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Master of Project Management

**Relation between Clinical Stress and Clinical Performance among Healthcare practitioners
in Al Ahsa Region: Cross-sectional Study in Saudi Arabia**

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Authorization Form

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DEDICATION

I would like to dedicate my work to my family, my backbone, who's endless

support and encouragement were with me on every step of the road.

Without their help and support, this work would have never been

accomplished.

To my colleagues and friends whose love, encouragement, and prayers

made me stronger and able to continue every time.

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ولله الحمدُ والمِنَّةُ كما ينبَغِي لجلال وجهه وعظيم سلطانه

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ABSTRACT

Background: Prelicensure healthcare practitioners reported that stress levels have not only remained constant over the last ten years but have also significantly risen. Excessive and persistent stress has a detrimental impact on healthcare practitioners' self-perceptions of their competence and confidence, which in turn affects their clinical performance. **Aim of this research:** To examine the relationship between clinical stress and clinical performance among healthcare practitioners in the Al Ahsa region. **Research design:** A cross-sectional descriptive design was utilized in this research. **Setting:** King Fahad Hospital and Al Omran General Hospital are where the research occurred. **Sample:** consisted of 150 Healthcare practitioners. **Tools of data collection:** Two tools are as follows, the first tool is composed of two parts as 1st part was demographic data, 2nd part was the Perceived Stress Scale Questionnaire, also the second tool was the Healthcare Practitioner Performance Scale. **Results:** there was a moderate level of clinical stress (mean%=56.75%), also there were slightly high levels of clinical performance dimensions and total clinical performance items (mean%>60%%) among healthcare practitioners. **Conclusion:** concludes that there was a highly significant statistically moderate negative correlation between clinical stress and clinical performance among healthcare practitioners. **Recommendations:** performing training sessions for teachers to train them not to cause extra stress to their Healthcare practitioners, more managerial strategies in hospitals to reduce Healthcare Practitioner stress from patients' care.

Keywords: Clinical Performance, Clinical Stress, Healthcare Practitioners, Relationship.

Definitions of terms

Clinical stress: refers to the physiological and psychological strain experienced by individuals in response to demanding, high-pressure, or adverse conditions within a clinical or healthcare setting.

Clinical performance: refers to the ability of healthcare professionals to effectively apply their knowledge, skills, and competencies in delivering safe, high-quality, and evidence-based patient care in a clinical setting.

Chapter One

Introduction

Introduction

This chapter will provide an overview of the research that looked at how healthcare workers' clinical stress affected their performance on the job. Examining the effects of occupational stress on healthcare personnel's efficiency, decision-making, and patient care is the goal of this study. Here, we'll go over the big picture of why this study was necessary, focusing on how clinical stress could lower performance in high-stakes environments like hospitals. To determine what kind of clinical competency is affected by stress and to what degree, this section will outline the research question that will be utilized (Wu, Rong, and Huang, 2021). The presentation will revolve around the primary objectives, which involve discovering the root causes of clinical stress, quantifying its impact on various performance metrics, and exploring coping mechanisms. To help readers understand the significance of the study in improving healthcare practitioners' working conditions and the quality of patient care, this chapter lays out the study's reasoning (DePoy, 2024).

Background

Stressful clinical learning environments are nothing new in the world of Healthcare practitioners education, despite their critical role in preparing Healthcare practitioners for practice as registered Healthcare Practitioner (Welch, 2023). According to studies (Ziba, Yakong, and Ali, 2021), Healthcare practitioners spend more time in clinical areas than in classrooms. Acute, community, simulation, and skills laboratories are all examples of clinical learning environments used in Healthcare practitioners education. These settings share characteristics such as "physical distance, psychosocial as well as interaction factors, the culture of the organization, also the teaching and components learning " (Jeffries, 2022).

Another major component of being human is dealing with stress at work. This is something that touches everyone's life, both professionally and personally (Rajpoot, 2024).

Medical professionals have been at risk for anxiety and depression since the start of the COVID-19 pandemic, which has a negative effect on their health and ability to meet basic necessities. The death of a caretaker may occur when it reaches a crucial and unmanageable stage (McKeever, 2020). If we want to know what causes stress at work and how it affects people's ability to do their jobs, we need to do extensive research (Saleem et al., 2021).

Many people rank working in healthcare as one of the most demanding occupations. Stress at work affects about 28% of healthcare professionals, compared to about 18% of the working population as a whole. Doctors experience stress due to several factors, which in turn leads to unfavorable outcomes (Firth-Cozens, 2023).

The loss of control over this might cause serious problems at work, including poor performance or even death. The widespread fear around this worldwide sickness forced medical professionals to alter their daily routines in ways such as shift availability, workload, workplace conflict, and job stress (Akkuş et al., 2022). If not addressed, these elements constitute the backbone of occupational stress and pose serious health risks to those who manage to stay healthy (Maresca et al., 2022).

