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Anxiety among Health Care Professionals in Health Care Facilities in KSA

Najlaa Mohammad Alsudairy[1]*, Abbas A M T Altamimi[2], Abdullah KH SH Alenezi[2], Fatimah Yahya I Alshabbi[3], Nourh Muneef Khalid Alotaibi[4], Fatimah Adnan Juma Alramadhan[5], Safyah Ali A Lattfallh[6], Abdullah Habib Almeshari[5], Abdulaziz Ibrahim Al-Wadani[7], Marwan abdulmalik altalhi[8], Abdulaziz Abdulmalik Altalhi[9], Emtinan Abdullah Assiri[10], Abdullah Hameed Alrasheedi[11], Ali Ahmed K Albahrani[12] and Nora Mahdi Nahari[13]

[1]Assistant Consultant FM, National Guards Hospital, King Abdulaziz Medical City, SCOHS, Senior Registrar, KSA

[2]Emergency Medicine Department, Amiri Hospital, Kuwait

[3]Asir Central Hospital, KSA

[4]King Saud bin Abdulaziz University for Health Sciences, KSA

[5]Maternity and Children Hospital, Alhassa, KSA

[6]Beirut Arab University, Health Centers, Abqaiq, KSA

[7]Prince Sultan Cardiac Center, Al-Hassa, KSA

[8]King Abdulaziz Specialist Hospital, Taif, KSA

[9]Taif University, KSA

[10]King Faisal General Hospital in Alahsa, KSA

[11]King Khalid Hospital, Hail, KSA

[12]Alsalhyiah PHCC, KSA

[13]King Abdulaziz Hospital, Jeddah, KSA

***Corresponding Author:** Najlaa Mohammad Alsudairy, Assistant Consultant FM, National Guards Hospital, King Abdulaziz Medical City, SCOHS, Senior Registrar, KSA.

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Abstract

Background: Employee anxiety has been considered to be the primary causes of human stress for some time, with adverse consequences such as being associated with cardiovascular disorders or contributing to psychological issues.

Aim: The study aimed to overview the results of previous studies reviewing prevalence and associated factors of anxiety among health care workers in Saudi Arabia.

Methodology: This is a systematic review was carried out, including PubMed, Google Scholar and EBSCO that examining randomized controlled trials, observational and experimental studies which study anxiety among healthcare professionals in Saudi Arabia.

Results and Conclusion: The study included 8 studies and concluded that Anxiety is a prevalent problem among Saudi HCW especially at the times of pandemics. Sustained anxiety may contribute to major psychiatric morbidity, and exhaustion Strategies to promote the psychological well-being of health care workers should be implemented. To enhance the mental health of health-care personnel, administrative support systems must be established. Such intermediations can ease stress, anxiety, and depression, and tip to improved psychological health.

Keywords: *Anxiety in HCWs; Anxiety; HCWs Mental Health; Anxiety among Saudi HCWs*

Introduction

Employee anxiety has been considered to be the primary causes of human stress for some time, with adverse consequences such as being associated with cardiovascular disorders or contributing to psychological issues [1]. There's a main anxiety, depression, and stress risk. According to the National Institute for Occupational Safety and Health (NIOSH), employee stress is described as harmful emotional or physical responses that arise whenever specifications of the job and worker's skills do not match [2].

Extra amount of work, fatigue, insufficient individual facilities and the necessity to produce morally challenging care rationing decisions can have affected physical and psychological health [3].

Different problems are related to the perception abnormal levels of anxiety among HCWs, including fear of acquiring infection during work; fear of transmitting the infection to families and friends; lack of knowledge accessible; value of attention given on official portals or social networks; and lack of safety equipment [4]. Uncontrolled and unmanaged anxiety may lead to more serious mental health problems.

