

# Impact of Medical Staffs Work Pressures on the Quality of Life During the Hajj Season Makkah, Saudi Arabia 2022

Mohammad Awad Abdullah Al Asmri<sup>1</sup>, Abdulrhman Mohmmad Mobarki<sup>2</sup>, Saleh Musleh Althubyani<sup>3</sup>, Fahad Saod Masod Alhothaily<sup>4</sup>, Ohood Ahmad Alshareef<sup>5</sup>, Essam Mohammad Abdullah Kabli<sup>6</sup>, Abdulrahman Naif A Qutub<sup>7</sup>, Muhammad Abdullah Al-Sharif<sup>8</sup>, Ahmad Ali Yahya Qadri<sup>9</sup>, Abdulrahman Mohammad Mohammad Ghafouri<sup>10</sup>, Hamza Ahmad Banafi<sup>11</sup>, Naif Muidh Hameed Alhuzali<sup>12</sup>, Mohammed Hassan Ahmed Alaysuy<sup>3</sup>, Faisal Raad Alsharif<sup>13</sup>, Siraj Ali Alshareef<sup>14</sup>

<sup>1</sup>Nursing technician, department of legal affairs Health Affairs in Taif, Saudi Arabia.

<sup>2</sup>Pharmacist, Medical Complex in Al-Shumaisi, Makkah, Saudi Arabia.

<sup>3</sup>Emergency medical services, Executive Administration of Disasters and crises Makkah Healthcare cluster

<sup>4</sup>Nurse, Azizia Health Center Makkah, Saudi Arabia.

<sup>5</sup>Specialist Nursing, King Abdulaziz hospital, Saudi Arabia.

<sup>6</sup>Social Specialist, Ibn Sina Hospital, Makkah, Saudi Arabia.

<sup>7</sup>General Medicine, Directorate of Health Affairs in Makkah Region, Saudi Arabia.

<sup>8</sup>Emergency medical technician, Executive Administration of Disasters and crises Makkah Healthcare cluster, Saudi Arabia.

<sup>9</sup>Nursing, Al Husiniah Center, Makkah, Saudi Arabia.

<sup>10</sup>Emergency Consultant Doctor, King Faisal Hospital, Makkah, Saudi Arabia.

<sup>11</sup>Medical Laboratory, Tabuk Alwjlh general hospital, Alfaria health center, Saudi Arabia.

<sup>12</sup>Technician-Nursing, Aleskan health center, Makkah, Saudi Arabia.

<sup>13</sup>Management of health services, King Abdulaziz Hospital - Makkah, Saudi Arabia.

<sup>14</sup>Nursing, Al Rashidiya Health Centre, Saudi Arabia.

## Abstract:

### Background

In previous publications, we have reported that medical staffs work during the hajj undergo high levels of pressures and stress on the quality of life. The pressures seems to be counteracted by Increase time for rest and relaxation, no anxiety, optimal self-efficacy, good sleeping quality, these previous results suggest an optimal adaptation of these medical staffs work to the demanding situations that occur during the hajj season . Compassion fatigue leads to behavioral, emotional, and physical changes, which affect the medical staffs work, as well as the medical staffs work and Pilgrims. The consequences of compassion fatigue are not limited to the personal well-being of medical staffs work but are also associated with Pilgrims outcomes, increased thoughts and higher job turnover rates. Job pressures have become a major problem in recent period medical staffs work particularly in nursing profession. Work pressures is the second prevailing problem related to quality of life during the hajj. during the hajj is extremely hectic and stressful, that result from frequent emergencies and absorption of severely wounded patients subject to abrupt alterations in their health condition. pressures in the hajj season seems to be at its peak because medical staffs work have consecutive 15 shifts and handling a high numbers of multicultural and multilingual Pilgrims.

**Aim of the study:** To assessment impact of medical staffs work pressures on the quality of life during the hajj season 2022.

**Methods:** Across sectional descriptive study conducted among medical staffs work about quality of life during the hajj season, working in the at hospitals and primary health centers, Makkah, during July and August 2022 , Our total Sample size of medical staffs work participants were (200) .

**Results:** shows that the highest proportion of participants age 26-30 years (37.0%) nationality the majority of participant Non-Saudi were (65.0%) the years of professional experience the majority of participant more than 12 year were (47.0%), regarding the job designations the majority of participant residents were (43.0%) but specialist were (38.0%), while consultants were (19.0%).

**Conclusion:** Although definitions of mass gatherings vary greatly, they consist of large numbers of people attending an event at a specific site for a finite time associated with the Hajj (an annual pilgrimage to Mecca, Saudi Arabia) is clearly the best reported. Hajj routinely attracts 2.5 million Muslims for worship. WHO's global health initiatives have converged with Saudi Arabia's efforts to ensure the wellbeing of pilgrims, medical staffs work.