Overcrowded organizations, poor equipment, problematic working conditions, and other stresses contribute to the high-stakes, high-pressure circumstances in which healthcare workers operate. Some effects are psychological, while others have a direct bearing on the treatment that patients get, which in turn lowers the bar for practitioners' careers and personal lives (Hashmi et al., 2024). Healthcare providers must be able to solve problems in order to safeguard the public's health and quality of life, and emotional stresses like anxiety and fear can have an effect on this capacity (Anjum et al., 2019).

Medical professionals face demanding patients, lengthy shifts, and high expectations, all of which can be emotionally taxing. Employees that score high on the EI scale report more happiness in their work lives, are less likely to experience burnout, and are more likely to stay with their current employers. Under duress, healthcare providers who possess these skills are more likely to protect their own mental health (Isik, 2024).

In the blink of an eye, first responders make decisions that may have life-altering consequences for patients, their coworkers, and themselves. Anxiety, despair, nervous tiredness, impatience, rage, excessive eating, lack of self-control, trouble focusing, and hypersensitivity to criticism are all symptoms of psychological stress (Seathu Raman, McDonnell, and Beck, 2024). According to Garza-Ulloa (2023), a host of physical ailments, including headaches, insomnia, arthritic pain, immune system issues, high blood pressure, heart disease, and more, can be brought on by these mental health stresses. A combination of deteriorating mental and physical health may cause employees to take more time off work, be dissatisfied with their jobs, be less loyal to their employers, and perform worse on the job (Rajabi et al., 2020). The ability to adapt and manage challenges related to mental health might be predicted by one's social support system. Resilience may be fostered in a department when there is strong leadership and social support (Agarwal et al., 2024).

Stress is defined as "a particular relation between the personnel and the circumstance that the personnel appraise as considering or exceeding the facilities and endangering wellbeing" (Yang, Chen, and Chen, 2021). Stress is the emotional response to a demanding or frustrating event. Different people handle stressful situations in different ways, which is why some do worse than others. Because people have varied life experiences, a demanding or stressful event might

have a beneficial or bad effect on one person's health, happiness, and productivity while having little to no effect on another's life (Thumvichit, 2023).

Academic (e.g., grades, assignments, and exams) clinical (e.g., decreased professional knowledge and skills), and external (e.g., daily life, personal problems, and financial) stressors are among the many that healthcare practitioners are likely to encounter. Indeed, healthcare providers often face challenges during clinical training (Bhurtun et al., 2019; Wu, Rong, & Huang, 2021; Chaabane et al., 2024).

For those working in healthcare, stress is a common source of pressure that, depending on how it's perceived, can have positive (inspiring) or bad (physically manifesting) consequences. Studies have shown that doctors and Healthcare Practitioner are more likely to suffer from physical and mental health issues than Healthcare Practitioner in other health-related fields (Schröpfer et al., 2021; Martin et al., 2022).

Pediatric emergency care is a source of greater anxiety for external defibrillator Healthcare Practitioners, particularly those who lack clinical competence in pediatric care. Making a pediatric medical care set and doing off-the-job training may help alleviate anxiety related to pediatric emergency care (O'Hagan, 2023). Furthermore, Healthcare practitioners are under too much stress are less invested in their work, and provide subpar care to their patients. Controlling stress in the Healthcare practitioner's workplace is essential for maintaining and improving the quality of Healthcare practitioners care (Hendy et al., 2023).

According to Sanad (2019), more than two-thirds of them (82.8 percent) had moderate stress caused by a decrease in professional knowledge as well as abilities, whereas more than fifty percent of the Healthcare practitioners (64.5) experienced stress due to tasks as well as

workload. More than two-thirds of the Healthcare practitioners (74.2%) rated the stress of caring for patients as moderate. The majority of healthcare practitioners (83.9%) and (86%), respectively, reported moderate levels of stress from the clinical setting and teachers also Healthcare practitioners employees. In general, the chart shows that Healthcare practitioners (92.5%) are under moderate stress.

Clinical performance refers to a practice Healthcare practitioner's ability to demonstrate professional practices or behaviors such as knowledge, communication, practical abilities, clinical causing, emotions, as well as values. It is related as a fundamental as well as essential Healthcare practitioners quality component (Lee et al., 2019). Higher levels of clinical Healthcare Practitioner practices are better able to perform well and provide high care quality in health institutions, which contributes to improvements in metrics such as increased quality assurance as well as clinical support, higher patient satisfaction, also shorter hospital stays, lower readmission rates, additionally the lower health-care costs (Gemuhay et al., 2019). As a result, it is critical to increase clinical practice as a screening indication for skill Healthcare practitioner's professional competency.

