
Often	2	1.81 - 2.6
Always	1	1-1.8

3.8 Pilot study

A pilot study conducted in order to examine the feasibility and the clarity of the research instrument by using 10% of the total sample size Also they suggested that using pilot study will enhance visibility of study, the time estimated to fill the questioner, and identifying any unclear question to the participants before conducting the larger study (Polit and Beck 2008) The pilot test revealed that Health Care Professionals completed the questionnaire in less than 6 minutes and some took 8 minutes.

Table (2) Pilot Study Validity:

Item	Person
X11.1	0.252
X11.2	.654**
X11.3	.490*
X11.4	.449*
X11.5	.640**
X11.6	.727**
X11.7	.694**
X11.8	.620**
X11.9	.736**
X11.10	.659**
X11.11	.500*
X11.12	0.322
X11.13	.540**
X11.14	0.364
X11.15	.654**
X11.16	.769**
X11.17	.635**
X11.18	.430*
X11.19	.687**
X11.20	.513**
X11.21	.879**
X11.22	0.145
X11.23	0.147
X11.24	0.179
X11.25	0.184
X11.26	0.383
X11.27	.575**
X11.28	0.237
X11.29	0.324
X11.30	.401*
X11.31	0.029
X11.32	0.089
X11.33	.468*
X11.34	0.086
X11.35	0.109
X11.36	.448*
X11.37	0.226
X11.38	0.395
X12.1	.777**
X12.2	.752**
X12.3	.862**
X12.4	.822**
X12.5	.930**
X12.6	.853**
X13.1	.767**

X13.2	.762**
X13.3	.472*
X13.4	.544**
X13.5	.669**
X13.6	.593**
X13.7	.687**
X13.8	.486*
X13.9	.589**
X13.10	0.368
X13.11	.446*
X13.12	.560**
X13.13	.547**
X13.14	.676**
X13.15	.667**

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table (3) Pilot Study Reliability:

Reliability Statistics

Cronbach's Alpha	N of Items
.898	38
.909	6
.857	15

Face Validity for pilot study:

The pilot test was conducted at AL-Manar PHCs for 30 employees they participate in the pilot, it done in 18, Feb 2018. revealed that some of the points for the psychological aspect were no correlation so, student researcher changed them verbally until it became easy and correlations in the questioner, and Pearson correlation test was used in the pilot test to determine the validity.

Questionnaire Features Used in Research:

- Culture Apply.
- Pilot studies done using 10% of the total sample size.
- Our language.
- The approval Permission for using the tool was obtained from the author in English and Arabic virgin.
- There were no linguistic errors, but there were some modifications as a related to culture.

3.9 Statistical analysis techniques for the tools:

All questions in the questionnaire were coded and entered into the computer through statistical package for social sciences (SPSS) version 23. Variables were described using frequency distribution for categorical variables and means with standard deviations for continuous variables and according to the objectives of the study.

The following statistical methods used:

1. Frequencies and percentage for the description of study sample demographic characteristics.
2. Mean and standard deviation to specify the study sample response towards the items of the four scales, and mean and SD used to rank the items based on the point of view of the sample.
3. Pearson's correlation coefficient: to reveal the validity of the internal consistency of the study instrument and to assess correlation between demographic characteristics and bio-psycho-social and cultural aspects.
4. Cronbach's alpha, to measure the reliability of the study instrument.

3.10 RELIABILITY AND VALIDITY

Validity: The validity of internal consistency of the questioners was tested using Pearson correlation coefficient between the score of each item in the questionnaire and the total score of all items in each scale and tables below show the result of correlation of all items with all the scales and from looking at table (2) it shows that all the coefficients of the items correlation with the

Psychiatric aspects scale are significant at the level of (0.01) and (0.05) except two items which mean that there is internal consistency and the overall factorial structure of the scale is holding. Moreover, in Table (3) which shows the correlation between Social aspects scale and its items, all the statements are significantly correlated with the total score of the scale. Table (4) also provide clear picture that all items are significantly correlated with the Work place aspects scale and all the items are significantly correlated with the scale.

Table (4): Correlation of each item with the Psychiatric aspect

Validity of The Psychiatric aspect	Correlation value
Does your work put you in emotionally disturbing situations?	.407**
Do you have to relate to other people’s personal problems as part of your work?	.291**
Is your work emotionally demanding?	.420**
Do you get emotionally involved in your work?	.389**
Are you required to treat everyone equally, even if you do not feel like it?	.420**
Does your work require that you hide your feelings?	.302**
Do you required to be kind and open towards everyone – regardless of how they behave?	.267**
Does your work require you to take the initiative?	.450**
Do you have the possibility of learning new things through your work?	.384**
Can you use your skills or expertise in your work?	.425**
Does your work give you the opportunity to develop your skills?	.511**
Is your work meaningful?	.367**
Do you feel that the work you do is important?	.361**
Do you feel motivated and involved in your work?	.536**
Do you enjoy telling others about your place of work?	.469**
Do you feel that your place of work is of great personal importance to you?	.444**
Would you recommend a good friend to apply for a position at your workplace?	.414**
At your place of work, are you informed well in important decisions, changes, or plans for the future?	.491**
Do you receive all the information you need in order to do your work well?	.529**
Is your work recognized and appreciated by the management?	.414**
Are you treated fairly at your workplace?	.401**
Becoming unemployed?	.146*
New technology making you redundant?	-0.048
It being difficult for you to find another job if you became unemployed?	0.054
Being transferred to another job against your will?	.157**
Have you been a very nervous person?	.335**
Have you felt so down in the dumps that nothing could cheer you up?	.298**
Have you felt calm and peaceful?	.255**
Have you felt downhearted and blue?	.324**
Have you been a happy person?	.337**
I have not wanted to speak with anyone/have been withdrawn.	.407**
I have not been able to stand dealing with other people.	.410**
I have not had the time to relax or enjoy myself	.360**
I have found it difficult to be happy	.389**
I have eaten for comfort	.360**
I have been a bit touchy	.466**
I have lacked initiative	.320**
I have felt harassed	.214**
** Correlation is significant at the 0.01. * Correlation is significant at the 0.05.	

Table (5) Correlation of each item with the Social

Validity of the Social Aspect	Correlation value
How often do you seek help and support from your colleagues	.734**
How often are your colleagues willing to listen to your work related problems?	.699**
How often do your colleagues talk with you about how well you carry out your work?	.661**
Is your nearest superior willing to listen to your problems at work?	.772**
How often do you seek help and support from your immediate superior?	.803**
How often does your superior talk with you about how well you carry out your work?	.785**
** Correlation is significant at the 0.01. * Correlation is significant at the 0.05.	

Table (6) Correlation of each items with the Work place

Validity of the Work place aspects	Correlation value
Do you have to work very fast?	.453**
Do you work at a high pace throughout the day?	.510**
Is it necessary to keep working at a high pace?	.482**
Do you have to keep your eyes on lots of things while you work?	.414**
Does your work require that you remember a lot of things?	.507**
Does your work demand that you are good at coming up with new ideas?	.599**
Does your work require you to make difficult decision?	.672**
Do you have a large degree of influence concerning your work?	.617**
Do you have a say in choosing who you work with?	.631**
Can you influence the amount of work assigned to you?	.389**
Do you have any influence on what you do at work?	.453**
Is your work varied?	.475**
Do you have to do the same thing over and over again?	.340**
Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	.482**
Do your friends or family tell you that you work too much?	.515**
** Correlation is significant at the 0.01.	

Reliability

The reliability of both scales items was tested and the overall reliability of all items were tested using Cronbach’s Alpha coefficient. Table (7) show that the Vital / Physical aspects is (0.886) which is high and excellent and also the reliability of The psychological aspects scale is excellent (0.823) which is also high and the social aspects scale alpha value is (0.839) which is considered excellent. Moreover, the Work place aspects is also Excellent (0.802) Therefore, can conclude that items is reliable and could be used in the analysis and in this study.

Table (7) Reliability of the Aspects

Scale	Cronbach’s Alpha value
Psychiatric aspect	0.823
The social aspects	0.839
Work place aspects	0.802
Total	0.886

Expert panels:

Five of the research experts at the King Saud University received the tool to ensure validity of the tool for culture and cognitive modification and they had some comments and adjustment to the questionnaire, all of which were amended with the approval from the research supervisor.

3.11 Ethical Consideration:

1. Ethical approval obtained from Research Committee at King Saud University in 9 /7/1439H, 26/3/2018G. (See Appendix C).
2. Ethical approvals to collect the data obtained from Plan research Department

in Eastern province in 11 /7/1439H, 28/3/2018G (see Appendix C).

3. Ethical approvals to collect the data obtained from General Director of health affairs in eastern province in 11 /7/1439H, 28/3/2018G (see Appendix C).
4. Each participants got an information sheet before they participate in the study, any participants have the right to ask questions or withdraw from the study at any time. (See Appendix A).
5. Each participants assigned a digital code to keep anonymity.
6. Each participant signed a consent in Arabic form to participate in the study. (See Appendix B).

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7. Questionnaires from the participants kept secure, only the researcher and the supervisor have the right to access the data in order to keep confidentiality.

8. Permission for using was obtained from the author. In 23 /1/1439 H, 13/10/2017G (see Appendix E).

3.12 Actual work study:

The researcher follows the consequent steps in processing the actual

Work study:

1. Official permission from the administration obtained; the study was approved by the deanship for graduate studies at King Saud University.

2. Obtain validity and reliability for the developed tool through Expert panels and statistical analysis.

3. A pilot study done in order to test the research condition visibility applicability.

4. Ethical aspects of research followed.

5. Data collect done by the student researcher; questionnaire distributed hand by hand after obtain the employee permission and written consent was obtained after acknowledging the subjects about to aim and all issues related to the research study before participating in this research.

6. Questioner sheet takes time duration to be completed around fifty to twenty minutes for each participant sharing in the study to be filled and study time conduction from 01April 2018 to 25 June 2018.

7. Statistical analysis was done using SPSS VERSION 23.

Chapter IV

RESULTS

4.1 Analysis and results: This section covers the results of the analysis that carried in order to investigate the questions of the study and answers the questions given in the research using the statistical methods mentioned before.

4.2: Questions of the study: In this section of the result, the researcher answers the study questions and research using the statistical techniques mentioned before. The research has Five questions as follows:

1. What is the socio-demographic profile of health care professional included in this study?

2. What are the psychological aspects reported by health care professional?

3. What are the social aspects reported by health care professionals?

4. What is psychosocial aspect related to Work place stated by the study participants?

5. Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

Q 1. What is the socio-demographic profile of health care professional included in this study?

