

Exploring Occupational Stress among Medical and Administrative Staff at National Guard Hospital in Riyadh: A Qualitative Study

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Abstract

Background: Occupational stress is a critical issue for both medical and administrative staff in healthcare settings, impacting job performance and well-being. This study explores the sources, impact, and coping mechanisms related to occupational stress among staff at National Guard Hospital in Riyadh.

Methods: A qualitative study was conducted using semi-structured interviews with 30 staff members (15 medical, 15 administrative). Thematic analysis was used to identify key stressors and coping strategies.

Results: Themes include heavy workloads, role ambiguity, emotional exhaustion, and peer support as a key coping mechanism.

Keywords: Occupational Stress, Healthcare, Medical Staff, Administrative Staff, Coping Mechanisms, Qualitative Study.

Introduction

Occupational stress is a significant issue in healthcare settings, impacting both medical and administrative staff. In tertiary hospitals, such as the National Guard Hospital (MNGHA) in Riyadh, the pressures faced by staff are compounded by the complex nature of healthcare delivery, including high patient volumes, time-sensitive decision-making, and the need for constant coordination among departments. These stressors can lead to negative outcomes such as burnout, reduced job satisfaction, and, ultimately, decreased quality of care (Al-Makhaita et al., 2014).

Medical staff, including doctors, nurses, and allied health professionals, are particularly vulnerable to stress due to their direct involvement in patient care. The emotional and physical demands of providing care, coupled with long hours and shift work, contribute to higher levels of burnout in these professionals (Bhatia, 2010). Administrative staff, though not involved in direct patient care, also experience significant stress, often due to high workloads, organizational challenges, and the pressure to ensure that hospital operations run smoothly (Gao, 2012).

Research has shown that both medical and administrative staff in hospitals face similar stressors, such as heavy workloads, role ambiguity, and interpersonal conflicts, but the nature and intensity of these stressors can differ between the two groups (Mark & Smith, 2012). Medical professionals often report stress related

to patient outcomes and clinical responsibilities, while administrative staff experience stress from managing operational tasks and dealing with bureaucratic processes. Understanding the different sources and impacts of occupational stress on both groups is essential for developing effective interventions to reduce stress and improve overall staff well-being (Wu et al., 2010).

This qualitative study aims to explore the sources and effects of occupational stress among medical and administrative staff at the National Guard Hospital in Riyadh. By examining the lived experiences of these professionals, the study seeks to identify key stressors, the perceived impact of stress on job performance, and the coping mechanisms employed by staff to manage their stress.

Literature Review

Occupational Stress Among Healthcare Professionals

Occupational stress is prevalent among healthcare workers due to demanding work environments, heavy workloads, and emotional challenges. Medical staff, including doctors, nurses, and allied health professionals, frequently report high levels of stress stemming from patient care responsibilities, shift work, and time pressures. According to studies, stressors such as long working hours, high patient loads, and emotional exhaustion lead to burnout and reduced job satisfaction (Al-Makhaita et al., 2014; Bhatia, 2010). These factors can negatively impact both the well-being of staff and the quality of care provided to patients.

Research has consistently shown that job-related stress among medical staff is closely associated with job demands that exceed individual capacity. A study by Wu et al. (2010) found that nursing staff, in particular, experience high levels of stress due to constant exposure to critical care situations, which can result in physical and psychological strain. Similarly, doctors and other healthcare professionals report feelings of emotional exhaustion due to the need to make quick, high-stakes decisions that affect patient outcomes (Gao et al., 2012).

Stress Among Administrative Staff in Healthcare Settings

Administrative staff, while not directly involved in patient care, also experience significant stress due to organizational challenges, role ambiguity, and the pressure to maintain smooth hospital operations. Administrative roles in healthcare often require balancing multiple tasks, including managing resources, ensuring compliance with regulations, and coordinating between departments. This can lead to stress similar to that experienced by medical staff, but stemming from different sources, such as bureaucratic hurdles and staff shortages (Mark & Smith, 2012).