Several undesirable traits impair clinical performance. It is frequently linked to stress. Perceived stress in Healthcare Practitioner practice is a popular topic, with Healthcare practitioners educators, and Healthcare practitioners management more interested in identifying stressors and their implications. The majority of stressors occur during the internship, such as a low of clinical practices, more workloads, issues in relationships with friends, guidelines, bullying of Healthcare practitioners workers by peers or hospital employees, time limitation to complete Healthcare practitioners tasks, as well as employment pressure (Jahan et al., 2022). According to studies, most people achieve well under pressure, but prolonged or excessive stress

has harmful implications. Healthcare practitioners who were more stressed made increased mistakes, which harmed their ability to enhance clinical performance (Schröpfer et al. 2021; Martin et al. 2022).

Researches in the field of Healthcare practitioners education nowadays are focused on knowing individual as well as institutional factors connected with creating supportive clinical circumstances and identifying changes in stress awareness throughout the study period (Weber et al., 2019; Sellberg et al., 2021). Stress in clinical placement and its relation to the clinical context is investigated, albeit only to a lesser extent. Cause of the difficulties of the elements impacting the level of stress experienced by healthcare practitioners via their clinical area, it is crucial to obtain an understanding of other aspects, such as the clinical circumstance of learning (Ulenaers et al., 2021).

Research problem

The clinical circumstances of learning may contribute significantly to the grade of stress that Healthcare practitioners feel. A variety of factors, each with the potential to be a contributor to the development or shift in stress levels experienced by healthcare practitioners in their practice setting, have been the subject of research. The extent of stress, its causes, and various methods of alleviation are investigated via the course of the academic program. Studies of Healthcare practitioner's coping mechanisms, sources of stress, and changes in degree have typically been approached from a longitudinal perspective (Nebhinani et al., 2020). These studies have been applied over the length of the Healthcare practitioners. According to Chaabane et al. (2021), one of the psychosocial variables that inhibit academic and clinical performance in healthcare practitioners is chronic stress. This is a fact that has been well-accepted in recent years.

Medical professionals working in hospitals often report high rates of occupational stress and burnout due to the many demands of their jobs. Various stresses, some of which are situational, such as dealing with sick patients, might impact performance in clinical job (Bosshard et al., 2023). Some are specific to the workplace, such as performing clinical tasks while under the watchful eye of senior clinicians; others are more general, such as the cognitive strain of remembering and applying vast amounts of data; still others are more pervasive, such as a heavy workload and an absence of adequate support or supervision (Shamsuddin, 2023).

As they move from the more secure setting of medical school to the real world of employment, younger doctors appear to be especially vulnerable to occupational stress (Zhao, 2023). Negative impacts of job stress may also include distraction and narrowed concentration. The individual's professional judgments, decision-making, efficiency, motivation, and contentment may all be negatively impacted by these changed cognitive processes, which in turn make them more prone to errors (Harris, 2023). Research has shown a correlation between elevated stress levels and a worsening of the negative effects of stress on performance. One possible explanation for this is that more stable personality qualities, such as trait anxiety and self-efficacy, may affect relationships (Diotaiuti et al., 2024).

In simulated clinical settings, the simultaneous effects of physiological, psychological, and socio-emotional factors on performance results have not been thoroughly investigated or measured. In light of this knowledge vacuum, the current investigation set out to assess how healthcare providers' psychophysiological stress and socio-emotional competences impacted their performance throughout a simulated cardiopulmonary resuscitation exercise. For the simple reason that both might hinder the development of both technical and non-technical abilities (Mauriz et al., 2021).

While clinical rotations are crucial for a Healthcare practitioner's development of clinical competence, they are also notoriously difficult and stressful experiences. Although stress has been demonstrated to contribute to or exacerbate poor health, research has seldom distinguished between the effects of a general health state and stress perception (Wu, Rong, and Huang, 2021).

According to Aloufi et al., (2021), a sufficient body of research has been done on the stress grads, stressors, as well as coping methods of healthcare practitioners. In addition, there is a dearth of research that emphasizes the connection between clinical stress as well as clinical performance among fourth-year Healthcare practitioners in KSA, which is another reason why the researcher chooses to focus on this subject.

Research's aim

The study seeks to investigate the correlation between clinical stress and performance among healthcare practitioners in the Al Ahsa region, to ascertain the impact of stress levels on practitioners' capacity to provide high-quality care and to recommend strategies for enhancing clinical performance in stressful environments.