Part 1: Socio-demographic characteristics for health professionals:

Explore the data to know that nature of the socio-demographic background for the Health Care Professionals to give us a better understanding of the subjects and help us answers the questions.

Part 1: Personal data

Gender:

Table (8) show that (54.3%) of the subjects are female and (45.7%) are male.

Table (8) gender

Gender	Frequency	Percent
Male	137	45.7
Female	163	54.3
Total	300	100

Age:

From looking at table (7) see that (47%) of the subjects were in the age group (31-40) then (27%) comes next for which their age group is (less than 30). Moreover, find that only (1.5%) of subjects were in the age group (more than 50) which is considered the lowest age group.

Table (9) Age groups of participants

Age	Frequency	Percent
less than 30	81	27
31-40	141	47
41-50	39	13
More than 50	5	1.7
Missing	34	11.3
Total	300	100

Figure (5) Age distribution of participants

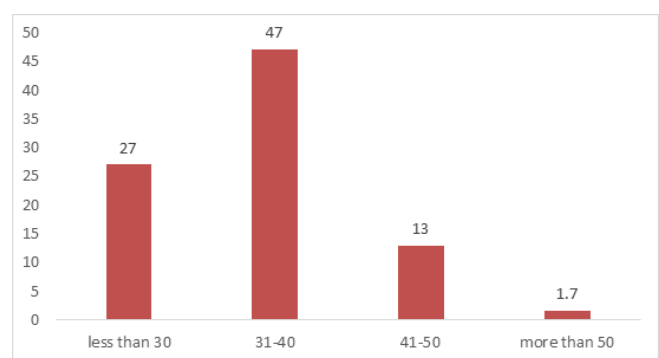
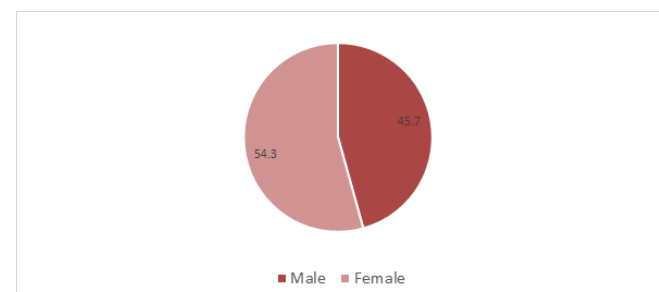


Figure (4) Gender of participants



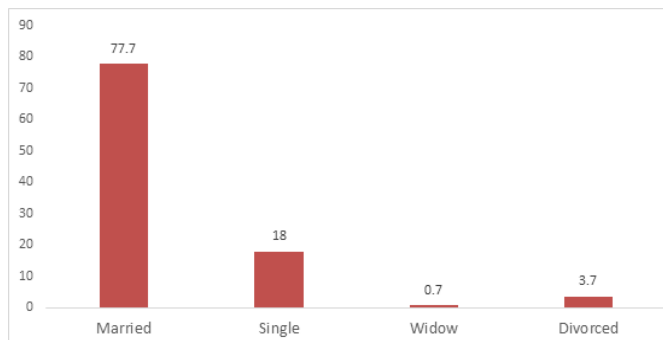
Marital status of the participants

Table (10) show that (77.7%) of the Health Care Professionals social status is Married, and (18%) were single, only (3.7%) are divorced.

Table (10) Marital status

Marital status	Frequency	Percent
Married	233	77.7
Single	54	18
Widow	2	0.7
Divorced	11	3.7
Total	300	100

Figure (6) marital status of participant



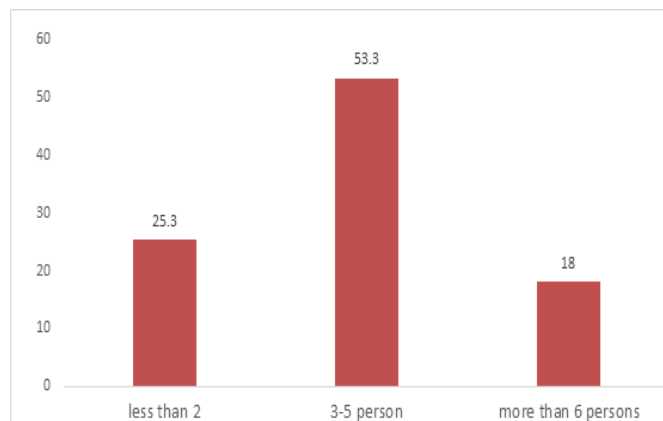
Number of family members:

With respect to the Number of family members currently, table (11) show that (53.3%) have 3-5 persons, and (25.3%) have less than 2, in addition, (18%) have more than 6 persons in their families

Table (11) Number of family members

Number of family members	Frequency	Percent
less than 2	76	25.3
3-5 person	160	53.3
More than 6 persons	54	18
Missing	10	3.3
Total	300	100

Figure (7) Number of family members



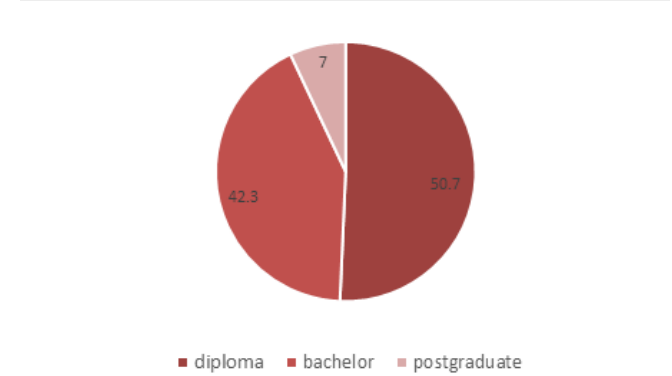
Part2: Social specification

Education level: With respect to the education level, table (12) show that (50.7%) have diploma degree and (42. %) of health professional have bachelor degree, then who have a postgraduate degree with (7%).

Table (12) Education level

Education level	Frequency	Percent
Diploma	152	50.7
Bachelor	127	42.3
Postgraduate	21	7
Total	300	100

Figure (8) Qualification

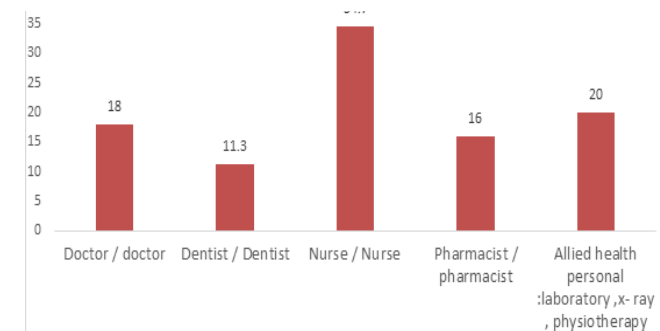


Occupation: Table (13) show the occupation of the health professional and find that (34.7%) of the subjects are nurses and (18%) are doctors, also, (20%) are allied health personal, moreover, (16%) are Pharmacist.

Table (13) Occupation

Occupation	Frequency	Percent
Doctor / doctor	54	18
Dentist / Dentist	34	11.3
%		
Nurse / Nurse	104	34.7
Pharmacist / pharmacist	48	16
Allied health personal	60	20
Total	300	100

Figure (9) Occupation



Type of Recruitment: Table (14) shows the type of recruitment and see that (87.3%) their type of recruitment is fixed function-civil and (9%) are Autonomous Recruiting and only (3.7%) are Temporary function.

Table (14) Type of Recruitment

Type of Recruitment	Frequency	Percent
Temporary function	11	3.7
Fixed function - civil service	262	87.3
A u t o n o m o u s Recruiting	27	9
Total	300	100

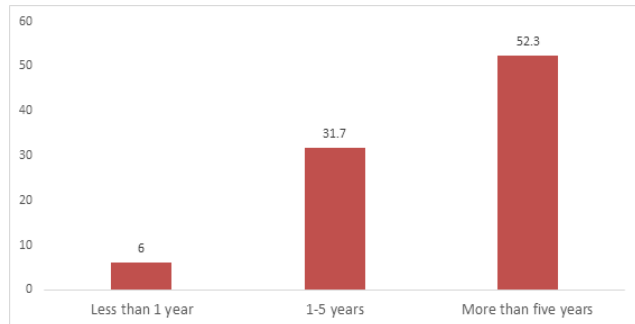
Figure (10) Type of Recruitment

Length of Experience: Table (15) show the Length of Experience for the health professional and find that (52.3%) of the them spent More than five years and (31.7%) 1-5 years and only (6%) spent less than 1 year.

Table (15) Length of Experience

Length of Experience	Frequency	Percent
Less than 1 year	18	6
1-5 years	95	31.7
More than five years	187	52.3
Total	300	100

Figure (11) Length of Experience

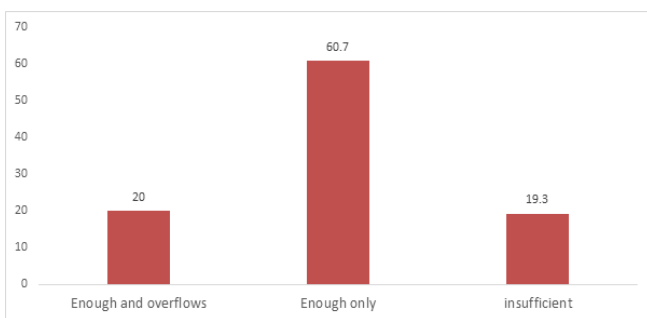


Monthly Income: Table (16) show the Monthly Income is for the health professional and find that (60.7%) of them said it's enough only and (20%) said enough and overflow, last (19.3%) Saudi it's insufficient.

Table (16) Monthly Income

Monthly Income	Frequency	Percent
Enough and overflows	60	20
Enough only	182	60.7
Insufficient	58	19.3
Total	300	100

Figure (12) Monthly Income

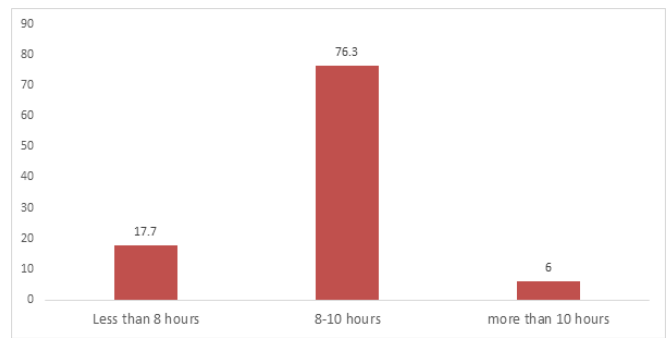


Length of daily work hours: Table (17) show length of daily work hours and see that (76.3%) spent 8-10 hours a day and (17.7%) spent less than 8 hours.