The consequences of stress can be considered as: mental, physical, psychological and cognitive. Bad physical and mental fitness of the employees of the organization, poor attendance and reduced dedication to work, less efficiency, distress and irritability are among the poor indicators of WRS and, ultimately, the company is less likely to succeed in a competitive environment with a negative reputation for stakeholders. [5].

Simple communication shift hour restriction, provision of rest areas, as well as extensive access and comprehensive rules on the use and maintenance of safety clothing and specialist training for the care of patients with COVID-19 could minimize the distress induced by the perceived unfamiliarity and uncontrollability of the hazards involved. It is also important to provide timely and adequately personalized resources for mental wellbeing through hotline teams, media or multidisciplinary teams, including mental health practitioners [6].

Aim of the Study

The study aimed to overview the results of previous studies reviewing prevalence and associated factors of anxiety among health care workers in Saudi Arabia.

Methodology

PubMed and EBSCO Data bases were used for the publications used in the study, as they are known to be high-quality sources of information. PubMed is one of the leading online databases established by the National Center for Biotechnology Information (NCBI). Articles regarding anxiety among Saudi healthcare workers as well as other articles were used in writing the article. Limitation to the last ten years, and on English due to insufficient translation services have been applied. Papers were screened by names, and the abstracts reviewed 8 articles that were eligible. Criteria for inclusion: papers were chosen on the basis of importance to the topic, including one of the following topics: 'anxiety in HCWs, anxiety, mental health HCWs, anxiety among Saudi HCWs.' Exclusion criteria: all other publications that did not have either of these subjects as their main end, or repetitive research, and summary studies were omitted.

Statistical analysis

No technology was used to analyze the results. Information collected was derived on the basis of a particular type (Publication Title, Author's Name, Purpose, Description, Findings and Outcomes). This data were checked by the group members to obtain a uniform results. Double review of the results of each member has been implemented to ensure authenticity and eliminate errors.