Specific objectives

The specific objectives of the study could include:

1. To assess the level of clinical stress experienced by healthcare practitioners in the Al Ahsa region.
2. To evaluate the clinical performance of healthcare practitioners in the Al Ahsa region using standardized performance metrics.
3. To analyze the relationship between clinical stress levels and clinical performance among healthcare practitioners.
4. To identify key factors contributing to clinical stress in healthcare settings within the Al Ahsa region.

Research questions

1. What is the level of clinical stress experienced by healthcare practitioners in the Al Ahsa region?
2. How do healthcare practitioners in the Al Ahsa region perform clinically as measured by standardized performance metrics?

3. What is the relationship between clinical stress levels and clinical performance among healthcare practitioners in the Al Ahsa region?
4. What are the key factors contributing to clinical stress among healthcare practitioners in the Al Ahsa region?

Research Significance

When compared to other academic disciplines and university degrees, Healthcare practitioner education is widely regarded as one of the most stressful. Programs in Healthcare practitioner's education include both classroom instruction and practical experience. Stress is an everyday reality for healthcare practitioners, especially during clinical rotations. About 40%-50% of the credit hours in each course are devoted to clinical training. Clinical training allows Healthcare practitioners to put their classroom knowledge into practice and grow professionally (Nebhinani et al., 2020).

Because stress can hinder human learning and functioning and contribute to attrition, it is especially important to address it in the classroom (Bekkouche, Schmid, & Carliner, 2022). Furthermore, recent research on clinical instruction for healthcare practitioners suggests that Healthcare practitioners are so overloaded that it may affect their safety. Clinical learning environments are connected with significant levels of stress as well as anxiety among healthcare practitioners throughout all undergraduate levels (Fagan, Lea, & Parker, 2021).

Clinical stress among healthcare practitioners in KSA can be attributed to several variables. First, there is the mentality of the medical staff, especially the non-Saudi personnel. Second, many Healthcare Practitioners working in clinical settings are foreign-trained professionals who speak English as their first language, making it difficult for trainees to

communicate with them. This applies not just to talking to people at the facility, but also to reading and comprehending paperwork and records related to the patient's care. As a result, Healthcare practitioners' senses of self-worth and confidence are impacted by the aforementioned characteristics. Third, uninspiring clinical educators who failed to cultivate an encouraging learning atmosphere or equip their Healthcare practitioners with the self-assurance they needed to care for patients. Also, most professors and clinical instructors are native English speakers from abroad; nevertheless, some of them have little to no experience in clinical (Albloushi et al., 2019).

Also, the 4th, Healthcare practitioners face cultural obstacles including unfavorable Healthcare practitioner stereotypes and the belief that Healthcare practitioner is a highly stressful job due to cross-gender interactions and family disagreements. Fifth, the work and organizational environment is difficult due to poor pay, a lack of incentives, a heavy workload, and the perception that Healthcare Practitioners are less capable than other medical professionals. Sixth, Healthcare practitioners aren't adequately prepared to care for patients at the outset of their clinical training, which often occurs early in a Healthcare practitioner's program. Last but not least, other factors identified and representing a concern are the decrease in government financial assistance or scholarships, the courses' incompatibility with system healthcare enhancement, and how Healthcare practitioners are chosen as expertise (Albloushi, Alghamdi, et al., 2019).

This study holds significant importance as it addresses the critical issue of clinical stress and its impact on the performance of healthcare practitioners in the Al Ahsa region. Understanding this relationship is essential for enhancing patient care quality, as stress can impair decision-making, communication, and overall clinical efficiency. By identifying the factors contributing to clinical stress and exploring its effects on performance, this research can

inform the development of targeted interventions to mitigate stress and improve practitioners' well-being.

Additionally, this research is significant for promoting the well-being of healthcare practitioners. Chronic stress is linked to burnout, decreased job satisfaction, and even mental health challenges (Degen et al., 2021). By exploring the factors contributing to clinical stress, the study can highlight areas where interventions are most needed, enabling healthcare organizations to prioritize employee support programs. Such initiatives not only improve the quality of life for practitioners but also enhance their capacity to deliver high-quality care (Adamopoulos, and Syrou, 2022).

The purpose of this research is to shed light on the connection between clinical stress and clinical performance for healthcare practitioners. Additionally, data from this study could assist Healthcare practitioners and educators in devising stress-management approaches to minimize Healthcare practitioners ' stress as well as give Healthcare practitioners supportive also caring clinical circumstances. In addition, knowing what causes stress for healthcare practitioners can lead to the development of plans to alleviate that pressure, so boosting academic performance, boosting Healthcare practitioners ' willingness to learn and retain information, and enticing future Healthcare Practitioners to enter the field.

Additionally, the findings will benefit healthcare institutions by providing evidence-based strategies to foster a supportive work environment, ultimately leading to better health outcomes and increased job satisfaction among practitioners. This study also contributes to the growing body of knowledge in healthcare management and can serve as a foundation for further research in similar contexts.