Stress among administrative staff is often linked to factors like job insecurity, workload, and lack of control over their roles (Gao, 2012). A study examining stress levels among administrative employees in hospitals indicated that job dissatisfaction is often driven by the perception of inadequate support from management and limited career progression opportunities (Mark & Smith, 2012). These stressors can manifest as reduced job performance, higher absenteeism, and an increase in turnover rates.

Comparative Stressors Between Medical and Administrative Staff

Though both medical and administrative staff experience occupational stress, the nature and intensity of these stressors differ. Medical staff are more likely to encounter stress related to patient outcomes, emotional fatigue from constant patient interaction, and the physical demands of their roles. In contrast, administrative staff often experience stress due to organizational inefficiencies, pressure to meet operational targets, and balancing multiple administrative responsibilities (Al-Makhaita et al., 2014).

A key distinction between the two groups is the source of emotional stress. Medical staff often report stress due to the emotional impact of patient care, including dealing with patient deaths or difficult diagnoses, whereas administrative staff report stress stemming from management pressures and job role ambiguity (Wu et al., 2010). This difference highlights the need for tailored stress management interventions that address the specific stressors each group faces.

Coping Strategies for Occupational Stress

Coping mechanisms for stress among healthcare workers vary between individuals and professions. For medical staff, strategies such as peer support, stress management training, and regular breaks during shifts have been shown to be effective in reducing burnout and improving job satisfaction (Bhatia, 2010). Social support, particularly from colleagues, plays a significant role in helping medical professionals manage the emotional challenges of their work (Al-Makhaita et al., 2014).

For administrative staff, stress management strategies may include clearer role definitions, improved communication with management, and opportunities for professional development. Organizational interventions such as team-building exercises, stress management workshops, and better resource allocation have been found to reduce stress among administrative personnel (Mark & Smith, 2012).

The literature indicates that both medical and administrative staff in healthcare settings experience significant levels of occupational stress, albeit from different sources. Medical staff face stress primarily from the demands of patient care, while administrative staff are more likely to experience stress from organizational and operational challenges. Addressing these stressors requires tailored interventions that take into account the specific challenges faced by each group. Improving work conditions, providing psychological support, and enhancing team communication are crucial for mitigating the negative effects of occupational stress in hospitals.

Methodology

Study Design

A qualitative exploratory study was conducted to examine the occupational stress experienced by medical and administrative staff at the National Guard Hospital in Riyadh. The study used semi-structured interviews to capture the lived experiences and perspectives of both groups regarding stressors, their impact on job performance, and coping mechanisms.

Setting and Participants

The research took place in various departments at National Guard Hospital, including clinical areas (for medical staff) and administrative offices (for administrative staff). A purposive sampling method was used to select participants with at least two years of experience. A total of 30 participants were recruited: 15 medical staff (doctors, nurses, and allied health professionals) and 15 administrative staff (administrators, coordinators, and managers).

Data Collection

Data were collected through semi-structured interviews, lasting 30 to 60 minutes each. The interviews were conducted face-to-face in a private setting within the hospital to ensure confidentiality. The interview guide included open-ended questions about work-related stress, the main causes of stress, the impact on job performance and well-being, and the strategies participants used to cope with stress.

Sample interview questions included:

- What are the main stressors in your role?
- How does occupational stress affect your job performance and overall well-being?
- What strategies do you use to cope with stress at work?

All interviews were audio-recorded with participant consent and transcribed verbatim for analysis.

Data Analysis

Thematic analysis was used to analyze the interview transcripts. The six-step approach outlined by Braun and Clarke (2006) was applied, which involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Two researchers independently coded the data, and any discrepancies were resolved through discussion to ensure the reliability of the findings.

Key themes related to occupational stress, role-related stressors, and coping mechanisms were identified. NVivo software was used to assist in the coding and organization of the data.

Ethical Considerations

Ethical approval was obtained from the hospital's Institutional Review Board (IRB), Protocol Number (0000061424). Informed consent was obtained from all participants before the interviews, ensuring their understanding of the study's aims and their right to withdraw at any time. Confidentiality was maintained by anonymizing all data, and the audio recordings and transcripts were securely stored.

Trustworthiness

To ensure the trustworthiness of the study, member checking was conducted. Participants were given the opportunity to review the interview transcripts and preliminary findings to ensure that their experiences were accurately represented. Additionally, triangulation was achieved by collecting data from both medical and administrative staff, allowing for a more comprehensive understanding of occupational stress across different roles in the hospital.