Table (17) Length of daily work hours

Length of daily work hours	Frequency	Percent
Less than 8 hours	53	17.7
8-10 hours	229	76.3
more than 10 hours	18	6
Total	300	100

Figure (13) Length of daily work hours



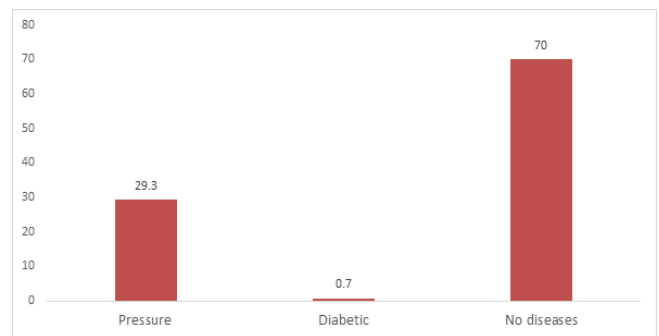
Part3: Suffer from the following diseases?

Table (18) show if any of the Health Care Professionals are suffering from diseases, see that (29.3%) have pressure and (0.7%) have diabetics and (70%) have no diseases.

Table (18) Suffer from diseases

Do you suffer from the following diseases?	Frequency	Percent
Pressure	88	29.3
Diabetic	2	0.7
No diseases	210	70
Total	300	100

Figure (14) Suffer from the following disease



Part4: Do you practice the following habits?

Table (19) show the health professional habits and see that (64%) practice sports and (66.2%) eats healthy food, also (54.9%) sleeps sufficient hours, and (60.2%) don't smoke. In addition (52.7) don't drink soft water and (51.7%) Drink plenty of stimuli.

Table (19) Practice habits

Do you practice the following habits?	Yes		No	
	Count	%	Count	%
Sports	192	64.00%	108	36.00%
Health food	198	66.20%	101	33.80%
Sleeping hours are sufficient	163	54.90%	134	45.10%
Smoking	119	39.80%	180	60.20%
Drink soft water	141	47.30%	157	52.70%
Drink plenty of stimuli	154	51.70%	144	48.30%

Part 5: Have you attended training courses related to your field of work?

Table (20) show if the Health Care Professionals have attended training course or not and show that (70%) have attended training courses.

Table (20) Attended training courses related the field of work

Have you attended training courses related to your field of work	Frequency	Percent
yes	208	70
no	76	25.3
Missing	14	4.7
Total	300	100

The session you have attended:

Table (20) show if the Health Care Professionals health professional attended training sessions and see that (23%) attended session about women’s health, and (31%) about elderly health and (35%) about child health, also (32%) about oral health, in addition (34%) about eating habits.

Table (20) Number of attended session

The session you have attended	Yes		No	
	Count	%	Count	%
Women’s Health	68	23%	232	77%
Elderly health	94	31%	206	69%
Child Health	106	35%	194	65%
Oral Health	96	32%	204	68%
Eating habits	103	34%	197	66%
Pulmonary Resuscitation	155	52%	145	48%

Part 6: The Psychosocial aspects encountered by Health Care Professionals in Work place this part divided to three aspects (Psychiatric, Social, Work place).

Q 2. What are the psychological aspects reported by health care professional?

In order to be able to answer the question need to analyses the health professional psychological aspects scale in the questioners, which include (38) items or statements and frequencies and percentages used to explorer the answer, mean, and standard deviation to measure the impact of each item. Table (21) show the analysis of the psychological aspects of health professionals, the overall mean is (3.38) which indicate that psychosocial aspects of them are often happening as the overall mean fall in the category often. In addition, from looking at table (21) and going into details and sub-scales of the psychosocial aspects and statements are ranked within each sub-scale to show which statement have more agreement than the other.

In Sub-Scale Emotional demands the overall mean is (3.38) which fall into the often category and Statement “Does you have to relate to other people’s personal problems as part of your work” had the highest mean (3.78) which indicate that this item is the most common to happen for health professionals, then comes in second the statement “Does your work put you in emotionally disturbing situations” with mean (3.43). Then comes in third statements “Do you get emotionally involved in your work” with mean (3.25).

Table (21) Psychological aspects of Emotional demands

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
1. Does your work put you in emotionally disturbing situations?	28	9.30%	54	18.00%	50	16.70%	98	32.70%	70	23.30%	3.43	1.28
2. Does you have to relate to other people’s personal problems as part of your work?	12	4.00%	28	9.30%	57	19.00%	120	40.00%	83	27.70%	3.78	1.07
3. Is your work emotionally demanding?	54	18.10%	46	15.40%	64	21.50%	92	30.90%	42	14.10%	3.07	1.32
4. Do you get emotionally involved in your work?	41	13.80%	45	15.20%	68	22.90%	84	28.30%	59	19.90%	3.25	1.31
Overall mean and SD											3.38	1.25

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In addition, Sub-Scale Demands for hiding emotions the overall mean is (4.11) which fall into the often category and Statement “Does you required to be kind and open towards everyone – regardless of how they behave” had the highest mean (4.38) which indicate that this item is the most common for Health Care Professionals in this sub-scale, then comes in second the statement “Are you required to treat everyone equally, even if you do not feel like it” with mean (4.03). Then comes in third statements, “Does your work require that you hide your feelings “with mean (3.93).

Table (22) Psychological aspects of Demands for hiding emotions

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
5. Are you required to treat everyone equally, even if you do not feel like it?	4	1.30%	26	8.70%	49	16.30%	99	33.00%	122	40.70%	4.03	1.02
6. Does your work require that you hide your feelings?	10	3.30%	20	6.70%	55	18.40%	109	36.50%	105	35.10%	3.93	1.05
7. Does you required to be kind and open towards everyone – regardless of how they behave?	2	0.70%	11	3.70%	28	9.50%	87	29.40%	168	56.80%	4.38	0.85
Overall mean and SD											4.11	0.97

Moreover, Sub-Scale Possibilities for development the overall mean is (4.09) which fall into the often category and Statement “Can you use your skills or expertise in your work” had the highest mean (4.27) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you have the possibility of learning new things through your work” with mean (4.24). Then comes in third statements “Do you feel that the work you do is important” with mean (4.24).

Table (23) Psychological aspects of Possibilities for development

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
8. Do you have the possibility of learning new things through your work?	0	0.00%	21	7.00%	41	13.70%	82	27.30%	156	52.00%	4.24	0.94
9. Can you use your skills or expertise in your work?	3	1.00%	16	5.40%	32	10.80%	92	31.00%	154	51.90%	4.27	0.93
10. Does your work give you the opportunity to develop your skills?	31	10.40%	37	12.40%	46	15.40%	86	28.80%	99	33.10%	3.62	1.33
11. Do you feel that the work you do is important?	5	1.70%	12	4.00%	31	10.40%	72	24.10%	179	59.90%	4.24	0.98
Overall mean and SD											4.09	1.04

In addition, Sub-Scale Meaning of work the overall mean is (3.95) which fall into the often category and Statement “Is your work meaningful” had the highest mean (4.36) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you feel motivated and involved in your work” with mean (3.75).

Table (24) Psychological aspects of Meaning of work

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
12. Is your work meaningful?	8	2.70%	9	3.00%	39	13.10%	88	29.60%	153	51.50%	4.36	0.94
13. Do you feel that the work you do is important?	23	7.70%	35	11.70%	46	15.40%	89	29.90%	105	35.20%	3.73	1.27
14. Do you feel motivated and involved in your work?	23	7.70%	35	11.70%	46	15.40%	89	29.90%	105	35.20%	3.75	1.27
Overall mean and SD											3.95	1.15

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Moreover, Sub-Scale Commitment to the workplace the overall mean is (3.63) which fall into the often category and Statement “Do you enjoy telling others about your place of work” had the highest mean (3.89) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Would you recommend a good friend to apply for a position at your workplace” with mean (3.56).

Table (25) Psychological aspects of Commitment to the workplace

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
15. Do you enjoy telling others about your place of work	17	5.70%	18	6.10%	56	18.90%	96	32.30%	110	37.00%	3.89	1.14
16. Do you feel that your place of work is of great personal importance to you	39	13.10%	38	12.80%	58	19.50%	79	26.50%	84	28.20%	3.44	1.36
17. Would you recommend a good friend to apply for a position at your workplace?	16	5.40%	48	16.10%	64	21.50%	93	31.20%	77	25.80%	3.56	1.19
Overall mean and SD											3.63	1.23

Moreover, Sub-Scale Ability to plan the overall mean is (3.85) which fall into the often category and Statement “Do you receive all the information you need in order to do your work well” had the highest mean (3.94) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “At your place of work, are you informed well in important decisions, changes, or plans for the future” with mean (3.76).

Table (26) Psychological aspects of Ability to plan

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
18. At your place of work, are you informed well in important decisions, changes, or plans for the future	9	3.00%	43	14.40%	53	17.70%	99	33.10%	95	31.80%	3.76	1.14
19. Do you receive all the information you need in order to do your work well?	16	5.40%	21	7.00%	44	14.70%	104	34.80%	113	37.80%	3.94	1.14
Overall mean and SD											3.85	1.14

Also, Sub-Scale Recognition the overall mean is (3.65) which fall into the often category and Statement “Is your work recognized and appreciated by the management” had the highest mean (4.00) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Are you treated fairly at your workplace” with mean (3.29)

Table (27) Psychological aspects of Recognition

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
20. Is your work recognized and appreciated by the management?	21	7.00%	21	7.00%	33	11.00%	87	29.00%	138	46.00%	4.00	1.22
21. Are you treated fairly at your workplace?	28	9.40%	64	21.40%	55	18.40%	97	32.40%	55	18.40%	3.29	1.25
Overall mean and SD											3.65	1.24

Also, Sub-Scale job insecurity the overall mean is (1.64) which fall into the often category and Statement “It being difficult for you to find another job if you became unemployed” had the highest mean (1.714) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Becoming, unemployed” with mean (1.652).

Table (28) Psychological aspects of Job insecurity

Statements	Yes		No		Mean	SD
	Freq	%	Freq	%		
	yes		no			
22. Becoming unemployed?	104	34.80%	195	65.20%	1.652	0.477
23. New technology making you redundant?	114	38.10%	185	61.90%	1.619	0.487
24. It being difficult for you to find another job if you became unemployed?	85	28.60%	212	71.40%	1.714	0.453
25. Being transferred to another job against your will?	134	45.10%	161	54.20%	1.562	0.542
Overall mean and SD					1.64	0.49

Also, The Sub-Scale Mental health of the psychosocial aspects of how much of Upsets ,past 4 weeks the overall mean is (2.99) which fall into the natural category and Statement “Have you felt so down in the dumps that nothing could cheer you up” had the highest mean (3.75) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Have you felt downhearted and blue” with mean (3.52).