Chapter Two

Literature review

Introduction

This chapter will outline the systematic approach utilized to review the literature, aiming to identify the factors influencing the relationship between clinical stress and clinical

performance among healthcare practitioners. Workload, clinical setting, and patient care expectations are some of the stresses that occupational stress affects healthcare delivery. This article will review the literature and theoretical frameworks that explain this relationship.

This chapter will synthesize data from many sources to shed light on the processes that connect stress and performance, with an emphasis on the role that both individuals and systems play. Improving clinical outcomes and practitioner well-being are the end goals of this project, which will also highlight knowledge gaps and their need to be filled (Cheng et al., 2024).

Search strategy

The inquiry focused on identifying peer-reviewed literature and credible sources that analyze the concepts of occupational stress, clinical practice, and their interplay within healthcare settings. The primary databases utilized for this research were PubMed, CINAHL (Cumulative Index to Healthcare Practitioners and Allied Health Literature), PsycINFO, Scopus, and Web of Science, as these platforms offer an extensive collection of literature in health sciences and psychology.

Keywords and Medical Subject Headings (MeSH) phrases were amalgamated to guarantee a thorough search. Terminology like "clinical stress," "occupational stress," "healthcare practitioners," "clinical performance," "relationship between stress and performance," and "work-related stress" was employed. Boolean operators such as AND, OR, and NOT enhance searches, facilitating the acquisition of pertinent research while excluding irrelevant content. The query "clinical stress AND healthcare practitioners" produced publications that concentrated on stress in clinical settings.

Filters were applied to focus on papers published within the last five years, ensuring the inclusion of contemporary research. Moreover, priority was given to English articles with full-

text access relevant to healthcare practitioners globally, particularly in the Middle Eastern context.

The first search yielded several results, then narrowed by criteria such as topic relevance, study methodology (cross-sectional, observational, or experimental), and the target demographic (healthcare professionals, including Healthcare Practitioners and physicians). Reference lists of relevant publications were examined for further research that may have been omitted from the first search.

Clinical Stress

A study conducted by Yellowlees. (2022) Intended to enhance professional well-being and optimize practice modalities through the formulation of hybrid care clinical strategies that incorporate technology, alongside an increased emphasis on delivering superior care to diverse racial and ethnic communities, the study revealed that numerous mental health practitioners, including psychiatrists, have experienced various social and mental health repercussions due to COVID-19. A variety of measures are outlined that healthcare institutions and people might implement to alleviate these effects. Post-COVID-19, psychiatrists are expected to see significant favorable effects both in the short and long term, both individually and as a profession.

A study conducted by Deng et al. (2019) was to learn more about the effects of challenge and obstacle stress on the productivity of healthcare personnel in public hospitals in China. Although workplace stress is an ongoing issue, little is known about how various forms of stress affect productivity. This study fills that gap by investigating the moderating role of public service motivation. This study discovered that healthcare professionals are the key to increasing the quality of public services through a cross-sectional examination of 1,594 Chinese healthcare

workers from public hospitals. But they're under a lot of pressure at work, which is likely to hinder their PSM and make them underachievers. Healthcare providers should also be supported in their efforts to manage stress, and hospitals should encourage their employees to grow professionally and personally.

In a study conducted by Babore et al. (2020), Researchers set out to examine how the COVID-19 pandemic affected healthcare workers to identify potential risk and protective factors related to their distress levels, socio-demographic characteristics, direct contact with the virus, and stress management techniques. The study revealed that amid this crisis, everyone's life was altered as a result of travel restrictions and reduced social interactions. For instance, healthcare workers persisted in their critical work even though they were at risk of contracting COVID-19; as a result, they may be among the most susceptible groups of workers to experience psychological stress and other mental health issues. Particularly in times of crisis, high levels of stress pose a serious threat to both the workplace and employee productivity. In addition, healthcare personnel who experience chronic work stress may have fewer positive outcomes in terms of job satisfaction, overall health, and PTSD symptoms.

Concerns about Healthcare practitioners ' mental health are rising rapidly on campus. While the university people are in serious requirements of good coping techniques. Healthcare practitioners pursuing health-related degrees have been shown to have the highest grades of stress (Freire, et al., 2020), making it especially important for this population to recognize and understand stress. Stress is a response that disrupts the body's physical or psychological homeostasis (Mcnealus and Kristin, 2018). Mental, emotional, and physical manifestations of the body's reaction to stress can all occur in response to external demands.