**Keywords:** Impact, medical, staffs, work, pressures, quality, life, during, hajj, season, Saudi Arabia .

## Introduction

Hajj is one of the biggest mass gatherings in the world<sup>1</sup> that requires huge organizational and material efforts, including health services for the visitors. (1)The Saudi authorities have assigned 25,000 health workers and prepared 25 hospitals, 155 permanent and seasonal health centers and 100 highly equipped mobile intensive care units (ICUs) to medically assist more than 3 million pilgrims at the 4 major rituals' localities: Mina, Arafat, and the two Holy Mosques of Makkah and Madinah.(2) These seasonal health facilities have an inpatient capacity of 5000 beds, including 500 intensive care (IC) beds, where all health services are free of charge, including surgeries.(3) Each new Hajj season brings new challenges that add to the experience of the staff and the authorities.(4) However, like in every other healthcare system, the quality of care in Hajj depends on several parameters, including the wellbeing of clinicians and their job satisfaction, medical staffs work and quality of life(5)

Mecca is the holy city and capital of Saudi Arabia, where Muslims come to worship with the annual Hajj pilgrimage, homage to the last pilgrimage of the Prophet Muhammad. The pilgrimage is the world's largest yearly religious mass gathering and is a requirement for any nondisabled member of the Islamic faith, at least once in their lifetime. During the pilgrimage season, about 2.5 million Muslims from all over the world arrive in Mecca and stay from 10 to 30 days (6). During the 15-day peak period, all health-care institutions, emergency services, air ambulances, disaster management centers, police departments, and other related services are placed on high alert to be able to intervene appropriately in case of any crowd emergencies(7). During this period, medical staff's works are recruited to work 12-h shifts for 15 consecutive days.(8) Although there are financial rewards, medical staffs works suffer from physical exhaustion and emotional frustration during this lengthy assignment, possibly leading to compassion pressures and effected on quality of life, quality of life is defined as "the individual's perception of his or her position in life within the cultural context and value system

in which he or she lives and with respect to his or her goals, expectations, norms and concerns". (9) Medical staffs work pressures are confronted on a daily basis with complex tasks that are influenced by various stressors involving emotional problems. This is related to the organization of work and could affect negatively their physical and mental health and quality of life especially during the Hajj season (10), high level of quality of life is necessary to continue to attract and retain employees (11). So far, different researchers have presented diverse definitions of quality of life (12). Quality of life is mainly defined as "satisfying an employee's needs via the resources, activities and outcomes that arise from involvement in the workplace" (13). Reviewed different researches about definitions and constructs of quality of life and designated that quality of life is a multi-dimensional construct and is made of a number of inter-related factors.(14) proposes that the key constructs of quality of life are higher payment, job security, better reward systems, growth opportunity and participative groups among others. (15) State that according to the Walton's quality of life model (16), the quality of life is getting important as a way to save human and environmental values which have been ignored in favor of technological advancement of the economic growth and productivity. (16) Quality of life has been found to influence the intention of quitting the job (17) More importantly, various studies on work life confirm that what happens in the workplace has considerable influence on individuals and their families (18). So it is vital to enhance the quality of life in order to reduce the negative effects of lower quality of life levels (19)

### **Literature Review**

It is important to assess and improve job satisfaction among medical staffs work during Hajj, as this enhances the quality of care provided to the pilgrims and reduces the risk of pressures on the quality of life, burnout and malpractice. (20,21) Working as a medical staffs work during Hajj may be an exciting experience and an excellent learning opportunity, as it represents the largest mass gathering in the world, with people coming from almost all the countries.(22)

Older medical staffs work reported lower levels of pressures on the quality of life. This finding aligns with the results of previous studies (23,42), that medical staff's works aged 40 years or younger were found to be at higher risk of pressures on the quality of life. (25) Suggested that millennial medical staffs work – or younger generation medical staffs work – have the highest level of pressures on the quality of life during the hajj season. These findings suggest that younger nurses may not experience a sufficient transition from the student role to the staff medical staffs work, have not yet developed critical adaptive behaviors, and lack of collegial support and resources (26)

(27) Reviewed different researches about definitions and constructs of Quality of Work Life and designated that quality of work life is a multi-dimensional construct and is made of a number of inter-related factors. (proposes that the key constructs of Quality of Work Life are higher payment, job security, better reward systems, growth opportunity and participative groups among others, (28) the Quality of Work Life is getting important as a way to save human and environmental values which have been ignored in favor of technological advancement of the economic growth and productivity. Quality of Work Life has been found to influence the intention of quitting the job (16). More importantly, various studies on work life confirm that what happens in the workplace has considerable influence on individuals, their families and

quality of life (22). Further analysis indicated 73–76% of the medical staffs work are at a moderate to a high risk of pressures on the quality of life during the hajj season, in the literature, various research findings reported pressures level on the life (29). Additionally, several studies suggest that medical staffs work, especially during the hajj , are at high risk of pressures (24). This finding is not surprising since pressures on the quality of life would be expected to be high as the Mass Pilgrim Nursing Assignment is a very long (15 days/12-h shifts) assignment with no days off.

Previous research indicates that organizational and personal factors were associated with the medical staffs work staff (20). The most important organizational predictors of work engagement were pressures of workload, values, and community. In addition, the quality of patient care and overall organizational well-being could be affected by pressures on the quality of life during the hajj season. (21)

Study by (28) reported that working during Hajj versus non-Hajj was associated with higher satisfaction regarding variety of work among medical staffs work; although it was not a predictor of overall job satisfaction. In line with this observation, several studies demonstrated that variety of work is an important component of professional fulfillment and a preventive factor against turnover intention.(30) On the other hand, working during Hajj is often associated with increased amount of responsibility and workload which may constitute the major factor that counterweighs variety of work on the satisfaction scale.

### **Rationale:**

There was no remarkable change in job satisfaction during Hajj season. By contrast to non-Hajj period, medical staffs work were less satisfied with regard to the quality of life condition, extended hours of work and attention paid to their suggestions; however, they were more satisfied in terms of the variety of work. The three strongest predictors of overall job satisfaction during Hajj were "opportunity to use ability", "hours of work" and "income." Hajj is one of the biggest mass gatherings in the world that requires huge organizational and material efforts, including health services for the visitors. The Saudi authorities have assigned 25,000 medical staffs and prepared 25 hospitals, 155 permanent and seasonal health centres and 100 highly equipped mobile intensive care units (ICUs) to medically assist more than 3 million pilgrims at the 4 major rituals' localities: Mina, Arafat, and the two Holy Mosques of Makkah and Madinah, each new Hajj season brings new pressures on the quality of life that add to the pressures of the staff and the authorities.