Limitations

The study was limited by its focus on a single hospital, which may affect the generalizability of the findings. Additionally, the self-reported nature of the data may introduce bias, as participants might not fully disclose their experiences due to fear of professional repercussions.

Findings

The thematic analysis revealed several key themes related to occupational stress among medical and administrative staff at the National Guard Hospital. These themes include a diverse range of stressors and coping mechanisms, emphasizing the complexity of stress management in healthcare settings.

Theme 1: Sources of Occupational Stress

Sub-theme 1.1: Workload and Patient Demands (Medical Staff)

Medical staff highlighted the stress of high patient loads and dealing with complex cases, often under tight time constraints.

- Participant 2 (Medical staff): "We're constantly handling critical patients, and the volume can be overwhelming, especially when we're short-staffed."

Sub-theme 1.2: Administrative Pressure and Bureaucracy (Administrative Staff)

Administrative staff expressed frustration with organizational demands, including heavy paperwork and bureaucratic processes.

- Participant 8 (Administrative staff): "The amount of paperwork is ridiculous, and it keeps increasing. We spend more time managing files than focusing on meaningful work."

Sub-theme 1.3: Role Conflict and Ambiguity

Both medical and administrative staff reported experiencing stress due to unclear job roles, especially when responsibilities overlap with those of other departments.

- Participant 5 (Administrative staff): "It's stressful when I'm expected to manage tasks outside my role, without proper training or support."

- Participant 3 (Medical staff): "Sometimes, it's not clear who is responsible for what, and that causes delays and frustration."

Theme 2: Impact on Job Performance and Health

Sub-theme 2.1: Decline in Job Satisfaction

Participants from both groups noted that occupational stress reduced their job satisfaction and motivation.

- Participant 7 (Medical staff): "I used to love my job, but the constant stress has made me question whether I want to continue in this profession."

- Participant 10 (Administrative staff): "There are days when I feel like nothing I do matters, and that makes it hard to stay motivated."

Sub-theme 2.2: Physical and Emotional Exhaustion

Physical and emotional exhaustion were common, with participants describing feelings of burnout and fatigue due to the unrelenting demands of their jobs.

- Participant 6 (Medical staff): "I leave work exhausted every day. I love my patients, but the stress is too much."

- Participant 11 (Administrative staff): "By the end of the week, I'm completely drained, emotionally and physically."

Sub-theme 2.3: Health Problems Linked to Stress

Some participants reported health issues directly related to workplace stress, including headaches, sleep disturbances, and anxiety.

- Participant 9 (Medical staff): "The constant pressure has led to health problems for me. I've developed chronic headaches from the stress."

- Participant 12 (Administrative staff): "My stress at work has triggered anxiety, and it's affecting my sleep and overall health."

Theme 3: Interpersonal Relationships and Conflict

Sub-theme 3.1: Lack of Support from Management

Several participants felt that their stress was exacerbated by a lack of support from hospital management, including insufficient feedback and recognition.

- Participant 13 (Medical staff): "We're not getting the support we need from higher-ups. It feels like they don't understand or care about the stress we're under."

Sub-theme 3.2: Interdepartmental Communication Issues

Both medical and administrative staff described challenges in communicating across departments, leading to delays and misunderstandings that contribute to stress.

- Participant 4 (Administrative staff): "Communication between departments is poor. When things go wrong, it's usually because we're not all on the same page."

Theme 4: Coping Mechanisms

Sub-theme 4.1: Peer Support as a Buffer

Participants frequently mentioned peer support as a key way to manage stress, with colleagues providing both emotional and practical assistance.

- Participant 14 (Medical staff): "Talking to my colleagues after a tough day helps me feel like I'm not alone. We support each other."

- Participant 15 (Administrative staff): "My co-workers are the only reason I can handle the stress sometimes. We help each other get through the tough days."

Sub-theme 4.2: Personal Coping Strategies

In addition to peer support, participants also used personal strategies such as exercise, mindfulness, and hobbies to cope with stress.

- Participant 6 (Medical staff): "Running after work helps me release the tension I've built up during the day."