However, stress can have positive effects such as helping you concentrate, making you more aware of your surroundings, and even providing you with energy and inspiration to get things done (DerSarkissian, 2021). Stress can also be defined as an emotional state of being overburdened or finding it difficult to cope (Waters, 2021). When we're under pressure, our bodies emit neurochemicals and hormones that prime us for action; ignoring these signals for too long can lead to or exacerbate health problems. The negative impacts of prolonged, unpredictable, and interrupted stress on human health and well-being have been widely documented (Stöppler, 2022).

Healthcare practitioners are vital human resources. Depression can cause a decrease in productivity, a decline in quality of life, and even suicidal thoughts, so it's important to keep an eye out for signs of stress among healthcare practitioners. These days, stress is as common as the common cold. Healthcare Practitioner is no exception to the rule when it comes to experiencing stress; like everyone else, they must adjust to a new environment when beginning their Healthcare practitioner education. Clinical duties and workload stress topped the list of most stressful factors. According to (Abo Latif and Nor, 2019)

Research by Alanazi (2023) The method employed was a cross-sectional one on Female undergraduate Healthcare practitioners from a government university in Riyadh, Jeddah, and Alahsa were recruited between January and May 2022 to investigate the incidence of stress, the nature of the stressors they face, as well as the methods they employ to deal with it. Results of Alanazi (2023) revealed that Healthcare practitioners report feeling the most stress related to their workload and assignments, followed by environmental stress. To cope with this pressure, Healthcare practitioners report using the optimism strategy the most, next by the transference strategy and the solving problem strategy. All stressors are associated positively with the

avoidance coping approach, while stress from friends, as well as daily life, is negatively connected with the problem-solving coping technique. According to Alanazi (2023), Healthcare practitioners need better coping skills and a less stressful learning environment to succeed during clinical practice.

Clinical performance

Communication, skills of practice, knowledge, clinical causing, values, and emotions are all aspects of professional practice that makeup what is known as a Healthcare Practitioner's "clinical performance" (AdibHajbaghery and EshraghiArani, 2018). It is considered fundamental and fundamental to healthcare practitioners' excellence. Increases in quality assurance, as well as clinical support, patient satisfaction, length of hospital stays, rates of readmission, and healthcare costs, are just some of the outcomes that benefit from increased clinical performance among hospital Healthcare Practitioners (Richman & Schulman, 2022). So, it is vital to enhance clinical performance and act as a good screening indicator for the professional competency of healthcare practitioners (Fukada, 2018).

Undergraduate Healthcare practitioner's exposure to the real world through clinical assignments is crucial and indispensable (Rodríguez-García et al., 2021). When Healthcare practitioners provide care for patients in a supervised setting, they are exposed to real-world clinical difficulties. The clinical setting is ideal for teaching Healthcare practitioners to think critically and solve problems (Rojo et al., 2020).

The clinical facilitator is a key figure in undergraduate Healthcare practitioners' education, significantly impacting the Healthcare practitioner's clinical learning experience. While on clinical rotation, Healthcare practitioners benefit greatly from having access to preceptors and educators. Facilitators are used in clinical settings for similar purposes (student

supervision, evaluation, and instruction). Instructors are ultimately accountable for providing fair and accurate evaluations of student clinical performance relative to professional norms. Facilitators evaluate Healthcare practitioners ' clinical competence by monitoring their performance, administering appropriate tests appropriate to each student's Healthcare practitioner's education level, and checking that each Healthcare practitioner stays within his or her authorized area of practice (Australian Healthcare Practitioners and Midwifery Federation, 2018).

There is a more desire for enhancing the circumstances in which Healthcare practitioners educate the clinical practices, especially in bad resource areas. Healthcare practitioners ' clinical experiences should help them learn and practice Healthcare practitioner skills as well as clinical reasoning as they mature into competent registered healthcare Practitioners. Learning occurs in the actual world when access to simulations is limited or nonexistent (Gemuhay et al., 2019). Healthcare practitioners can put their academic understanding of healthcare provision to use in clinical practice. Healthcare practitioners can learn how to offer safe and high-quality care in a real-world setting during clinical rotations (Saifan et al., 2021). Healthcare practitioners gain psychomotor skills and put theory into reality during clinical practice. Curriculum design and relationships with specific health facilities are just a few of the factors that influence how well a clinical setting prepares Healthcare practitioners to become competent practitioners (Rajeswaran et al., 2017)

Clinical stress and clinical performance

A study conducted by Rajpoot. (2024) found that the occupational performance of medical practitioners in the National Capital Region (NCR) is impacted by Role Overload & Responsibility (ROR) and Stringent Working Conditions (SWC). The results of the study

showed that ROR and SWC are the main factors that determine how effective medical practitioners are in their profession. The goal of these groups is to ensure that doctors can conduct their best work in an atmosphere where they are not overburdened with work. There is an urgent need for medical organizations to consider the stress levels of their staff, particularly in the wake of COVID-19, when they are fully engaged in their duties. For medical professionals to conquer an unbearable and stifling work environment, they need to find a place that offers social, emotional, and psychological support, as well as regular breaks to rest.