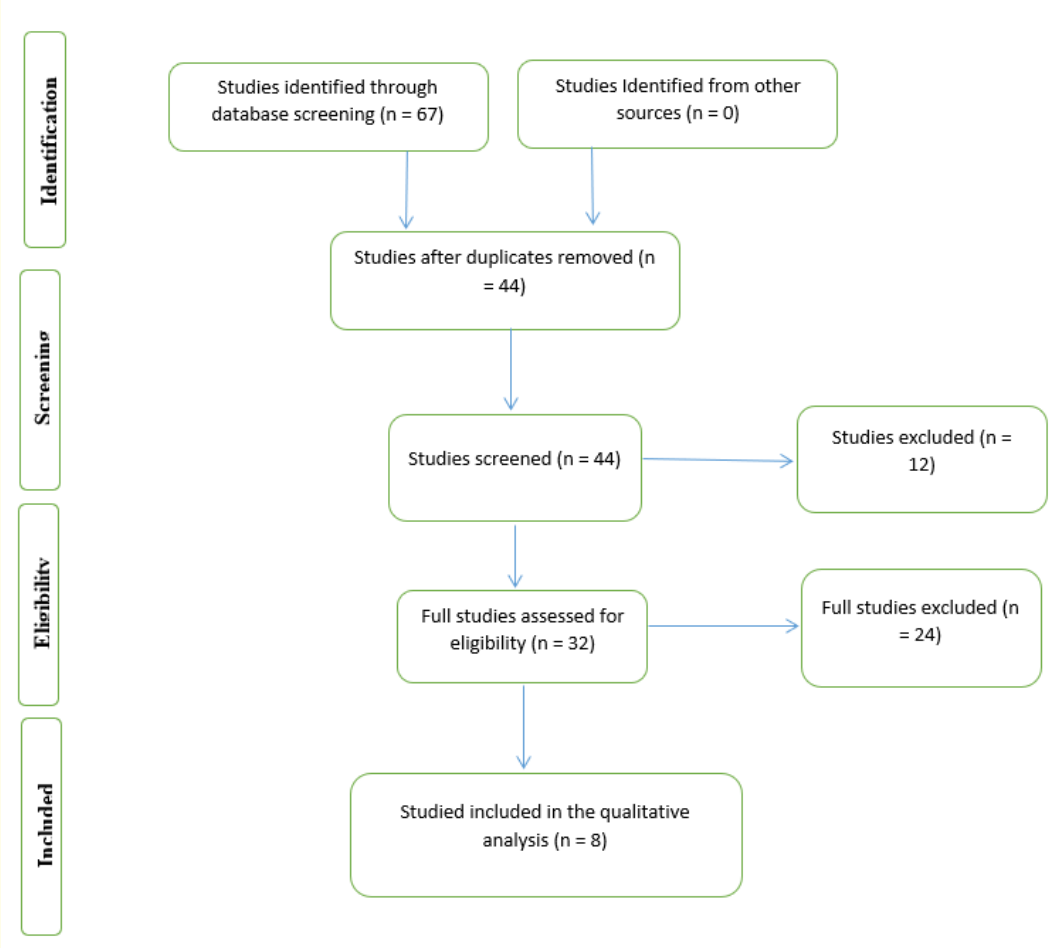
Results

A total of 67 research used for the title screening contributed to the search. 44 of them had been used for abstract screening, which contributed to the omission of 12 papers. The remaining 32 full-text articles have been examined. The full-text revision helped lead to exclusion of 24 studies and 8 were able to enroll for final extracting data (Table 1).

Author	Study Region	Year of publication	Study type	Sample size	Outcome	Ref
Al-Makhaita HM., *et al*.	Dammam, Eastern Saudi Arabia	2014	A cross-sectional study	637 nurses	The prevalence of stress studied sample was 45.5%; 43.1% and 46.2% in primary and secondary levels, respectively. The only predicting factor for stress in the level of primary care was young age. Stress was found to be expected at the secondary level while being female, Saudi nationality, married, with job changes, and working in the surgical department.	7
Arafa A., *et al*.	Saudi Arabia and Egypt	2020	Cross-sectional study	426 HCWs	Among all studied sample; 69% had depression, 58.9% had anxiety, 55.9% had stress, and 37.3% had inadequate sleeping. Female sex, age, night shifts, following COVID-19 news, and not getting emotional support were associated with a high probability of depression, anxiety, stress, and inadequate sleeping.	8
Al Mutair A., *et al*.	Saudi Arabia	2017	A cross-sectional study	614 HCWs	HCWs scored higher psychological distress, anxiety, depression, and loss of behavioral emotional control domains than control group indicating greater psychological distress. Female gender was associated with distress.	9
Alharthy N., *et al*.	Riyadh, Saudi Arabia	2017	Cross-sectional study	135	Moderate, mild and severe anxiety was prevalent among 20.7%, 23.7% and 7.6% respectively. Gender and older age group were statistically significant correlated with higher anxiety score.	10
Abolfotouh MA., *et al*.	Saudi Arabia	2020	A cross-sectional study	844 HCWs	72.1% of participants scored 55 or less out of 96 points for anxiety reflecting moderate level of anxiety. Predictors of high anxiety scores were; HCWs of Saudi nationality, younger age, undergraduate education, living with others, working in the western region and direct contact with patients.	11
Noor Mohammad AlFahhad	Riyadh, KSA	2018	A cross-sectional study	300 HCWs	Of all studied sample; 4% had primary signs of depression, 6.7% major depressive disorder, and 11.4% had symptoms of depression. During the first year of employment, depression was reported to be more prevalent. Socially, singles have a higher depression rate than married couples.	12
Thamer H Alenazi., *et al*.	Saudi Arabia	2020	Cross-sectional study	4920 HCWs	Low anxiety (31.5%), medium (36.1%), and high (32.3%). Single HCWs, nurses, workers in radiology or respiratory therapists were more associated with anxiety. Social factors associated with high anxiety levels were: living with an elderly, chronic disease, immune deficiency, or respiratory disease.	4
Alzaid EH., *et al*.	Dammam, Saudi Arabia	2020	Cross-sectional study	441 HCWs	One-third of HCW had anxiety disorder. Age group, gender, nationality, and living with family significantly influenced anxiety disorder.	13

Table 1: *Author, year of publication, study type, and study outcome.*

The included studies had different study designs.