Table (29) Psychological aspects of How much of upsets during the past 4 weeks

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
26. Have you been a very nervous person?	104	34.80%	66	22.10%	56	18.70%	52	17.40%	21	7.00%	2.40	1.31
27. Have you felt so down in the dumps that nothing could cheer you up?	19	6.30%	33	11.00%	71	23.70%	111	37.00%	66	22.00%	3.57	1.14
28. Have you felt calm and peaceful?	71	23.70%	85	28.30%	57	19.00%	62	20.70%	25	8.30%	2.62	1.28
29. Have you felt downhearted and blue?	19	6.30%	41	13.70%	65	21.70%	116	38.70%	59	19.70%	3.52	1.14
30. Have you been a happy person?	63	21.00%	72	24.00%	51	17.00%	81	27.00%	33	11.00%	2.83	1.33
Overall mean and SD											2.99	1.24

Also, The Sub-Scale Mental health of the psychosocial aspects of how well the descriptions fit your situation during the past 4 weeks scale items the overall mean is (2.84) which fall into the natural category and Statement “I have been a bit touchy” had the highest mean (3.15) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “I have eaten for comfort” with mean (3.10).

Table (30) Psychological aspects of how well the descriptions fit your situation during the past 4 weeks

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
31.I have not wanted to speak with anyone/have been withdrawn	63	21.00%	72	24.00%	51	17.00%	81	27.00%	33	11.00%	2.83	1.32
32. I have not been able to stand dealing with other people.	101	33.80%	74	24.70%	54	18.10%	49	16.40%	21	7.00%	2.38	1.29
33. I have not had the time to relax or enjoy myself	45	15.10%	58	19.50%	74	24.80%	81	27.20%	40	13.40%	3.04	1.27
34.I have found it difficult to be happy	54	18.10%	69	23.10%	80	26.80%	57	19.10%	39	13.00%	2.86	1.29
35.I have eaten for comfort	42	14.00%	49	16.40%	80	26.80%	94	31.40%	34	11.40%	3.10	1.22
36.I have been a bit touchy	34	11.30%	61	20.30%	72	24.00%	93	31.00%	40	13.30%	3.15	1.22
37.I have lacked initiative	70	23.30%	68	22.70%	72	24.00%	63	21.00%	27	9.00%	2.70	1.28
38.I have felt harassed	64	21.30%	72	24.00%	73	24.30%	62	20.70%	29	9.70%	2.73	1.27
Overall mean and SD											2.84	1.27

Q 3. What are the social aspects reported by health care professionals?

In order to be able to answer the question need to analyses the health professional social aspects scale in the questioners, which include (6) items or statements and frequencies and percentages used to explorer the answer, mean, and standard deviation to measure the impact of each item.

Table (31) show the analysis of the social support from colleagues of health professional scale items, the overall mean is (3.95) which indicate that the social support from colleagues of health professional is often to happen as the overall mean fall in the category often. The highest statement is “How often are your colleagues willing to listen to your work-related problems” with mean (4.03), then second item “How often do your colleagues talk with you about how well you carry out your work” with mean (3.19).

Table (31) Social support from colleagues of health professional

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
39.How often do you seek help and support from your colleagues	11	3.70%	24	8.00%	33	11.00%	108	36.00%	124	41.30%	4.03	1.08
40. How often are your colleagues willing to listen to your work-related problems?	12	4.00%	29	9.70%	43	14.30%	119	39.70%	97	32.30%	3.87	1.1
41. How often do your colleagues talk with you about how well you carry out your work?	15	5.00%	24	8.00%	43	14.30%	108	36.00%	110	36.70%	3.91	1.13
Overall mean and SD											3.95	1.10

Table (32) show the analysis of the social support from supervisor of health professional scale items, the overall mean is (4.16) which indicate that the social support from supervisor of health professional are often to happen as the overall mean fall in the category often. The highest statement is “Is your nearest superior willing to listen to your problems at work” with mean (4.11) , then second item “How often do you seek help and support from your immediate superior” with mean (4.1).

Table (32) Social support from supervisors of health professional

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
42. Is your nearest superior willing to listen to your problems at work?	15	5.00%	20	6.70%	31	10.30%	85	28.30%	149	49.70%	4.11	1.14
43. How often do you seek help and support from your immediate superior?	17	5.70%	19	6.40%	33	11.00%	90	30.10%	140	46.80%	4.16	1.16
44. How often does your superior talk with you about how well you carry out your work?	18	6.00%	18	6.00%	37	12.40%	82	27.40%	144	48.20%	4.06	1.18
Over all mean and SD											4.16	1.16

Q4- What are psychosocial aspect related to Work place stated by the study participants?

In order to be able to answer the question need to analyses the health professional Work place aspects scale in the questioners, which include (15) items or statements and frequencies and percentages used to explorer the answer, mean, and standard deviation to measure the impact of each item.

Table (33) show the analysis of the Work place aspects of health professionals, the overall mean is (3.44) which indicate that Work place aspects of them are often happening as the overall mean fall in the category often. In addition, from looking at table (33) and going into details and sub-scales of the Work place aspects and statements are ranked within each sub-scale to show which statement have more agreement than the other.

In Sub-Scale Work pace the overall mean is (3.44) which fall into the often category and Statement “Do you have to work very fast” had the highest mean (4.06) which indicate that this item is the most common to happen for health professionals, then comes in second the statement “Do you work at a high pace throughout the day” with mean (3.49).

Table (33) Work place aspects of Work pace

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
45. Do you have to work very fast?	14	4.70%	21	7.00%	29	9.70%	105	35.00%	131	43.70%	4.06	1.11
46. Do you work at a high pace throughout the day?	45	15.10%	30	10.00%	42	14.00%	96	32.10%	86	28.80%	3.49	1.39
47. Is it necessary to keep working at a high pace?	103	34.40%	31	10.40%	43	14.40%	70	23.40%	52	17.40%	2.79	1.54
Overall mean and SD											3.45	1.35

In addition, Sub-Scale Cognitive demands the overall mean is (4.02) which fall into the often category and Statement “Does your work require that you remember a lot of things” had the highest mean (4.28) which indicate that this item is the most common for Health Care Professionals in this sub-scale, then comes in second the statement “Does your work demand that you are good at coming up with new ideas” with mean (4.03)

Table (34) Work place aspects of Cognitive demands

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
48. Do you have to keep your eyes on lots of things while you work?	10	3.30%	11	3.70%	47	15.70%	132	44.10%	99	33.10%	4	0.97
49. Does your work require that you remember a lot of things?	5	1.70%	9	3.00%	28	9.40%	113	37.90%	143	48.00%	4.28	0.88
50. Does your work demand that you are good at coming up with new ideas?	8	2.70%	20	6.80%	42	14.20%	109	36.90%	116	39.30%	4.03	1.03
51. Does your work require you to make difficult decision?	19	6.40%	32	10.80%	48	16.20%	95	32.10%	102	34.50%	3.77	1.21
Overall mean and SD											4.02	1.02

Moreover, Sub-Scale Participation in work decisions the overall mean is (3.74) which fall into the often category and Statement “Can you influence the amount of work assigned to you” had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you have any influence on what you do at work” with mean (4.02). Then comes in third statements “Do you have a say in choosing who you work with” with mean (3.4).

Table (35) Work place aspects of Participation in work decisions

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
52. Do you have a large degree of influence concerning your work?	38	12.80%	35	11.80%	74	24.90%	74	24.90%	76	25.60%	3.39	1.33
53. Do you have a say in choosing who you work with?	42	14.10%	38	12.80%	60	20.10%	74	24.80%	84	28.20%	3.4	1.38
54. Can you influence the amount of work assigned to you?	7	2.30%	17	5.70%	38	12.80%	94	31.50%	142	47.70%	4.16	1.01
55. Do you have any influence on what you do at work?	12	4.00%	16	5.40%	50	16.80%	97	32.60%	123	41.30%	4.02	1.08
Overall mean and SD											3.74	1.2

Also, Sub-Scale Variation the overall mean is (4.04) which fall into the often category and Statement “Do you have to do the same thing over and over again” had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Is your work varied” with mean (3.92).

Table (36) Work place aspects of Variation

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
56. Is your work varied?	16	5.40%	19	6.40%	50	16.90%	98	33.20%	112	38.00%	3.92	1.14
57. Do you have to do the same thing over and over again?	3	1.00%	13	4.40%	44	14.80%	111	37.20%	127	42.60%	4.16	0.9
Overall mean and SD											4.04	1.02

The Sub-Scale Work-family conflict the overall mean is (3.86) which fall into the often category and Statement “Do your friends or family tell you that you work too much” had the highest mean (3.91) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you feel that your work drains so much of your energy that it has a negative effect on your private life” with mean (3.82).

Table (37) Work place aspects of Work-family conflict

Statements	Never		Seldom		Neutral		Often		Always		Mean	SD
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%		
58. Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	19	6.40%	26	8.70%	59	19.80%	81	27.20%	113	37.90%	3.82	1.21
59. Do your friends or family tell you that you work too much?	21	7.00%	28	9.40%	36	12.10%	84	28.20%	129	43.30%	3.91	1.25
Overall mean and SD											3.86	1.23

Q5. Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

In order to be able to answer this question need to analyses the correlation between the overall psychosocial and social and Work place aspects scale score, with all the health professional demographic characteristics variables for the subjects. Pearson Correlation test used to check whether there is a significant correlation or not.

First part show table (38) which include the correlation result between demographical variables and psychological aspects, thus conclude that there is no significant correlation between any of the demographical variables and psychosocial aspects scale except marital status as find that there is a significant positive correlation with psychological aspects scale (0.132*). Also, there is a significant negative correlation between the educational level with the psychological aspects (-0.178**). In addition, there are negative correlation between length of experience and monthly income with psychological aspects (-0.128*) (-.194**).

Table (38) Correlation between health professional demographic characteristics variables and total score of psychological aspects.

Correlation's test (person)	Psychiatric aspect Correlation value
Age	-0.098
Sex	0.037
Marital status	.132*
Number of family members	-0.057
Educational level	-.178**
Occupation	0.032
Type of Recruitment	-0.017
Length of Experience	-.128*
Monthly Income	-.194**
Length of daily work hours	-0.053

*Correlation is significant at level 0.0. either for negative, positive or no correlation

Second part show table (39) which include the correlation result between demographical variables and social aspects, thus conclude that there is no significant correlation between any of the demographical variables and social aspects scale. However, fine there are negative significant correlation between age, sex and social aspects (-0.149*) (-0.134*). Also, there are negative correlation between length of experience and monthly income with social aspects (-.123*) (-.188**).