**Aim of the study:** To assessment impact of medical staffs work pressures on the quality of life during the hajj season 2022.

### **Objectives:**

To assessment impact of medical staffs work pressures on the quality of life during the hajj season 2022

### **Methodology:**

#### **Study design:**

This study is a cross-sectional study design was used in carrying out of this study.

## **Study Area**

The study has been carried out in the city of Makkah. Makkah is the holiest spot on Earth. It is the birthplace of the Prophet Mohammad and the principal place of the pilgrims to perform Umrah and Hajj. It is located in the western area in Kingdom of Saudi Arabia and called the Holy Capital. Contains a population around 2.580 million. This study was conducted among the medical staffs work during the hajj season in Makkah city during July and August 2022. Hajj 2022, the Saudi government provides free health services during Hajj rituals through hospitals and primary health centers (PHCs), including seasonal health facilities during the pilgrimage. Health care workers included in our survey were male and female (20 years of age to >35) medical staffs work who deal with pilgrims, data were collected for the (200) medical staffs work. A team of two was deployed at hospitals and Health care Center to collect data through a pathway checklist questionnaire. We excluded workers below 18 years of age. The study has been conducted on a convenience sample of 200 medical staffs work residents in Makkah city matching the inclusion criteria and exclusion.

### **Selection criteria:**

This difference translates into biological, socioeconomic and lifestyle differences

### **Inclusion criteria:**

Medical staffs work who agree to participate in the study

Work in hajj at Makkah city .

Able and willing to participate in the study.

### **Exclusion criteria:**

Medical staffs work outside Makkah city .

Medical staffs work that refusing to participant

### **The sample size**

The sample size has been calculated by applying Raosoft sample size calculator based on (The margin of error: 5%, Confidence level: 95%, and the response distribution was considered to be 20%) accordingly to sample size from medical staffs work by the required sample size; (200). (Male and female) and adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been 200. Computer generated simple random sampling technique was used to select the study participants. Data collection was done by the researcher during the 2022

### **Data collection tools of the study:**

To collect data knowledge structured questionnaire was used. It was developed by the researcher after reviewing of current national and international related literature. It composed of questions. This included the following parts:

Part one: biosocial demographic characteristics: as name, age, sex, phone number, leader name, frequency work in hajj season, years of education, area of residence, and presence of chronic diseases.

Part two: this part including questions to assess the pressures on the quality of life during the hajj following a short briefing about the study, informed consent will obtain from each participant who agreed to join the survey. Ethics approval will obtain from medical staffs work and primary health centers research center. The study tool was developed by the researcher and checked for validity and reliability using Cronbassh's alpha ( $r=0.76$ ). Pilot study was done on 10 medical staffs work Hajj to check and ensure the clarity, applicability and feasibility of

tools. medical staffs work completed the surveys themselves; however, research team members helped those who were unable to complete the questionnaires themselves.

**Data entry and analysis:**

The Statistical Package for Social Sciences (SPSS) software version 24.0 has be used for data entry and analysis. Descriptive statistics (e.g., number, percentage) and analytic statistics using Chi-Square tests ( $\chi^2$ ) to test for the association and the difference between two categorical variables were applied. A p-value  $\leq 0.05$  will be considered statistically significant

**Pilot study**

A pilot study has be conducted from medical staffs work in hospitals and primary health centers the same sector due to the similarity to the target group using the same questionnaire to test the methodology of the study. As a feedback, the questionnaire will be clear and no defect has be detected in the methodology .

**Ethical considerations**

Permission from the Makkah joint program Family Medicine program has be obtained. Permission from the Directorate of hajj, verbal consents from all participants in the questionnaire were obtained. All information was kept confidential, and a result has be submitted to the department as feedback .

**8. Budget: Self-funded**

**Results :**

**Table 1: distribution of participants according to socio demographic characteristics (Age, Gender, Nationality, qualification, Job title, and experience) (n=200)**

	N	%
<b>Age</b>		
20-25	34	17
26-30	74	37
31-35	58	29
Above 35	34	17
<b>Sex</b>		
Male	122	61
Female	78	39
<b>Nationality</b>		
Saudi	70	35
Non Saudi	130	65
<b>Marital status</b>		
Single	74	37
Married	88	44
Divorced	24	12
Widowed	14	7
<b>Working in Hajj for</b>		
First time	130	65
Second time	46	23
More than	24	12

<b>Level of education</b>		
Associate degree/diploma	46	23
BSN	38	19
Post-BSN diploma	44	22
MSN	72	36
<b>Total years of professional experience</b>		
1-4.	24	12
4-8.	38	19
8-12.	44	22
More than 12.	94	47
<b>Experience working during Hajj season</b>		
1 Year	118	59
2 Years	64	32
3 Years	12	6
More than 3 years	6	3
<b>Job Designations</b>		
Consultants	38	19
Specialist	76	38
Residents	86	43