Discussion

Excessive stress and anxiety at workplace are a significant influence in both physical and psychological health risks [14]. Al-Makhaita HM., *et al*. [7] recorded prevalence of stress (45.5 per cent) and prevalence among primary (43.1 per cent) and secondary (46.2 per cent) nurses, which was consistent with other research [15,16]. Al-Hawajreh [17] has stated low prevalence among Jordanian Hospital nurses of job stress (30%). Four previous studies assessing anxiety during COVID-19 pandemic using the Zung Self-Rating Anxiety Scale (SAS) reported collective prevalence of 16.47% [18-21] and 4 other surveys used GAD-7 scale with a collective prevalence of 36.92% [22-25]. A comparable result was reported by Coetzee and Klopper's, Mealer and Jones', as well as Austin., *et al.*'s studies [26-28]. Bai., *et al*. [29] presented that 5% of HCWs has acute stress disorders, 20% undergone stigmatization and denial from their environment, and 9% quit jobs. Another recent meta-analysis reported pooled prevalence of anxiety to be 23.2% range from 11.3% - 50% [30].

Regarding the severity of the anxiety, Thamer H Alenazi., *et al*. [4] reported prevalence of low anxiety (31.5%), medium (36.1%), and high (32.3%). Alharthy N., *et al*. [10] reported moderate, mild and severe anxiety was prevalent among 20.7%, 23.7% and 7.6% respec-

tively. Other data were on six studies with a pooled prevalence of 17.93% for mild anxiety and 6.88% for moderate/severe [19,20,24,31-33]. Peltzer and Pengpid reported that 15 percent and 6.9 percent of adults in Indonesia have mild and extreme depressive symptoms and 21.8 percent had severe depressive symptoms. [34]. Al-Maddah., *et al*. stated that the incidence of mild to extreme depressive symptoms in physicians is about 20% [35].

Various factors have been reported to relate to the psychological burden, including those who have operated for more than 10 years, corresponding chronic illnesses, history of mental illness, and confirmed or suspected COVID-19 family members or relatives are susceptible to stress and anxiety [23]. Arafa A., *et al*. [8] found that female sex, age, night shifts, following COVID-19 update and lack of emotional support were associated with a high probability of depression, anxiety, stress and inadequate sleeping. Another published study in China [31] indicated that absence of perceived psychological alertness, alleged self-efficacy to help the patients and family care; more stress; and poor sleep were linked with raised anxiety symptoms. In addition, study revealed potentially relevant gender and occupational distinctions. The prevalence of anxiety in females tended to be higher, which possibly reflects the gender difference for anxious and depressed symptoms that has already been identified [36]. Gender data were reported in 6 studies, with a collective prevalence of 20.92% for males and 29.06% for females [18-20,22,24,31]. Al-Makhaita HM., *et al*. [7] reported that married nurses working in both MTC and PHCCs was significantly linked with stress; furthermore, married nurses were among the factors of occurrence of stress among MTC nurses. Comparable results were reported by other studies [17,37,38].

Conclusion

Anxiety is a prevalent problem among Saudi HCW especially at the times of pandemics. Sustained anxiety may contribute to major psychiatric morbidity, and exhaustion Strategies to promote the psychological well-being of health care workers should be implemented. To improve the psychological health of health-care personnel, administrative support systems must be established. Such intermediations can ease stress, anxiety, and depression, and tip to improved psychological health. Future studies should be conducted to assess level of anxiety among health-care providers in Saudi Arabia and other Arab countries.

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