Table (39) Correlation between health professional demographic characteristics variables and total score of social aspects.

Correlation's test (person)	Social aspect Correlation value
Age	-.149*
Sex	-.134*
Marital status	0.015
Number of family members	-0.097
Educational level	-0.014
Occupation	0.066
Type of Recruitment	0.018
Length of Experience	-.123*
Monthly Income	-.188**
Length of daily work hours	0.006

*Correlation is significant at level 0.01. either for negative, positive or no correlation

Third part show table (40) which include the correlation result between demographical variables and Work place aspects, thus conclude that there is no significant correlation between any of the demographical variables and Work place aspects scale. However, fine there are negative significant correlation between length of experience and monthly income with social aspects (-.116*) (-.162**).

Table (40) Correlation between health professional demographic characteristics variables and total score of Work place aspects.

Correlation's test (person)	Work place aspect Correlation value
Age	-0.055
Sex	-0.043
Marital status	0.006
Number of family members	-0.099
Educational level	-0.016
Occupation	-0.014
Type of Recruitment	0.004
Length of Experience	-.116*
Monthly Income	-.162**
Length of daily work hours	-0.045

*Correlation is significant at level 0.01. either for negative, positive or no correlation

Chapter V

Discussion: This section discusses results of this present research study in comparison with other research study findings that is done for the same topic in different area. This part consists of demographic data discussion, psychological social Work place aspect, Health Care Professionals are those persons who acquire genuine qualifications and experiences for safe practice in the healthcare sector (Lewandowski, Co-investigator, and Lewandowski 2015).

As stated by World Health Organization in 2013, a health professional is considered as an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities. Health Care Professionals at primary health care level are often subjected to the influence of stress due to working conditions or environment which might create much pressure, and stress, and can affect the health of staff, the productivity to give care for client.

In this present study and after the results explore of the most important Aspect that can lead to reduce the productivity of workers in the centers and affect their giving and may also lead to early retirement or leave work, at the end of the discussion, student researcher aim to identify the aspects that affect or have negative impact for the performance of employees psychologically and in social, and working environment to be appropriate for worker for further optimal best care to client.

5.1 What is the socio-demographic profile of health care professional included in this study?

Female Constitutes high ranks than males 54.3%, who hold a diploma degree in health professional specialization 50, 7% 1 and are married 77.7 %. These findings are in congruence with other studies done in the Florida 2010, 69.5% percent of them were women, hold a diploma 38.9% then bachelor degree 17.6 % and they are married 57.6% (MYUNG JIN 2010). Another study with similar finding the majority of participants were married (n = 363, 85.0%) (Mohammad Aminian.2017).

That (47%) of the subjects were in the age group (31-40) then (27%) comes next for which their age group is (less than 30). This finding is similar to study done in Iraq the participants age between 20 to 39 years old. (Aram Hanna Massoudi 2017,Ahmad Bazazan2015), Most of the study participants have 3-5 person in family members (53.3%) its Regarding family number from country's nationals have a family number between 4 and 5 while 290 (52.3%), the Monthly Income for the participants is (182=n) 60.7% above one third of the them said it's enough only, there is two study show the same number first one the income Enough to meet needs(n=132) 33.2% (Mathew 2014), second one more than half of country's nationals (57.1%) have enough income to meet the need only (El- Masoud 2013) the occupation of the health professional and find that (34.7%) of the subjects are nurses and (18%) are doctors. There is international study for employment in occupations related to health care is projected to increase in coming years. The health care occupations are largest projected show the most 'medical specialist requested increases to employment

they are registered nurses than home care aides; nursing aides, medical assistants; dental assistant (Bureau 2016), the Length of Experience for the health professional in current study is (52.3%) of the them spent More than five years, the same number in this study was presented in regional study; as the average experience is more than 5 years 52.3% (Mohammad Aminian.2017).

The participants complain during the study for the length of daily work hours and (76.3%) spent 8-10 hours. In primary care center in all regions in the Saudi Arabia the daily work horse not extend than 8 hours, most of the workers are women and they have kids and risk for pregnancy and lactations. An international study review suggests that managers must to find a way to address issues of excessive workloads, irregular shifts and long working hours as these have been found to be the major predictors of job dissatisfaction, high levels of burnout, low morale fatigue and emotional exhaustion among health care workers in primary health care center (Zodwa M. Manyisa 2017).

The finding showed that the participants in this present study; above two third have no diseases one third of the participants have blood pressure and few have diabetics [Table 18]. For the health professional habits, (64%) practice sports, and (66.2%) eats healthy food, also (54.9%) sleeps sufficient hours also most of them attended training course to improve them self (70%) have attended training courses. A healthy diet is increasing body's resistance to stress. In order to reduce negative effects of stress individuals, also should avoid substances such as caffeine, salt, sugar and fat and include in their diet enough vitamins and minerals the Physical Exercise can promote biological and emotional. Generally, health standards are recommending exercise at least three times a week for 30 to 45 minutes (Ioanna V. Papatheanasiou1, 2015) these tips lead to control stress reduce mental disorder increase the productivity in life and work.

5.2: What are the psychological aspects reported by health care professional?

This question its answered by discuss results of present research and comparing with other research study findings that is done in different national region and international level psychological aspect which include nine sub-scale will discussed start with the Emotion demand the highest items is related to personal problems in work which had the highest mean (3.78) indicate that this item is the most common to happen for health professionals, then comes in second items work emotionally disturbing situations with mean (3.43) [Table 21] The results were similar to research study the emotional labor at work they conclude that the emotional demand is one of the leading scale that affect the employees' attitude with a mean of (4,76), for the behavioral part emotional factors and relations are gotten the first two highest ranks (Aram Hanna Massoudi 2017).

Demands for hiding emotions one of items take highest mean is openness towards everyone - regardless of how they behave (4.38) which indicate that this item is the most common for Health Care Professionals then comes in second item about requirement to treat everyone equally obtained mean (4.03) [Table 22] One of the most important ethical Principles in code of ethics is Respect and Fair Treatment – “treat and give health care to all clients with

respect, courtesy, and fairness.” (Central Deloitte Europe, 2013), It is natural for employees they work in a different specialist to hide their feelings and problems in their personal life during performing work and to deal with all client the same without bias in all worlds not only Saudi Arabia.

Discusses is the Possibilities for development the item about use skills or expertise in work had the highest mean (4.27) to indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the item about the possibility of learning new things through work with mean (4.24) [Table 23] there is a study support the continuous learning is especially critical learning. Workplace is where technologies, processes and how change interacts constantly, radically and at a lightning speed. It's safe to say it's not enough to keep your skills up to date. Your employability depends on your willingness and ability to stay on the cusp of new trends and technologies (and sometimes even ahead of them!) and to widen your skills and knowledge-base. In order for organizations to remain agile and responsive to change, employers need multi-faceted employees who are not only capable of executing a role, but who are also flexible, resourceful, lateral thinkers – skills gained from constant learning and application. These are the workers who step up and take on projects; whose networks regularly expand; the people their colleagues ask to work with; the employees whose growth is recognized by promotion (Rand, 2016).

Human in nature work life cannot work in a place if this work does not mean to him. In current study the previous words in above are correct with the scale Meaning of work it's come with Highest Mean “Is your work meaningful” (4.36) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement motivation and involved in work with mean (3.75) [Table 24]. When an employee loves his work, Not only will he bring money to the house, but he will also get the added bonus of feeling fulfilled, and satisfied each time he walks out of his office. But it is possible that the employee does not feel this feeling at times because he is too exhausted. The love of the human life is a natural feeling but it needs a lot of work and effort it is very natural to enjoy the things that we do. Often, not only the work we love. It's the reward and satisfaction we get after doing it well. We all know that doing things well requires effort and staying in the office late at night. It is a life cycle that never ends (Kat Boogard. 2017).

Focusing in Commitment to the workplace the items of enjoy telling others about place of work had the highest mean (3.89) which indicate that this item is the most common to happen for health professional would you recommend a good friend to apply for a position at your workplace” with mean (3.56) [Table 25]. The employee dedicated to his work, even if it is hard work, it is committed to the times of work and the required of it and student researcher note here that this scale is very important in any work with different specialties, especially the health sectors, where dealing with the lives of clients, the worker if he loves and belong to his work and sincere in it, he likes to talk about the work duties and the time spend there and advise people to employ it. A study focusing on the behaviors and attitude in the workers was summarized as the most important (Lynda Moultry Belcher; Updated June 29, 2018).

The strength of any organization or company based on the staff and the strength of communication among them since the organization that does not care about the employee and involve them to hear his ideas always fails, the employee has the right to hear his voice and take into account his opinion about Ability to plan with the item “Do you receive all the information you need in order to do your work well” had the highest mean (3.94) which indicate that this item is the most common to happen for health professional “At your place of work, are you informed well in important decisions, changes, or plans for the future” with mean (3.76) [Table 26]. Among study have the same perspective show that, the aspect of resources and ability to accesses to all the material they need in work, is also important in improving working conditions and towards the achievement of the organizational goal. It is therefore imperative that the necessary resources be made available to employees so that they can complete their tasks on time. Access to resources refers to one's ability to acquire the financial means, materials, time given to complete the task, rest breaks, cognitive capacity, support staff and suppliers to do the work (Manyisa et al., 2015). Also, there is study examines the relationship between employee involvement in decision making and firms' performance in the manufacturing sector in Nigeria, the items performance of firm that employee involvement in decision making with Highest Mean 4.4690(n=386) (Kuyea,2011).

Any employee in this world when he gives everything they learns and all the experts at work they also want to be appreciated and respected by the administration and be honored as well. The organizations and companies are supposed to be respected and appreciated for their continuous in current study

the Recognition reflected by items “Is your work recognized and appreciated by the management” had the highest mean (4.0) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Are you treated fairly at your workplace” with mean (3.29) [Table 27]. in the previous study one of this study is respect in work place by (Louis County,2014) A respectful in workplace supports the physical, Psychological and social well-being of all employees. In a respectful workplace Employees are valued Communication is kind, open and honest, People are treated as they wish to be treated, Conflict is addressed in a positive and respectful manner, Disrespectful behavior is addressed (Thorsen, 2011).

The items in the psychological aspect are the Job insecure the items with Highest Mean are “It being difficult for you to find another job if you became unemployed” had the highest mean (1.714) which indicate that this item is the most common to happen for health professional, then comes in second the statement “Becoming, unemployed” with mean (1.652). [Table 28]Whenever an employee works in a job he wants to feel safe and stable and does not want to lose, some of the participants in the research have a fear of losing the job also feel insecure to not find another job, there is a Studies also showed the same results a study for Job insecurity, job strain and job demand showed positive correlation (0.242 to -0.122) while skill discretion, decision latitude (Mathew 2014) another study show her result For retirement intentions, one analysis out of three found high job insecurity to be associated with intended earlier retirement (Browne 2018).