Regarding socio demographic characteristics, this table shows that the highest proportion of participants age 26-30 years (37.0%) and 31-35 years of age (29.0%), while 20-25 years and above 35 were (17.0%), regarding the gender the majority of participant male were (61.0%), but female were (39.0%) , regarding nationality the majority of participant Non-Saudi were (65.0%) but Saudi were (35.0%), regarding marital status the majority of participant married were (44.0%) but single were (37.0%), while divorced were (12.0%), regarding the working in Hajj for the majority of participant first time were (65.0%) but second time were (23.0%), while more than were (12.0%), regarding the level of education is the majority of participant MSN were (36.0%) but associate degree/diploma were (23.0%), while Post-BSN diploma were (22.0%), regarding the years of professional experience the majority of participant more than 12 year were (47.0%), while from 8-12 were (22.0%) but 4-8 were (19.0%), regarding the experience working during Hajj season the majority of participant 1 years were (59.0%) but 2years were (32.0%), while 3 years were (6.0%), regarding the job designations the majority of participant residents were (43.0%) but specialist were (38.0%), while consultants were (19.0%) .

**Table 2: Distribution of pressures on the quality of life during the hajj season**

	<b>N</b>	<b>%</b>
<b>Disruption of your home life through spending long hours at work?</b>		
No	24	12
Yes	176	88

<b>Feeling under pressure to meet deadlines during the hajj season?</b>		
No	22	11
Yes	178	89
<b>Undervalued at your life during the hajj</b>		
No	168	84
Yes	32	16
<b>There is no time to share family matters</b>		
No	16	8
Yes	184	92
<b>During the hajj season encountering difficulties in relationship with colleagues?</b>		
No	30	15
Yes	170	85
<b>Are you working at night/weekend call duties in addition to your daily work</b>		
All the time	20	10
Sometimes	24	12
Not at all	156	78
<b>working at night/weekend call duties increased the pressures on the quality of life</b>		
Yes	58	29
No	142	71
<b>Really not enjoying the type of your work during the hajj season</b>		
Yes	52	26
No	148	74
<b>Not Participating in life related decisions during the hajj season</b>		
Yes	190	95
No	10	5

Regarding pressures on the quality of life during the hajj season, this table shows that regarding the your home life through spending long hours at work most of participants answer Yes were (88.0%) followed by No (12.0%), regarding feeling under pressure to meet deadlines during the hajj season the majority of participant answer Yes were (89.0%), but No were (11.0%) , regarding undervalued at your life during the hajj the majority of participant answer No were (84.0%) but Yes were (16.0%), regarding there is no time to share family matters the majority of participant answer Yes were (92.0%) but No were (8.0%), regarding during the hajj season encountering difficulties in relationship with colleagues the majority of participant answer Yes were (85.0%) but No were (15.0%), regarding you working at night/weekend call duties in addition to your daily work the majority of participant Not at all were (78.0%) but sometimes were (12.0%), while all the time were (10.0%), regarding working at night/weekend



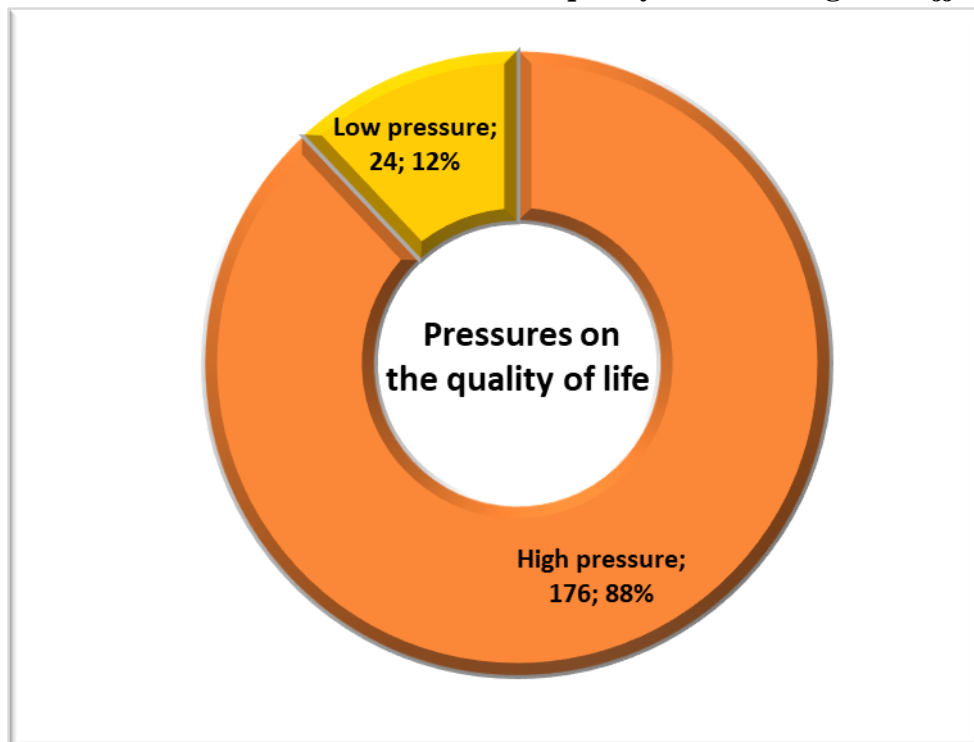
call duties increased the pressures on the quality of life the majority of participant answer No were (71.0%), while Yes were (29.0%), regarding the really not enjoying the type of your work during the hajj season the majority of participant answer No were (74.0%) but Yes were (26.0%), regarding not participating in life related decisions during the hajj season the majority of participant answer Yes were (95.0%) but No were (5.0%), while consultants were (19.0%)

