



Health Care Professionals' Quality of Life during COVID-19 Pandemic

**Nehad J. Ahmed^{1*}, Faisal Z. Alkhawaja², Mohammed K. Alghazwani²
and Menshawy A. Menshawy³**

¹Department of Clinical Pharmacy, College of Pharmacy, Prince Sattam Bin Abdulaziz University, Al-Kharj, Saudi Arabia.

²College of Pharmacy, Prince Sattam Bin Abdulaziz University, Al-Kharj, Saudi Arabia.

³Department of Medicinal Chemistry, College of Pharmacy, Prince Sattam Bin Abdulaziz University, Al-Kharj, Saudi Arabia.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Aim: The present study aimed to describe health care professionals' quality of life during COVID-19 pandemic Saudi Arabia.

Methodology: The cross-sectional study included a survey that was prepared using the world health organization quality of life assessment instrument (WHOQOL). To provide a good quality of care and to achieve patient satisfaction on the care received, it is important to know how satisfied health care personnel are with their quality of life and job because the personnel with a good quality of life offer better services than those with poor quality of life.

Results: The present study showed that the quality of life of about two third of the health care providers was good. Nonetheless, about one third of them had a poor quality of life.

Conclusion: There is a need to implement long term programs aimed at improving the emotional well-being of health care specialists and improving their quality of life.

*Corresponding author: E-mail: n.ahmed@psau.edu.sa;

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1. INTRODUCTION

The work in hospitals can be meaningful and personally fulfilling but it is demanding and stressful. Hospitals are health care institutions with a high level of work-related stress, so the work in hospitals could increase the risk of low quality of life [1-4]. Quality of life is defined by the World Health Organization as the person's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, standards, expectations, and concerns [5].

The Professional Quality of Life is a complex concept associated with the personal characteristics, the work environment, in addition to the relationship between the professional and a traumatic event experienced directly or indirectly [6]. It includes positive results such as compassion satisfaction as well as adverse effects of caring for others, such as burnout and compassion fatigue [7]. The healthcare providers are susceptible to several occupational risks that can affect their quality of work through exposure to radiations, chemicals, psychosocial, and physical hazards [8].

The coronavirus disease 2019 (COVID-19) pandemic is caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and lead to several negative consequences including a global increase in hospitalizations due to pneumonia [9]. COVID-19 pandemic has highlighted the importance of healthcare workers and their professional quality of life [10]. Healthcare providers play a vital role in helping curb the hazardous health impact of COVID-19 but their lives and major functioning have been prominently affected by COVID-19 pandemic [11].

Healthcare personnel require personal and professional self-care practices, good professional quality of life, listening skills, along with emotion and stress management with the purpose of providing quality care [12]. In recent years, patients' perception of health and quality of life has been the subject of extensive investigation, nevertheless research focusing on the quality of life of healthcare workers is scarce and needs an extensive investigation [13]. The present study aimed to describe health care professionals' quality of life during COVID-19 pandemic Saudi Arabia.

2. METHODOLOGY

The cross-sectional study included a survey that was prepared using the world health organization quality of life assessment instrument (WHOQOL). The data were collected during September 2021 and included doctor, pharmacists and other health care professionals from different cities in Saudi Arabia. So, medical students and other professionals are excluded from the study.

The survey was prepared as an online form using Google Forms and was sent to be filled by health care professionals through social media. The results were extracted from the online form into excel sheet and was represented as numbers and percentages. Respondent confidentiality was maintained and the results don't contain any personal data.

The self-administered survey included several parts, each part was shown in a separate table. The first part included personal data of the respondents (age, gender, marital status, living place, and profession), the second part included 3 questions about health care professionals' rating of their quality of life, the third part included 12 questions about the extent to which health care professionals' requirements are met, and the fourth part included 9 questions about health care professionals' life satisfaction.

3. RESULTS AND DISCUSSION

The survey was filled by 101 health care professionals. More than 55 % of the respondents were females and the age of 73.27% of them was between 20 and 29 years. About 38.62% of the respondents were from Riyadh and 30.69% of them were from Al-Kharj. About 36.64% of the respondents were clinicians and 30.69% of them were pharmacists. The personal data of the respondents were shown in Table 1.

Table 2 shows health care professionals' responses about rating their quality of life. About 59.41% of the health care providers said that their quality of life is good, 65.35% of them were satisfied with their health, and 43.57% of them are able to get around well.

Table 3 shows the extent to which the requirements of health care professionals are

met. About 45.54% of the respondents informed that they don't enjoy life considerably and 31.68% do not feel their life to be meaningful. Moreover, 44.55% of the respondents said that they are not able to concentrate well and 29.70% of them don't feel safe in their daily life and 37.62% of them don't have enough energy for everyday life. Furthermore, 30.69% of the respondents don't accept their bodily appearance and 38.61% of them informed that they have at least one of the negative feelings such as blue mood, despair, anxiety, and depression.

Table 4 shows the satisfaction of health care professionals with living standards. About 43.56% of the health care professionals were not satisfied with their sleep and 32.67% of them were dissatisfied with their capacity for work.

Moreover, only 36.63% of the respondents were satisfied with their personal relationships and about 20.79% of them were dissatisfied with conditions of their living place.

More than one third of the healthcare providers are not satisfied with their health and are not able to get around well and think that their quality of life is not good. Moreover, about one third of them don't feel safe in their daily life, don't have enough energy for everyday life and don't accept their bodily appearance. As well, more one third of them don't enjoy life considerably and said that they are not able to concentrate well as well as more one third of them informed that they have at least one of the negative feelings such as despair, anxiety, and depression.