A study conducted by Hashmi et al. (2024) aimed to explore how elevated Emotional Intelligence (EI) may strengthen coping abilities, and contribute to improved stress management, professional judgment, and resilience in challenging work settings, this study examined the predictive role of EI in managing job performance and resistance to stress among healthcare professionals. The study found that EI applies to all healthcare professions, not just healthcare practitioners, and guarantees that previous studies can be applied more broadly. Having a high EI helps professionals perform better in patient interactions and make ethical judgments even when they're under pressure. The purpose of this research was to look at how healthcare workers' EI, stress, and resilience all relate to their work performance. The results show that there is a strong connection between EI and both work performance and resilience, suggesting that these factors are interdependent.

Clinical training today can be a stressful experience for many Healthcare practitioners. Healthcare practitioners face various challenges in both the classroom as well as the clinical setting. Active clinical learning flourishes when supported by modern technological means. The goal of this strategy is to provide Healthcare practitioners with knowledge and skills that are not always present or accessible in a clinical context. This happens because certain patients don't get

the same chances as others to have certain procedures done on them, which might negatively impact their clinical experience (Boostel et al., 2018). When caring for patients for the 1st time, Healthcare practitioners often exhibit physical signs of stress, including trembling, sweating, paleness, cold and sticky skin, emotional outbursts, fainting, as well as crying. Healthcare practitioner's clinical training is significantly more stressful than academic training.

In addition, many Healthcare practitioners find that their lack of knowledge and abilities contributes significantly to their stress levels. The fear of making mistakes, dealing with emergencies, dealing with discrepancies in clinical practice, and professional unit visits are all factors that can make a Healthcare practitioner student's first experience in clinical practice stressful. It has been proven that Healthcare practitioners in the Healthcare practitioner's profession are vulnerable to stress, and it has been found that Healthcare practitioners in the Healthcare practitioners' profession are under significant pressure due to extended study hours, a heavy workload, limited free time, limited timely feedback, and a failure to have their needs fulfilled by their professors. Healthcare practitioners pursuing a degree in healthcare practitioners face ongoing challenges as they adapt to the classroom dynamics of their chosen educational institutions. Research shows that the scientific coursework is the most challenging part of a healthcare practitioner's school (Perveen et al., 2021).

So, Healthcare practitioners face additional pressure from the clinical setting. The worry of messing up patients and the weight of personal obligations both contribute to clinical stress. Stressful situations for Healthcare practitioners include not having adequate time to finish all Healthcare practitioners' chores and not knowing how to explain patients' issues with clinical guidelines (Yasmin et al., 2018).

Also, Healthcare practitioners have unique challenges during a pandemic or endemic, including the potential for personal infection and the spread of the disease to loved ones. Healthcare practitioners and professionals in the healthcare field are in a prime position to prevent the spread of disease and provide immediate aid to those who are ill. The COVID-19 epidemic expanded to hospitals and the staff, placing them under immense pressure in words of workload as well as healthcare obligations (Huang et al.,2020). Therefore, the lives also the health of frontline healthcare practitioners as well as Healthcare practitioners are also in jeopardy, as they are proactively combating the virus also are at high risk of getting the sickness. COVID-19 has raised stress levels among healthcare practitioners as well as staff due to the virus's exceedingly infectious also hazardous characteristics as well as the severe absence of drugs and therapy for the virus (Bauchner et al, 2020).

Prolonged stress is a psychosocial factor known to reduce education and clinical performance among healthcare practitioners (Bhurtun et al., 2019). When compared to healthcare practitioners in other professional degree programs, Healthcare practitioners document a higher percentage of stress (Aloufi et al., 2021).

Stress comes in many forms, and Healthcare practitioners have to act with them all. Both classroom work and clinical rotations present challenges for healthcare practitioners (Sanchez et al., 2019). Moreover, clinical or training-related stressors (care of patients, relationship with staff members, decrease of knowledge as well as skills, practical tasks, and workload), personal stressors, and environmental stressors are the three most commonly cited sources of stress in recent reviews (Aloufi et al., 2021). The majority of healthcare practitioners' stress originates from their clinical rotations rather than the more common academic pressures. Also, the COVID-19 crisis has produced a large raising in stress levels originating from healthcare

practitioners' clinical settings. Dread of infection, rising workload, decrease of support from health resources, and dread and stress associated with the repercussions of disturbance of the educational process are all new elements that have emerged via the COVID-19 crisis (Espina-López, et al., 2021).