**Table 3 Distribution of the Pressures on the quality of life during the hajj season**

<b>Pressures on the quality of life</b>		
	<b>N</b>	<b>%</b>
<b>High pressure</b>	176	88
<b>Low pressure</b>	24	12
<b>Total</b>	200	100
<b>Chi-square</b>	<b>X<sup>2</sup></b>	114.005
	<b>P-value</b>	<0.001*

Table 3 show distribution of ppressures on the quality of life during the hajj season regarding the most of participants High pressure were (88.0%) followed by low pressure were (12.0%) and total were (100.0%) while heave a significant relation were P-value <0.001 and X<sup>2</sup> 114.005

**Figure 1 Distribution of the Pressures on the quality of life during the hajj season**



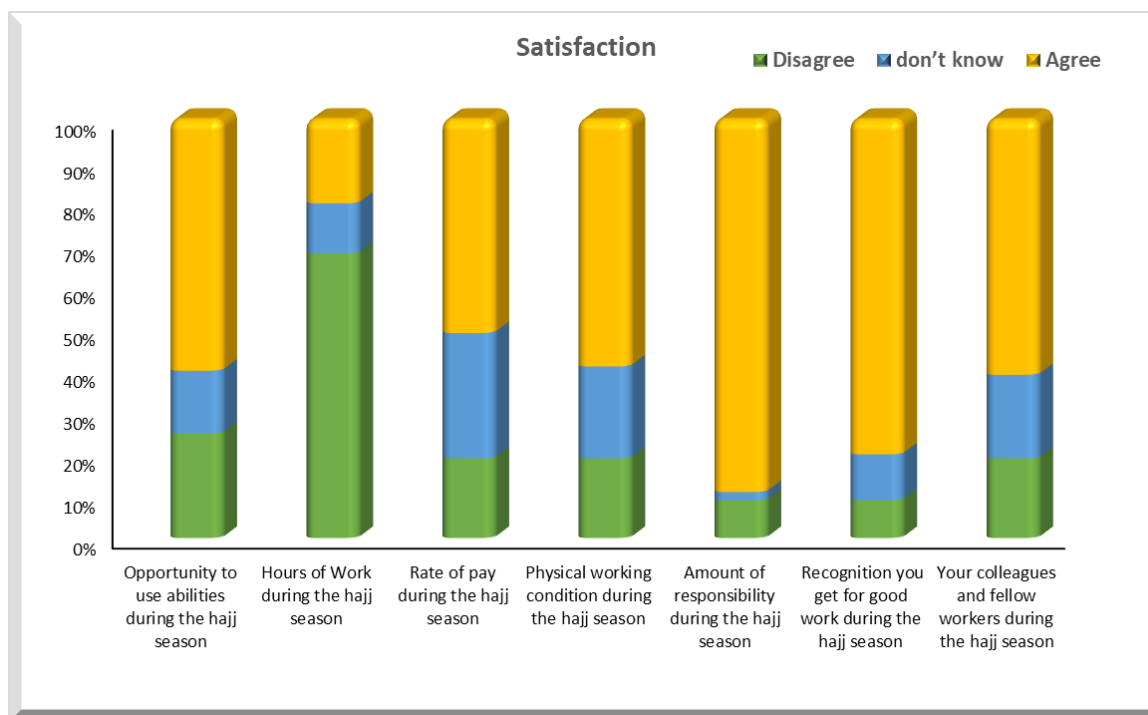
**Table-4: Predictors of medical staffs' overall job satisfaction during Hajj period**

Items					% of agreement	Chi-square	
		Disagree	don't know	Agree		X <sup>2</sup>	P-value
Opportunity to use abilities during the hajj season	N	50	30	120	78.33	67.000	<0.001*
	%	25%	15%	60%			
Hours of Work during the hajj season	N	136	24	40	50.67	110.080	<0.001*
	%	68%	12%	20%			
Rate of pay during the hajj season	N	38	60	102	77.33	31.720	<0.001*
	%	19%	30%	51%			
Physical working condition during the hajj season	N	38	44	118	80.00	59.560	<0.001*
	%	19%	22%	59%			
Amount of responsibility during the hajj season	N	18	4	178	93.33	280.360	<0.001*
	%	9%	2%	89%			
Recognition you get for good work during the hajj season	N	18	22	160	90.33	196.120	<0.001*
	%	9%	11%	80%			
Your colleagues and fellow workers during the hajj season	N	38	40	122	80.67	68.920	<0.001*
	%	19%	20%	61%			

Table (4) show predictors of medical staffs' overall job satisfaction during Hajj period regarding opportunity to use abilities during the hajj season the majority of participant in agree were (60.0%), followed by disagree were (25.0%) while don't know were (15.0%) while % of agreement (78.33%) while a significant relation were P-value=0.001, and X<sup>2</sup> (67.000), regarding hours of Work during the hajj season the majority of participant in disagree were (68.0%), followed by agree were (20.0%) while don't know were (12.0%) while % of agreement (50.67%) while a significant relation were P-value=0.001, and X<sup>2</sup> (110.080), regarding rate of pay during the hajj season the majority of participant in agree were (51.0%), followed by don't know were (30.0%) while disagree were (19.0%) while % of agreement (77.33%) while a significant relation were P-value=0.001, and X<sup>2</sup> (31.720), regarding physical working condition during the hajj season the majority of participant in agree were (59.0%), followed by don't know were (22.0%) while disagree were (19.0%) while % of agreement (80.0%) while a significant relation were P-value=0.001, and X<sup>2</sup> (59.560), regarding amount of responsibility during the hajj season the majority of participant in agree were (89.0%), followed by disagree were (9.0%) while don't know were (2.0%) while % of agreement (93.33%) while a significant relation were P-value=0.001, and X<sup>2</sup> (280.360), regarding recognition you get for good work during the hajj season the majority of participant in agree were (80.0%), followed by don't know were (11.0%) while disagree were (9.0%) while % of agreement (90.33%) while a significant relation were P-value=0.001, and X<sup>2</sup> (196.120), regarding your colleagues and fellow workers during the hajj season the majority of participant in agree were (61.0%), followed by don't know were (20.0%) while disagree were (19.0%)

while % of agreement (80.67%) while a significant relation were P-value=0.001, and  $X^2$  (68.920),