The last items in psychological aspect is the mental health which can have higher effect in life and work, in the questioner start the Mental health statement for how much of the time during the past 4 weeks you have been feel this, the items have Highest Mean is “I have been a bit touchy” had the highest mean (3.15) which indicate that this item is the most common to happen for health professional, then comes in second the statement “I have eaten for comfort” with mean (3.10) [Table 29] One of the most important studies focus in Workplace psychosocial factors and mental health among people working at King Khalid University, Saudi Arabia. Explore that, the mental health is an important issue in the workplace, particularly in developing countries. the result proved that Poor mental health had strongly statistically significant positive correlation with “quantitative demands,” Work-family conflict”, and “Emotional demands “in total country's nationals and expatriates p<0.01 (El- Maksoud 2013).

The second Mental health statements describe situation during the past 4 weeks, the statement of “Have you felt so down in the dumps that nothing could cheer you up” had the highest mean (3.75) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Have you felt downhearted and blue” with mean (3.52) [Table 30] Similar study The Smart Way to Respond to Negative Emotions at Work. The result is the Anger, fear, and sadness are three primary negative emotions commonly encountered in the workplace. Knowing more about these specific emotions can increase your skill at handling them and build the confidence you need to take effective action (Pearson and Porath, 2013) (Pearson, Christine M2017).

5.3: What are the social aspects reported by health care professionals?

This question its answered by discuss results of this research have the highest points study in comparing with other research study findings that is done for the same topic in different area of the social aspect in current studies is divided to two sub-scale social support from colleagues and social support from supervisors , beginning with item Social support from colleagues the high statement is “How often are your colleagues willing to listen to your work related problems” with mean (4.03), then second item “How often do your colleagues talk with you about how well you carry out your work” with mean (3.19) [Table 31] One of the most important factors that may make the employee tired of his work and feel that the long working time is the support of colleagues and if the employee felt that the work his second home and his colleagues at work collaborators were productive of work it well be high and better and prolong his stay in work for years. Similar studies show the Strong Team Spirit that participants considered themselves to be able to make good friends and good relation with trust and respect easily (Mathew 2014, Aram Hanna Massoudi 2017).

The second item is the Social support from supervisors The highest statement is “Is your nearest superior willing to listen to your problems at work” with mean (4.11), then second item “How often do you seek help and support from your immediate superior” with mean (4.06) [Table 32], a study showed a relationship between the employees satisfaction and supervisor support and its come with the following result, with the supervisors, fair treatment and communication within the work are asked to the attendees in order to be

ensure that behavioral environmental component are significant for them. Almost all the attendees give strongly agree replies that relation with the supervisors, fair treatment and communications is important. (Aram Hanna Massoudi 2017) Co-worker and supervisor support showed positive correlation (0.109 to 0.116) with WAI and psychosocial factors were significantly related to several aspects of self-evaluation (Mathew 2014) Supervisor support was associated with intention to extend work (Browne 2018). Last study show it was strong negative and statistically significantly correlated with "Influence at work", "Social support from colleague", "Social support from supervisors", "Meaning of work", "Commitment to the workplace", and "Predictability" with Poor mental health ($p < 0.001$) (El- Maksoud 2013).

5.4: What is psychosocial aspect related to Work place stated by the study participants?

This question its answered by discuss results of this research have the highest points study in comparing with other research study findings that is done for the same topic in different area of the Work place aspect in current studies which include five sub-scale, beginning work pace (speed) "Do you have to work very fast" had the highest mean (4.06) which indicate that this item is the most common to happen for health professionals, then comes in second the statement "Do you work at a high pace throughout the day" with mean (3.49) [Table 33] on the Swedish research result the following, Workers and union health and safety representatives are increasingly listing issues such as downsizing/understaffing, mandatory overtime, push for production, cross-training/multi-tasking, and work over load or work faster without rest time as key factors causing or contributing to injuries, illness and stress in their workplaces. (Arnold B. Bakker, 2014). Other studies reveal that staff issues and in particular staff shortages, result in higher workloads, which affect job satisfaction (Graham et al. 2011, Kumari, De Alwis 2015, Khamisa 2017). Study was to investigate relationship between physical and psychosocial Work place factors and well-being among seafarers, and to examine whether these relationships are influenced by cross-cultural differences. In brief, the findings show that physical and psychosocial work factors are important correlates of both intentions to leave and job satisfaction. (Nielsen, Bergheim and Eid 2013).

The second item is Cognitive demands "Does your work require that you remember a lot of things" had the highest mean (4.28) which indicate that this item is the most common for Health Care Professionals in this sub-scale, then comes in second the statement "Does your work demand that you are good at coming up with new ideas" with mean (4.03) [Table 34].

The item of Participation in work decisions "Can you influence the amount of work assigned to you" had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement "Do you have any influence on what you do at work" with mean (4.02) [Table 35] Over the last several years, Peter Barron Stark doing studies and surveyed the opinions of over 100,000 employees in companies throughout the United States. However, proved a direct correlation between how involved employees are in the decision making in their department or team and their overall morale, motivation, and satisfaction with their jobs. Companies and departments who have a higher level of employee involvement in decision making show higher levels of employee motivation and satisfaction (Peter Barron 2010).

The item Variation work repetition [Table 36] the sub scale "do you have to do the same thing over and over again" had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement "Is your work varied" with mean (3.92). The most important issue received during the survey and analysis of the data is that the daily work is frequent and that the nursing staff in particular are doing the same thing over and over and this is enough reason to leave the job and it has to be solved so that the work is varied or that the nurses are changed in work weekly in the departments inside the same center, where they can lead to change place and work task. One of the most important studies confirms that the mind responds and is smarter in the case of multiple tasks more than repetitions of the same tasks daily. The human brain is able to exceed modern computers on multiple computational demands (e.g., language, planning) using a small fraction of the energy. The mystery of how the brain can be so efficient is compounded by recent evidence that all brain regions are constantly active, the brain's network configuration varies based on current task demands. (Schultz, X Douglas H, 2016). Another study show the Job content plateau is a negative characteristic of work defined as 'the point at which a job becomes routine and boring, with the likelihood of not receiving further assignments of increased responsibility' (Hofstetter and Cohen 2014).

The last item is Work-family conflict the items "Do your friends or family tell you that you work too much" had the highest mean (3.91) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement "Do you feel that your work drains so much of your energy that it has a negative effect on your private life" with mean (3.82). [Table 37] A study on the effects of work overload and work-family conflict on job embeddedness and job performance work exhaustion functions as a full mediator of the effects of work overload, work-family conflict, and family-work conflict on job embeddedness and job performance. Specifically, employees who have heavy workloads and are unable to establish a balance between work (family) and family (work) roles are emotionally exhausted (Osman M. Karatepe, 2013) Another study that show it was observed that the poor mental health had strongly statistically significant positive correlation with "quantitative demands", "Work-family conflict", "Emotional demands" in both country's nationals and expatriates (El- Maksoud 2013).

5.5: Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

This question its answered by discuss results of this research have the highest points study in comparing with other research study findings that is done for the same topic in different area of the correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study, beginning with the correlation between any of the demographical variables and psychological aspects the result of current study show there is no significant correlation between any of the demographical variables and psychological aspects scale except the marital status there is a significant positive correlation with psychological aspects scale.

Also, there is a significant negative correlation between the educational levels with the psychological aspects. In addition, there are negative correlation between length of experience and monthly income with psychological aspects. [Table 38] A study that contradicted and justify the present results revealed that improved exposure to psychosocial work factors (psychological demands, autonomy, support, and distributive justice) was associated with better mental health compared to stable unfavorable exposure to psychosocial work factors in all older workers. Improved autonomy was associated with better mental health in employees aged 55-64 years have long experience in work, compared to stable unfavorable exposure to autonomy. Improved exposure to support was associated with poorer mental health in men more than women, compared to stable unfavorable exposure (Bo M. Havermans, 2018) (Natasha Khamisa 2017).

The second part the correlation result between demographical variables and social aspects, thus student researcher concludes that there is no significant correlation between any of the demographical variables and social aspects scale. However, there are negative significant correlation between age, sex and social aspects. Also, there are negative correlation between length of experience and monthly income with social aspects [Table 39]. The studies have the same result, results clarify that other predictors of poor mental health among the total subjects of country's nationals and expatriates as age and social support from colleagues, meaning of work, the possibilities for development and demands for hiding emotions. Social support at work from colleagues and supervisors are significant for the promotion of mental well-being of workers from work related stress, and lack of social support is risk factors for poor mental health (El- Maksoud 2013).

Last part the Correlation result between demographical variables and Work place aspects. The correlation result between demographical variables and Work place aspects, thus student researcher concludes that there is no significant correlation between any of the demographical variables and Work place aspects scale. However, there are negative significant correlation between length of experience and monthly income with Work place aspects [Table 40]. Younger age, increased education, and were independently associated with better performance in each cognitive domain after adjusting for gender and health conditions (Daniel F. Rexroth, 2013). Another study revealed a positive correlation with the job satisfaction and the study conclude that the Working environment has a positive impact on the Job satisfaction of employees (Abdul Raziq, 2015).

Chapter VI

6. Summary, Conclusion, Recommendation, Limitations

The health care delivery system in Saudi Arabia is in its Prevent diseases and reform process. It is important to focus on aspects affecting the development and improvement of care provided both to the clients, as well as the health

workers or the place where care will be provided.

This research is evident as it highlights the psychosocial aspects that may have great impact on workers in the primary health care sector. Addressing such issues will allow the Health Care Professionals to reform their jobs in a healthier working environment, and minimize any influential work conflicts that may occur. Also this can be of help professional workers in primary health care setting through the identification of the different aspects having impacts on the Health Care Professionals in Work place.

1. AIM OF STUDY:

The aim of this study is to identify the psychosocial aspect encountered by the Health Care Professionals as related to their work in Public Health Care Centers in Work place in Eastern Region.

2. RESEARCH QUESTIONS:

1. What is the socio-demographic profile of health care professional included in this study?
2. What are the psychological aspects reported by health care professional?
3. What are the social aspects reported by health care professionals?
4. What is psychosocial aspect related to Work place stated by the study participants?
5. Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

3. Study Design: The study design of this research is Quantitative exploratory cross sectional and correlation study. This method was chosen because the research is quantitative in which it looks to collect a detailed information.