- Participant 12 (Administrative staff): "I've started practicing mindfulness, and it's helped me manage the stress much better."

Discussion

The findings of this study highlight the multifaceted nature of occupational stress among both medical and administrative staff at the National Guard Hospital. The themes identified—sources of occupational stress, its impact on job performance and health, interpersonal challenges, and coping mechanisms—shed light on the distinct yet overlapping stressors faced by these two professional groups.

Sources of Occupational Stress

Workload and role ambiguity emerged as significant stressors across both groups, reflecting previous research on occupational stress in healthcare settings (Al-Makhaita et al., 2014). For medical staff, the high volume of patient care, combined with time-sensitive decision-making, contributed to physical and emotional strain. This aligns with studies suggesting that healthcare professionals, particularly those in direct patient care roles, are at higher risk of burnout due to the intensity of their responsibilities (Gao et al., 2012). Administrative staff, on the other hand, faced bureaucratic pressures and unclear job roles, leading to frustration and stress related to operational inefficiencies (Mark & Smith, 2012).

Role ambiguity was another key stressor, particularly for administrative staff who reported confusion about their responsibilities. This is consistent with the literature on occupational stress, which suggests that unclear job roles can exacerbate feelings of frustration and lower job satisfaction (Wu et al., 2010). Moreover, the lack of clarity in communication and collaboration between departments added to the stress experienced by both medical and administrative staff.

Impact on Job Performance and Health

The emotional and physical toll of occupational stress was evident in the participants' accounts of burnout and exhaustion. Emotional exhaustion, as described by many medical staff, directly affected their ability to provide high-quality care, a finding supported by studies that link burnout to decreased job performance and increased risk of errors (Bhatia, 2010). Administrative staff also reported feeling emotionally drained, with stress spilling over into their personal lives, further exacerbating health issues like anxiety and sleep disturbances.

The study also found that occupational stress led to a decline in job satisfaction for both groups. This supports research suggesting that prolonged exposure to stress can reduce motivation and lead to job dissatisfaction, which may, in turn, affect retention rates and organizational productivity (Mark & Smith, 2012).

Interpersonal Challenges and the Role of Support

Interpersonal relationships, particularly the lack of support from management and communication breakdowns between departments, were significant stressors. Several participants felt that management did not fully understand or acknowledge the pressures they faced, exacerbating feelings of isolation and stress. This is consistent with the literature, which shows that perceived lack of managerial support can increase job stress and reduce job satisfaction (Al-Makhaita et al., 2014).

However, peer support emerged as a critical buffer against occupational stress. The importance of peer networks was frequently mentioned, with participants relying on colleagues for emotional support and practical help. This aligns with research indicating that strong peer support systems can mitigate the effects of stress and improve resilience in high-pressure work environments (Wu et al., 2010).

Coping Mechanisms

In terms of coping strategies, participants used both peer support and individual methods, such as exercise and mindfulness, to manage their stress. Peer support was particularly important for medical staff, who often faced emotionally taxing situations that required collective support from colleagues. Personal strategies, such as exercise and mindfulness, were effective in helping both groups manage their stress outside of work. This reflects findings in the literature that emphasize the importance of both social and individual coping mechanisms in reducing stress (Bhatia, 2010).

Implications for Practice

The findings suggest several practical implications for reducing occupational stress in healthcare settings. First, there is a need for clearer role definitions, particularly for administrative staff, to reduce role conflict and ambiguity. Second, enhancing communication and collaboration between departments could alleviate some of the interpersonal stressors faced by both medical and administrative staff. Finally, implementing stress management programs and increasing managerial support could improve job satisfaction and reduce the emotional burden on staff.

Limitations

This study is limited by its focus on a single institution, which may affect the generalizability of the findings. Additionally, the reliance on self-reported data may introduce bias, as participants might not fully disclose their experiences due to fear of repercussions.

Conclusion

This study provides a comprehensive understanding of the occupational stress experienced by medical and administrative staff at the National Guard Hospital. By exploring both the sources and impacts of stress, as well as the coping mechanisms employed, the study highlights the need for targeted interventions to reduce stress and improve the overall well-being of healthcare workers.

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