**Figure 2 Predictors of medical staffs' overall job satisfaction during Hajj period**

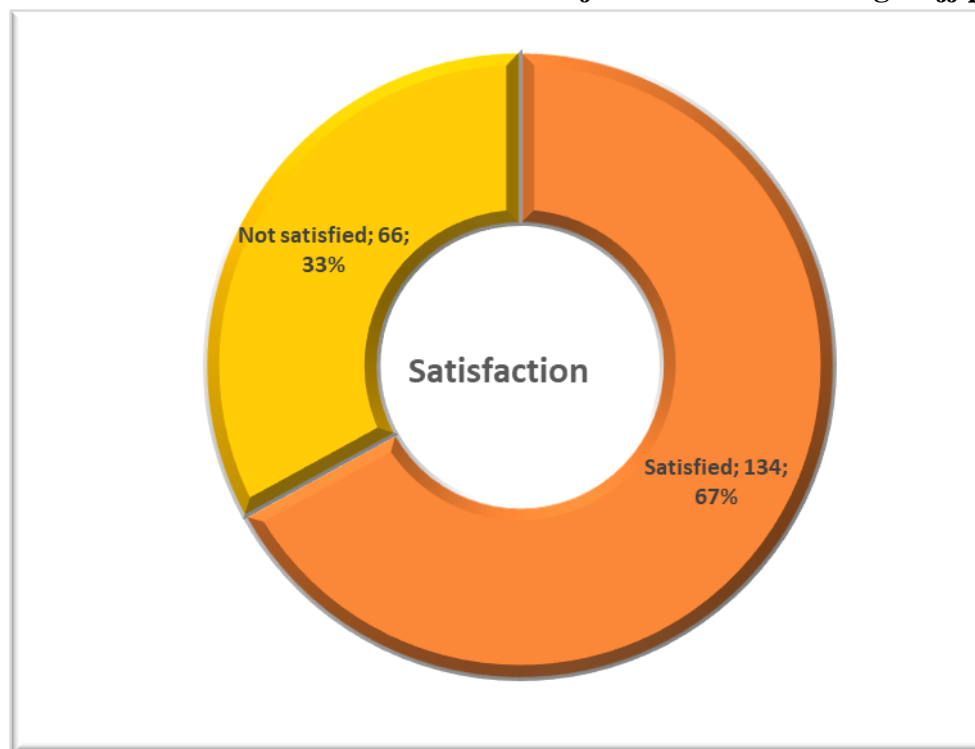


**Table 5 Distribution of medical staffs' overall job satisfaction during Hajj period**

Satisfaction		
	N	%
<b>Satisfied</b>	134	67
<b>Not satisfied</b>	66	33
<b>Total</b>	200	100
<b>Chi-square</b>	<b>X<sup>2</sup></b>	22.445
	<b>P-value</b>	<0.001*

Table 5 show distribution of medical staffs' overall job satisfaction during Hajj period the most of participants satisfied were (67.0%) followed by not satisfied were (33.0%) and total were (100.0%) while heave a significant relation were P-value <0.001 and  $X^2$  22.445.

**Figure 3 Distribution of medical staffs' overall job satisfaction during Hajj period**



**Discussion:**

It is important to assess the impact of medical staffs work pressures on the quality of life during the hajj season, as this enhances the quality of care provided to the pilgrims and reduces the risk of on the quality of life pressures, burnout and malpractice.(8,16) The current study explored for the first time the level and predictors of job satisfaction among medical staffs works during Hajj. Working as a healthcare provider during Hajj may be an exciting experience and an excellent learning opportunity, as it represents the largest mass gathering in the world, with people coming from almost all the countries.(18) This brings a diversity of clinical cases, resulting in significant pressures on the quality of life during the hajj season on the medical staffs. Saudi MOH developed guidelines for the Knowledge of Healthcare Workers about pressures on the quality of life during Hajj season(30) Nonetheless, HCWs can find it challenging to adhere to all of instructions, especially during mass gathering events such as the Hajj rituals. Very important the Healthcare Workers' compliance with this Knowledge to apply the necessary changes, which would improve the quality of health services and protect the pilgrims. (19) . The study showed socio demographic characteristics this table shows that the highest proportion of participants age 26-30 years (37.0%), regarding nationality the majority of participant Non-Saudi were (65.0%) but Saudi were (35.0%), regarding marital status the majority of participant married were (44.0%), the level of education is the majority of participant MSN were (36.0%), regarding the experience working during Hajj season the majority of participant 1 years were (59.0%), regarding the job designations the majority of participant residents were (43.0%). (See table1)