4. Study Setting: This study conducts at Public Health Care Centers in Eastern Region, Kingdom of Saudi Arabia.

5. Participants: A representative subjects including both males and females selected out of the study population. The total number of the study subjects was 300 health professionals

6. Tools of the study:

A structured Self-Administered Questionnaire

The tool comprises six parts:

Part one: Personal information profiles

Part two: Social specifications profiles

Part third: Suffering from mentioned disease.

Part Four: Practice mentioned habits.

Part five: Attended the mentioned training courses.

Part six: Job related Psychosocial and Work place risk aspects

7. Actual work-study:

The researcher follows the consequent steps in processing the actual work study:

1. Official permission from the administration obtained; the study was approved by the deanship for graduate studies at King Saud University.
2. Obtain validity and reliability for the developed tool through Expert panels and statistical analysis.
3. A pilot study done in order to test the research condition visibility an applicability.
4. Ethical aspects of research followed.
5. Data collect done by the student researcher; questionnaire distributed hand by hand after obtain the employee permission and written consent was obtained after acknowledging the subjects about to aim and all issues related to the research study before participating in this research.
6. Questioner sheet takes time duration to be completed around fifty to

twenty minutes for each participant sharing in the study to be filled and study time conduction from 01April 2018 to 25 June 2018.

7. Statistical analysis was done using SPSS VERSION 23.

8. Results:

- Above half (54.3%) of the subjects are female and (45.7%) are male.
- Age of subjects (health professionals) ranged from 31-40 years old (47%) then (27%) comes next for which their age group is less than 30.
- Most of the health professional's social status (77.7%) is married, and (18%) were single, only (3.7%) are divorced.
- Number of family members, (53.3%) has 3-5 persons, and (25.3%) have less than 2.
- For the education level above half of the subjects (50.7%) have diploma degree and (42 %) of health professional have bachelor degree, then who have a postgraduate degree with (7%).
- Above one third (34.7%) of the subjects are nurses and (18%) are doctors, also, (20%) are allied health personal, moreover, (16%) are Pharmacist.
- (87.3%) their type of recruitment is fixed function-civil and (9%) are Autonomous Recruiting.
- Length of Experience for the health professional (52.3%) of them spent more than five years and (31.7%) 1-5 years and only (6%) spent less than 1 year.
- Monthly Income is (60.7%) of them said it's enough only and (20%) said enough and overflow.
- Length of daily work hours (76.3%) spent 8-10 hours a day and (17.7%) spent less than 8 hours.
- The Health Care Professionals if suffering from diseases the result show (29.3%) have pressure and (0.7%) have diabetics and above tow third (70%) have no diseases.
- For the health professional habits (64%) practice sports, and (66.2%) eats healthy food, also (54.9%) sleeps sufficient hours, and (60.2%) don't smoke. In addition (52.7) don't drink soft water and (51.7%) Drink plenty of stimuli.
- If the Health Care Professionals have attended training course or not (70%) have attended training courses. (23%) attended session about women's health, and (31%) about elderly health.
- The psychological aspect has 10 The sub-scale start with (Emotion demand) had the highest mean (3.78) which indicate that this item is the most common to happen for health professionals, "Do you have relation to other people's personal problems as part of your work" then comes in second the statement "Does your work put you in emotionally disturbing situations" with mean (3.43).
- Sub-scale (Demands for hiding emotions) had the highest mean (4.38) which indicate that this item is the most common for Health Care Professionals in this sub-scale, "Does you required to be kind and open towards everyone - regardless of how they behave" then comes in second the statement "Are you required to treat everyone equally, even if you do not feel like it" with mean (4.03).
- The sub-scale (Possibilities for development) "Can you use your skills or expertise in your work" had the highest mean (4.27) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement "Do you have the possibility of learning new things through your work" with mean (4.24).
- The sub- scale (Meaning of work) "Is your work meaningful" had the highest mean (4.36) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement "Do you feel motivated and involved in your work" with mean (3.75).

The sub-scale (Commitment to the workplace) "Do you enjoy telling others about your place of work" had the highest mean (3.89) which indicate that this item is the most common to happen for health professional. The second

statement “would you recommend a good friend to apply for apposition at your workplace” with mean (3.56).

- The sub- scale (Ability to plan) “Do you receive all the information you need in order to do your work well” had the highest mean (3.94) which indicate that this item is the most common to happen for health professional.
- The sub- scale (Recognition) “Is your work recognized and appreciated by the management” had the highest mean (4.00) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Are you treated fairly at your workplace” with mean (3.29).
- The Sub-Scale (job insecurity) Statement “It being difficult for you to find another job if you became unemployed” had the highest mean (1.714) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Becoming, unemployed” with mean (1.652).
- The sub- scale (Mental health) “I have been a bit touchy” had the highest mean (3.15) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “I have eaten for comfort” with mean (3.10).
- The Social Aspect have two sub -scale start with (social support from colleagues) The highest statement is “How often are your colleagues willing to listen to your work-related problems” with mean (4.03), then second item “How often do your colleagues talk with you about how well you carry out your work” with mean (3.19).
- The second sub-scale is (social support from supervisor) The highest statement is “Is your nearest superior willing to listen to your problems at work” with mean (4.11), then second item “How often do you seek help and support from your immediate superior” with mean (4.1).
- The Work place aspect have five sub-scale start with (Work pace) “Do you have to work very fast” had the highest mean (4.06) which indicate that this item is the most common to happen for health professionals, then comes in second the statement “Do you work at a high pace throughout the day” with mean (3.49).
- The second sub-scale (Cognitive demands) “Does your work require that you remember a lot of things” had the highest mean (4.28) which indicate that this item is the most common for Health Care Professionals in this sub-scale, then comes in second the statement “Does your work demand that you are good at coming up with new ideas” with mean (4.03).
- The sub-scale (Participation in work decisions) “Can you influence the amount of work assigned to you” had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you have any influence on what you do at work” with mean (4.02). Then comes in third statements “Do you have a say in choosing who you work with” with mean (3.4).
- The sub-scale (Variation) “Do you have to do the same thing over and over again” had the highest mean (4.16) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Is your work varied” with mean (3.92).
- The sub-scale (Work-family conflict) “Do your friends or family tell you that you work too much” had the highest mean (3.91) which indicate that this item is the most common to happen for health professional in this sub-scale, then comes in second the statement “Do you feel that your work drains so much of your energy that it has a negative effect on your private life” with mean (3.82).
- For correlation between any of the demographical variables and psychological aspects there is no significant correlation between any of the demographical variables and psychosocial aspects scale except marital status as student researcher find that there is a significant positive correlation with psychosocial aspects scale (0.132*). Also, there is a significant negative correlation between the educational level with the psychosocial aspects (-0.178**). In addition, there are negative correlation between length of experience and monthly income with psychosocial aspects (-0.128*), (-.194**).

- For correlation result between demographical variables and social aspects there is no significant correlation between any of the demographical variables and psychosocial aspects scale. However, the student researcher finds negative significant correlation between age, sex and social aspects (-0.149*), (-0.134*). Also, there are negative correlation between length of experience and monthly income with social aspects (-.123*), (-.188**).
- For correlation result between demographical variables and Work place aspects there is no significant correlation between any of the demographical variables and psychosocial aspects scale. However, fine there are negative significant correlation between length of experience and monthly income with social aspects (-.116*), (-.162**).

9. Conclusion:

The participants of this study mainly female, nurses and married, Work place mostly prohibited and put participants in emotional disturbed situation, but this aspect potentiate their learning experience, social support to seeking help found to be importance aspects for participants. It is obvious that stress experience of pressure and exhaustion in work for long hours, most prohibited aspects stated aspect by the study participants.

9. Recommendation

Include:

1. Implications of research
2. Implications for Practice
3. Implications for Education

Recommendations

1. Implications of research: It is recommended that these studies be from other hospitals and other areas of Saudi Arabia.
2. Implications for Practice: Advise the employee to healthy life style balance in work between times and required to not get work injury.

The Stress Check Program: a new national policy for monitoring and screening psychosocial stress in the workplace in Japan, its anew program to decreasing the risk of mental health problems in workers by increasing their awareness of their own stress through periodic surveys and feedback preventing mental health problems by screening for high-risk workers and providing them with opportunities (Norito Kawakami, 2017).

3. Implications for Education

It is important to focus on gaining experience from training and evidence-based research practice related work and, most importantly, to focus on health also and balance between them.

11. Limitations:

Study Limitations

- The study used of convenience subjects of 300of health professionals. The use of convenience subjects would limit the generalizability of study findings.
- This study uses self-administered questionnaire which is distributed for health professionals but during the data collection in PHCs some questionnaire does not return for unknown cause.

CHAPTER VII

7.1 References:

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APPENDICES

APPENDIX A: Tool for Data collection Arabic and English

APPENDIX B Figure for result

APPENDIX C: Proposal of study

Appendix "A"

Phone No:..... Nursing Community department

Respected participants,

This questionnaire was designed to study scientific research entitled

"The Psycho-social Aspects encountered by Health Care Professionals in Work place at Public Health Care Centers in Dammam"

In order to complete the requirement to obtain a master's degree in Community Health Nursing - Faculty of Nursing - King Saud University, Please respond to all questions of the questionnaire from your point of view and experience, knowing that the data will be in strict confidentiality and anonymously, these questionnaires will be for the purpose of scientific research only.

Please answer all questions from your point of view with credibility. You have the right to feedback study results will be assured at any time, refrain

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Questionnaire

"The Psychosocial Aspects encountered by Health Care Professionals in Work place at Public Health Care Centers

First part: Personal Data.

Place (√) next to the session you have attended

1. Age in years:

2. Gender:

Male () Female ()

3. Marital status:

Married () single () Widow () Divorced ()

4. Number of family members:

less than 2 () 3-5 persons () more than 6 persons ()

Second part: Social specifications:

5. Education Level:

Diploma () Bachelor () Postgraduate ()

6. Position:

Doctor / doctor () Dentist / Dentist () Nurse / Nurse () Pharmacist / pharmacist () Allied health personal :laboratory ,x-ray , physiotherapy ()

7. Type of recruitment:

Temporary function () Fixed function - civil service () Autonomous Recruiting ()

8. Length of Experience:

Less than 1 year () 1-5 years () More than five years ()

9. Monthly income:

Enough and overflows () Enough only () insufficient ()

10. Hours of work:

Less than 8 hours () 2-8-10 hours () more than 10 hours ()

Third part: Do you suffer from the following diseases:

11. Pressure () Diabetic () heart () genetic () psychological ()

Fourth part : Do you practice the following habits:

Please answer (yes) or (no)

12. Sports: Yes () No ()

13. Health food: Yes () No ()

14. Sleeping hours are sufficient: Yes () No ()

15. Smoking: Yes () No ()

16. Drink soft water Yes () No ()

17. Drink plenty of stimuli Yes () No ()

Fifth part : Have you attended training courses related to your field of work

18. Yes () No ()

If yes, please answer the following number of courses

19. Place (√) next to the session you have attended:

- Women's Health ()

- Elderly health ()

- Child Health ()

- Oral Health ()

- Eating habits ()

- Pulmonary Resuscitation ()

Other mentions:

Six parts: The Psychosocial Aspects encountered by Health Care Professionals in Work place at Public Health Care Centers: This part has been divided into three parts include (Psychiatric aspects, social aspects, Work place aspects).