Table 1. Personal data of the respondents

Variable	Category	Number	Percentage
Gender	Male	45	44.55%
	Female	56	55.45%
Age	10-19	26	25.74%
	20-29	74	73.27%
	30-39	1	0.99%
Marital Status	Single	91	90.10%
	Married	10	9.90%
City	Jazan	4	3.96%
	Jeddah	7	6.93%
	Al-Kharj	31	30.69%
	Riyadh	39	38.62%
	Tabuk	14	13.86%
	Dammam	1	0.99%
	Qassim	2	1.98%
	Mecca	3	2.97%
Profession	Pharmacy	31	30.69%
	Medicine	37	36.64%
	Others	33	32.67%

Table 2. Health care professionals' responses about rating their quality of life

Variable	Category	Number	Percentage
How would you rate your quality of life?	Poor	14	13.86%
	Neither poor nor good	27	26.73%
	Good	60	59.41%
How satisfied are you with your health?	Poor	10	9.90%
	Neither poor nor good	25	24.75%
	Good	66	65.35%
How well are you able to get around?	Poor	22	21.78%
	Neither poor nor good	35	34.65%
	Good	44	43.57%

Table 3. The extent to which the requirements of health care professionals are met

Variable	Category	Number	Percentage
To what extent do you feel that physical pain prevents you from doing what you need to do?	A little	64	63.37%
	Very much	37	36.63%
How much do you need any medical treatment to function in your daily life?	A little	87	86.14%
	Very much	14	13.86%
How much do you enjoy life?	A little	46	45.54%
	Very much	55	54.46%
To what extent do you feel your life to be meaningful?	A little	32	31.68%
	Very much	69	68.32%
How well are you able to concentrate?	A little	45	44.55%
	Very much	56	55.45%
How safe do you feel in your daily life?	A little	30	29.70%
	Very much	71	70.30%
Do you have enough energy for everyday life?	A little	38	37.62%
	Very much	63	62.38%
Are you able to accept your bodily appearance?	A little	31	30.69%
	Very much	70	69.31%
Have you enough money to meet your needs?	A little	44	43.56%
	Very much	57	56.44%
How available to you is the information that you need in your day-to-day life?	A little	29	28.71%
	Very much	72	71.29%
To what extent do you have the opportunity for leisure activities?	A little	68	67.33%
	Very much	33	32.67%
How often do you have negative feelings such as blue mood, despair, anxiety, depression?	A little	39	38.61%
	Very much	62	61.39%

Table 4. The satisfaction of health care professionals with living standards

Variable	Category	Number	Percentage
How satisfied are you with your sleep?	Dissatisfied	44	43.56%
	Satisfied	57	56.44%
How satisfied are you with your ability to perform your daily living activities?	Dissatisfied	40	39.60%
	Satisfied	61	60.40%
How satisfied are you with your capacity for work?	Dissatisfied	33	32.67%
	Satisfied	68	67.33%
How satisfied are you with yourself?	Dissatisfied	23	22.77%
	Satisfied	78	77.23%
How satisfied are you with your personal relationships?	Dissatisfied	37	36.63%
	Satisfied	64	63.37%
How satisfied are you with the support you get from others?	Dissatisfied	23	22.77%
	Satisfied	78	77.23%
How satisfied are you with the conditions of your living place?	Dissatisfied	21	20.79%
	Satisfied	80	79.21%
How satisfied are you with your access to health services?	Dissatisfied	24	23.76%
	Satisfied	77	76.24%
How satisfied are you with your transport?	Dissatisfied	22	21.78%
	Satisfied	79	78.22%

Similar to the results of the present study, Keshavarz et al stated that Physicians, midwives, and nurses had a moderate professional quality of life [14]. Kumar et al reported that among health workers, the overall perception of quality of life was average and the overall stress level of health-care workers was moderately elevated

[15]. Moreover, Cuartero-Castañer et al stated that among healthcare professionals in Ecuador, healthcare workers have an average quality of life with high levels of compassion satisfaction and average levels of compassion fatigue and burnout [10]. Ruiz-Fernández et al stated that among healthcare professionals in Spain, there

were high levels of compassion fatigue, burnout, and compassion satisfaction during COVID-19 crisis [16].

Kheiraoui et al found that Italian healthcare workers had higher scores for general health, physical function, role physical, bodily pain and mental health, and lower scores for vitality, social function and role emotional compared with the general Italian population [13]. Silva et al informed that among nursing providers, around 22% of them had high strain and 8% showed an effort-reward imbalance at work [17]. Teles et al found that among primary health care employees, poor quality of life was observed in 15.4% of them [18]. Furthermore, Duarte stated that Job stress and burnout are highly prevalent in healthcare professionals and that higher scores of burnout and compassion fatigue, and lower scores of compassion satisfaction, were associated with greater depression, anxiety and stress symptoms [19]. Alrayes et al found a good quality of life in the majority of dental professionals in Eastern Province of Saudi Arabia [20].

4. CONCLUSION

To provide a good quality of care and to achieve patient satisfaction on the care received, it is important to know how satisfied health care personnel are with their quality of life and job because the personnel with a good quality of life offer better services than those with poor quality of life. The present study showed that the quality of life of about two third of the health care providers was good. Nonetheless, about one third of them had a poor quality of life. There is a need to implement long term programs aimed at improving the emotional well-being of health care specialists and improving their quality of life.

CONSENT

As per international standard or university standard, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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