Medical staff's managers can help medical staffs to avoid reaching pressures levels. First, provide consistent, compassionate, and culturally sensitive leadership support. Evidence suggests that support from leaders and colleagues may decrease pressures on the quality of life

and increase job satisfaction among the medical staffs (30) Second, establish unit support groups with regular outside workplace gatherings for leisure activities, especially for younger medical staffs, so that they can meet and talk about their concerns. Third, promote unit stability by introducing teamwork and team-building activities to boost confidence and enhance shared decision-making. Fourth, staff assignments should not exceed 36 working hours/per week , (28) regarding the pressures on the quality of life during the hajj season in our study show the your home life through spending long hours at work most of participants answer Yes were (88.0%), feeling under pressure to meet deadlines during the hajj season the majority of participant answer Yes were (89.0%), regarding there is no time to share family matters the majority of participant answer Yes were (92.0%), regarding you working at night/weekend call duties in addition to your daily work the majority of participant Not at all were (78.0%) , regarding the really not enjoying the type of your work during the hajj season the majority of participant answer No were (74.0%). (See table 2)

Rotation of medical staffs through overtime is essential instead of having a few medical staffs carrying the entire unit's overtime, leading to pressures on the quality of life. (12) novice medical staffs are assigned to experienced, proficient medical staffs as a resource person. This program will create an opportunity for medical staffs and less experienced nurses to verbalize concerns and find support when needed. Promoting team debriefing activities after traumatic, stressful, or unusual events (30) . in our study show distribution of pressures on the quality of life during the hajj season regarding the most of participants High pressure were (88.0%) followed by low pressure were (12.0%) and total were (100.0%) while have a significant relation were P-value <0.001 and X<sup>2</sup> 114.00 (See table 3). In the current study, "satisfaction about working hours" was another concern of the medical staffs working in this pilgrimage and was also demonstrated to be a predictor of overall job satisfaction both in Hajj periods. Several studies have addressed the importance of working hours as a major determinant of job satisfaction and working stress; especially among female practitioners who were more prone to pressures on the quality of life and burnout, and display more concern about job demands on family and social life. (18-20) in our study regarding medical staffs' overall job satisfaction during Hajj period show most of participants satisfied were (67.0%) followed by not satisfied were (33.0%) and total were (100.0%) while have a significant relation were P-value <0.001 and X<sup>2</sup> 22.445.(See table 4.5)

## Conclusion

High work pressure but high satisfaction, this is due to the sanctity of work and the greatness of work during the Hajj season and serving the pilgrims, however, high pressures may nonetheless continue to pose risks and these can be handled through the medical staffs. With such an intervention, the medical staffs can have co-workers and professionals or leaders to talk to about difficult events or situations whose intensity could cause pressures on the quality of life and to which they have been exposed. It is further recommended that, workload issues should be tackled. The medical staffs role and responsibilities should be clearly defined and his or her workload also be brought in line with his or her capabilities and resources. Work timetables should be made well-suited with demands and responsibilities outside the job in order to reduce the feeling of too much to do and too little time in which to do it. There should be a well-structured hospital work environment to provide the medical staffs with access to

opportunity, information, resources, and power. This can endow the medical staffs psychologically by improving his or her autonomy, growing his or her confidence and power, and generally helping him or her in efforts at giving meaning to his or her work. This may result in job satisfaction, a greater sense of personal accomplishment and less occupational pressures .

### Reference:

- [1] Alahmari, A. A., Khan, A. A., Alamri, F. A., Almuzaini, Y. S., Alradini, F. A., Almohamadi, E., ... & Jokhdar, H. A. (2022). Hajj 2021: Role of mitigation measures for health security. *Journal of Infection and Public Health*, 15(11), 1350-1354.
- [2] Al Banna, M. H., Khan, M. S. I., Rezyona, H., Seidu, A. A., Abid, M. T., Ara, T., ... & Schack, T. (2022). Assessment of food safety knowledge, attitudes and practices of food service staff in Bangladeshi hospitals: a cross-sectional study. *Nutrients*, 14(12), 2540.
- [3] Mirza, A. A., Badrek-Amoudi, A. H., Farooq, M. U., Senan, H. A., Aun, R. H., Mirza, A. A., ... & Halawani10, M. A. (2020). Job satisfaction amongst surgical healthcare professionals during Hajj and Non-Hajj periods: An analytical multi-center cross-sectional study in the holy city of Makkah, Saudi Arabia. *JPMA*, 2020.
- [4] Alharbi, A., Alsaikhan, R., Alghofaili, R., Alkhalifa, R., Alkathiri, F., Aldowish, N., ... & Alturise, F. (2022). IDENTIFYING KEY CHALLENGES AND ISSUES IN CROWD MANAGEMENT DURING HAJJ EVENT IN SAUDI ARABIA. *The Journal of Modern Project Management*, 10(2), 358-373.
- [5] Sakr, F., Haddad, C., Zeenny, R. M., Sacre, H., Akel, M., Iskandar, K., ... & Salameh, P. (2022, July). Work ethics and ethical attitudes among healthcare professionals: the role of leadership skills in determining ethics construct and professional behaviors. In *Healthcare* (Vol. 10, No. 8, p. 1399). MDPI.
- [6] Hassan, T., Carvache-Franco, M., Carvache-Franco, W., & Carvache-Franco, O. (2022). Segmentation of religious tourism by motivations: A study of the pilgrimage to the city of Mecca. *Sustainability*, 14(13), 7861.
- [7] Costa, D. G., Peixoto, J. P. J., Jesus, T. C., Portugal, P., Vasques, F., Rangel, E., & Peixoto, M. (2022). A survey of emergencies management systems in smart cities. *IEEE Access*, 10, 61843-61872.
- [8] Benzo, R. M., Farag, A., Whitaker, K. M., Xiao, Q., & Carr, L. J. (2022). Examining the impact of 12-hour day and night shifts on nurses' fatigue: A prospective cohort study. *International journal of nursing studies advances*, 4, 100076.
- [9] Ramz, M. K. (2022). *Level of burnout in staff, sustainable quality service and patient satisfaction in healthcare institutions during healthcare crisis* (Master's thesis, İstanbul Gelişim Üniversitesi Lisansüstü Eğitim Enstitüsü).
- [10] Hamza, M., Mohammed, B. U., & Habibullah, K. M. (2022). EVALUATION OF HEALTH, RELIGIOUS FACTORS, AND MODERN TECHNOLOGIES IN PUBLIC TOILETS DURING HAJJ. *EVALUATION*, 5(2), 66-85.
- [11] Chaar, E. A., Hallit, S., Hajj, A., Aaraj, R., Kattan, J., Jabbour, H., & Khabbaz, L. R. (2018). Evaluating the impact of spirituality on the quality of life, anxiety, and depression among