Place (√) next to the session you have attended

First: Psychiatric aspect:

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Items	Always	Often	Neutral	Seldom	Never
1. Emotional demands: Does your work put you in emotionally disturbing situations?					
2. Do you have to relate to other people's personal problems as part of your work?					
3. Is your work emotionally demanding?					
4. Do you get emotionally involved in your work?					
Demands for hiding emotions:					
5. Are you required to treat everyone equally, even if you do not feel like it?					
6. Does your work require that you hide your feelings?					
7. Does you required to be kind and open towards everyone - regardless of how they behave?					
Items	Always	Often	Neutral	Seldom	Never
Possibilities for development					
8. Do you have the possibility of learning new things through your work?					
9. Can you use your skills or expertise in your work?					
10. Does your work give you the opportunity to develop your skills?					
11. Do you feel that the work you do is important?					
Meaning of work:					
12. Is your work meaningful?					
13. Do you feel that the work you do is important?					
14. Do you feel motivated and involved in your work?					
Commitment to the workplace					
15. Do you enjoy telling others about your place of work?					
16. Do you feel that your place of work is of great personal importance to you?					
17. Would you recommend a good friend to apply for a position at your workplace?					
Ability to plan:					
18. At your place of work, are you informed well in important decisions, changes, or plans for the future?					
19. Do you receive all the information you need in order to do your work well?					
Recognition:					
20. Is your work recognized and appreciated by the management?					
21. Are you treated fairly at your workplace?					

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Items	Yes	No
Job insecurity, are you worried about: 22. Becoming, g unemployed?		
23. New technology making you redundant?		
24. It being difficult for you to find another job if you became unemployed?		
25. Being transferred to another job against your will?		

Items	Always	Often	Neutral	Seldom	Never
Please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks					
Mental health:					
26. Have you been a very nervous person?					
27. Have you felt so down in the dumps that nothing could cheer you up?					
28. Have you felt calm and peaceful?					
29. Have you felt downhearted and blue?					
30. Have you been a happy person?					
Please consider each of the following statements and indicate how well the descriptions fit your situation during the past 4 weeks!	Always	Often	Neutral	Seldom	Never
31. I have not wanted to speak with anyone/have been withdrawn					
32. I have not been able to stand dealing with other people.					
33. I have not had the time to relax or enjoy myself					
34. I have found it difficult to be happy					
35. I have eaten for comfort					
36. I have been a bit touchy					
37. I have lacked initiative					
38. I have felt harassed					

Second: Social Aspect

Items	Always	Often	Neutral	Seldom	Never
Social support from colleagues:					
39. How often do you seek help and support from your colleagues					
40. How often are your colleagues willing to listen to your work-related problems?					
41. How often do your colleagues talk with you about how well you carry out your work?					
Items	Always	Often	Neutral	Seldom	Never
Social support from supervisors:					
42. Is your nearest superior willing to listen to your problems at work?					
43. How often do you seek help and support from your immediate superior?					
44. How often does your superior talk with you about how well you carry out your work?					

Third: Work place

Items	Always	Often	Neutral	Seldom	Never
Work pace: 45. Do you have to work very fast?					
46. Do you work at a high pace throughout the day?					
47. Is it necessary to keep working at a high pace?					
Cognitive demands 48. Do you have to keep your eyes on lots of things while you work?					
49. Does your work require that you remember a lot of things?					
50. Does your work demand that you are good at coming up with new ideas?					
51. Does your work require you to make difficult decision?					
Items	Always	Often	Neutral	Seldom	Never
Participation in work decisions 52. Do you have a large degree of influence concerning your work?					
53. Do you have a say in choosing who you work with?					
54. Can you influence the amount of work assigned to you?					
55. Do you have any influence on what you do at work?					
Variation: 56. Is your work varied?					
57. Do you have to do the same thing over and over again?					
Work-family conflict: 58. Do you feel that your work drains so much of your energy that it has a negative effect on your private life?					
59. Do your friends or family tell you that you work too much?					

Appendix “B”

FIGURE OF DATA COLLECTION:

Figure (4) Gender of participants

Figure (5) Age distribution of participants

Figure (6) Marital status of participants

Figure (7) Number of family members

Figure (8) Qualification

Figure (9) Occupation

Figure (10) Type of Recruitment

Figure (11) Length of Experience

Figure (12) Monthly Income

Figure (13) Length of daily work hours

Figure (14) Suffer from the following disease

THE SIGNIFICANCE OF STUDY:

The literature review concluded that the health care delivery system in Saudi Arabia is in its Prevent diseases and reform process. It is important to focus on aspects affecting the development and improvement of care provided both to the clients, as well as the health workers or the place where care will be provided.

The significance of this research is evident as it highlights the psychosocial aspects that may have great impact on workers in the primary health care sector. Addressing such issues will allow the Health Care Professionals to reform their jobs in a healthier working environment, and minimize any influential work conflicts that may occur. Also, this research can be of help professional workers in primary health care setting through the identification of the different aspects having impacts on the Health Care Professionals in Work place.

KEY WORDS:

Psychosocial, aspects, Work place, challenges, emotion, stress, health professional, primary health care.

AIM OF STUDY:

The aim of this study is to identify the psychosocial aspect encountered by the Health Care Professionals as related to their work in Public Health Care Centers in Work place in Eastern Region.

RESEARCH QUESTIONS:

- 1- What is the socio-demographic profile of health care professional included in this study?
- 2- What are the psychological aspects reported by health care professional?
- 3- What are the social aspects reported by health care professionals?
- 4- What are psychosocial aspect related to Work place stated by the study participants?
- 5- Are there any correlations between socio demographic profile, psychosocial and Work place of health care professional participating in this study?

CONCEPTUAL DEFINITION:

1. Psychosocial: The Constitution of the World Health Organization defines health as “A state of complete physical, mental and social well-being” and not merely “The absence of disease or infirmity“ (WORLD HEALTH ORGANIZATION. 2005).

2. Work place: Is the environment where these human beings are fit with their job(Naharuddin and Sadegi ,2013).

2. Health Professionals:

Healthcare practitioners include physicians, dentists, pharmacists, pharmacy technicians, and physician assistants, nurses, advanced practice registered nurses, midwives, dietitians, therapists, psychologists, social workers, and a wide variety of other human resources trained to provide some type of health care service. They often work in hospitals, healthcare centers, and other health service delivery points. Many countries have a large number of community health workers who work outside formal healthcare institutions. (World Health Organization, 2012).

3. Primary Health Care center:

This is the cornerstone of rural health services- a first port of call to a qualified physicians of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centers for curative, preventive and primitive health care.(Services and India 2012).

OPERATIONAL DEFINITION:

1. Psychosocial:

1. Psychological aspects in this study include: (Emotional demands, demands for heading emotion, possibilities for development, meaning of work, commitment to the work place, ability to plan, work recognition, job insecurity, cognitive stress)

2. Social aspects in this study include: (Social support from colleagues, social support from supervisor, and family conflict)

3. Work place:

The environment in which the staffs gives care or will do work to the clients including: (work place, cognitive demands influence at work, work variation, work conflicts between family and work).

4. Health Professionals:

Primary health care professional employees in this study will include: (Nursing staff, Physician, Pharmacists, and allied health personal) at a specific level of education (Diploma or Bachelor).

5. Primary Health Care Center:

The place where the health professional works and gives primary care services, Also defined as the place where and the client or family receive preventive care and basic curative care.

STUDY METHODOLOGY:

Study Design: Quantitative exploratory cross sectional and correlation study.

Setting:

This study conducts at Public Health Care Centers in Eastern Region, Kingdom of Saudi Arabia. The study will include selected according to cluster random sampling technique centers in Eastern Region to ensure choosing a subject representing the different primary health care sectors within the city (Eastern, Western, Southern, Northern, and Central). The selection will consider randomization so that the study aspects can be determined more accurately without bias, the subjects will be selected out of 140 Public Health Care Centers in Eastern City.

Subjects:

A representative subject including both males and females will be selected out of the study population. According to the statistics of the Ministry of Health, the number manpower working at Public Health Care Centers in Eastern Region (Physician:860, Nurses:1,334, Pharmacist:34, and Allied health personnel:910). A stratified sampling method will consider the following inclusive criteria: both sex (male and female). In this sampling plan, the total population is divided into these groups will be selected, the subject's size will be determined using reliable statistical calculation formula.

Instrument:

A previously tested and validated research tool will be used for data collection. The researcher already received permissions from relevant authorities to use this tool. The questionnaire was originally designed in English language by the Canadian Mental Injury Tool Group based on the Copenhagen Psychosocial Questionnaire 2017 and then it was translated later to Arabic by Dr. Monna A. Almaqsood et al 2013. The tool comprises two parts:

Part one:

Consists of the personal and social profiles of the research participants in terms of age, gender, marital status, level of education, occupation, experience.

Part two:

Job related Psychosocial and Work place risk aspects in primary health care will be included in questions directed to currently employed health professionals. (Malango, Charity 2012). The questionnaire will adopt a Likert Scale, scoring as following: Never=1, Seldom = 2, Neutra'l = 3, Often= 4, Always=5. This part will focus on three main areas as: (Psychosocial, social, Work place)

WORK PLAN:

Official permissions to conduct the study will be obtained from the responsible authorities at The Nursing College, King Saud University. This will be followed by obtaining ethical clearance from responsible authority at the Ministry of Health, namely the General Directorate of Research and Studies.

Health professional consent will be taken prior to participation in the study. Although the study tool has been already tested and validated in pervious researches, yet a pilot study well be carried out on twenty Health Care Professionals working at primary health care to further test the clarity and organization of the tool. Any relevant modifications may be done according to the results of the pilot study, and a panel of five academic experts will establish content validity in case of major changes.

The collected data will be categorized, analyzed, and tabulated using appropriate statistical method and electronic packages.

Discussion of obtained results will be addressed according to the study result and related to current literature.

APPENDIXES:

- Data Collection Tool (Original English Version 2017).
- Data Collection Tool (Modified and validated English Version 2013).
- Data Collection Tool (Modified and validated translated Arabic Version 2013).