- patients with cancer: an observational transversal study. *Supportive Care in Cancer*, 26, 2581-2590.
- [12] Adedeji, A. (2021). Social capital and migrants' quality of life: A systematic narrative review. *Journal of International Migration and Integration*, 22(1), 87-101.
- [13] Ghasempour Ganji, S. F., Johnson, L. W., Babazadeh Sorkhan, V., & Banejad, B. (2021). The effect of employee empowerment, organizational support, and ethical climate on turnover intention: The mediating role of job satisfaction. *Iranian Journal of Management Studies*, 14(2), 311-329.
- [14] Johs-Artisensi, J. L., & Hansen, K. E. (2022). *Quality of Life and Well-Being for Residents in Long-Term Care Communities: Perspectives on Policies and Practices*. Springer Nature.
- [15] Yuan, D., Gazi, M. A. I., & Rahman, M. A. (2022). Assessment of both personal and professional aspects to measure job satisfaction levels among garment workers: empirical evidence from a developing country. *International Journal of Environmental Research and Public Health*, 19(24), 16868.
- [16] Sabonete, S. A., Lopes, H. S. C., Rosado, D. P., & Reis, J. C. G. D. (2021). Quality of work life according to Walton's model: Case study of the higher institute of defense studies of Mozambique. *Social Sciences*, 10(7), 244.
- [17] Algazlan, N., Al-Jedai, A., Alamri, A., Alshehri, A. M., Aldaiji, L., & Almogbel, Y. (2022). Association between intention to leave work and quality of work-life of Saudi pharmacists. *Saudi Pharmaceutical Journal*, 30(2), 103-107.
- [18] Rashmi, K., & Kataria, A. (2022). Work-life balance: a systematic literature review and bibliometric analysis. *International Journal of Sociology and Social Policy*, 42(11/12), 1028-1065.
- [19] Su, L., Chen, H., & Huang, Y. (2022). How does negative destination publicity influence residents' shame and quality of life? The moderating role of perceived destination resilience. *Journal of Sustainable Tourism*, 1-25.
- [20] AlKarani, A. S. (2021). Factors motivating nurses to work during Hajj pilgrimage in Saudi Arabia. *Saudi Journal for Health Sciences*, 10(3), 204-208.
- [21] Saleh, U. S., Jenkins, P., Saleh, B., Saleh, M., Abu Sammour, H., Tiking, D., & Abujoudeh, E. (2021). Nurses compassion fatigue during the pilgrim (al-hajj) season. *Saudi Journal of Health Systems Research*, 1(2), 41-50.
- [22] Al Ruwaithi, A. A. (2021). *The emergency medical services delivery in mass gathering events: a case study of the Hajj*. University of Delaware.
- [23] Brown, J. P., Martin, D., Nagaria, Z., Verceles, A. C., Jobe, S. L., & Wickwire, E. M. (2020). Mental health consequences of shift work: an updated review. *Current Psychiatry Reports*, 22, 1-7.
- [24] Asante, J. O., Li, M. J., Liao, J., Huang, Y. X., & Hao, Y. T. (2019). The relationship between psychosocial risk factors, burnout and quality of life among primary healthcare workers in rural Guangdong province: a cross-sectional study. *BMC health services research*, 19(1), 1-10.
- [25] Dyrbye, L. N., Shanafelt, T. D., Sinsky, C. A., Cipriano, P. F., Bhatt, J., Ommaya, A., ... & Meyers, D. (2017). Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care. *NAM perspectives*.

- [26] Colligan, L., Potts, H. W., Finn, C. T., & Sinkin, R. A. (2015). Cognitive workload changes for nurses transitioning from a legacy system with paper documentation to a commercial electronic health record. *International journal of medical informatics*, 84(7), 469-476.
- [27] Zhu, F., Wang, L., Yu, M., & Yang, X. (2020). Quality of conflict management in construction project context: Conceptualization, scale development, and validation. *Engineering, Construction and Architectural Management*, 27(5), 1191-1211.
- [28] Fuglie, K., Gautam, M., Goyal, A., & Maloney, W. F. (2019). *Harvesting prosperity: Technology and productivity growth in agriculture*. World Bank Publications.
- [29] Al Otaibi, B. M. (2019). *Tuberculosis during the Hajj religious mass gathering: occurrence, prevention, and management*. The University of Liverpool (United Kingdom).
- [30] Zhang, X., Bian, L., Bai, X., Kong, D., Liu, L., Chen, Q., & Li, N. (2020). The influence of job satisfaction, resilience and work engagement on turnover intention among village doctors in China: a cross-sectional study. *BMC health services research*, 20(1), 1-11.