The clinical situation presents a variety of challenges to Healthcare Practitioners. The capacity of healthcare practitioners to learn in a clinical situation is influenced by a variety of elements, including student characteristics, hospital circumstances, socioeconomic status, and the factors of healthcare practitioners. Due to a lack of adequate supervision, healthcare practitioners in the Healthcare practitioner's profession have difficulty applying what they have learned in practical situations (Rajeswaran, 2019). Medical professionals reported high levels of anxiety on their first clinical rotation due to a lack of preparation, new settings, unpredictable patients, worry about making mistakes, and fear of faculty evaluations. In addition, healthcare providers said that their first clinical rotation was the most nerve-wracking part of their Healthcare practitioner's education. Several studies have shown that a lack of healthcare practitioners, poor clinical orientation, recent events, and a decline in evaluation before supervision are the main causes of clinical skill stress. Academic performance can be negatively impacted by stress and anxiety in settings outside of the workplace (Parveen & Inayat, 2015).

Welch (2023) did a comprehensive review to investigate the connection between clinical stress and clinical competence among pre-licensure Healthcare practitioners. The time frame of the search was from January 1, 2014, to October 10, 2021. Welch (2023) summarized what is currently known related to the connection between prelicensure Healthcare practitioners' perceptions of their clinical stress and their perceptions of their clinical performance, with implications for future studies in clinical education. This study found that there were three

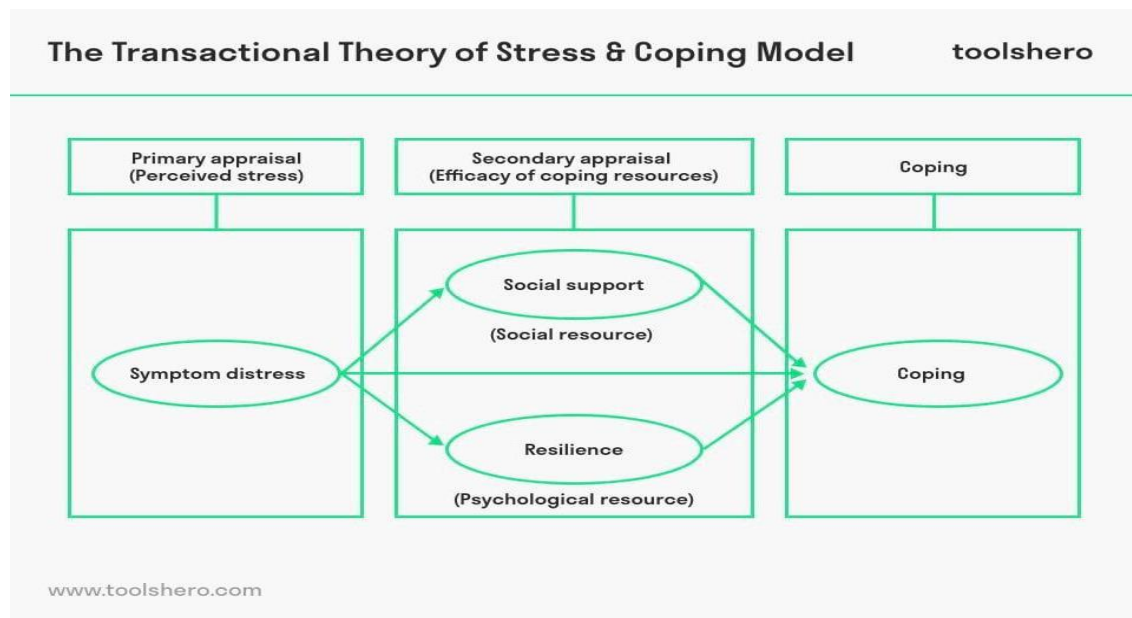
overarching patterns among healthcare practitioners: gender, academic year, and clinical skill preparation.

Theoretical Framework

The Transactional Theory of Stress and Coping (TTSC) is a collection of research that uses assessments to identify threats, cautions, and obstacles. This evaluation's findings provide a model for responding to adversity. Stress has a profound effect on our minds, hearts, and bodies, as well as on our actions and outlooks on life. These are typically induced by external factors rather than internal ones. One's perception of these events will determine the degree of stress they cause (Janse, 2021). In 1966, Dr. Richard Lazarus began research that would become known as the Transactional Theory of Stress and Coping (TTSC). The clinical component of the Healthcare practitioner's curriculum, along with other aspects of the program, can be a source of significant stress for healthcare practitioners. These learners often draw on a wide range of character strengths and coping strategies to adapt to difficult classroom situations.

Therefore, the transactional model is useful for investigating the effects of stress on the responses of healthcare practitioners (Ahmad et al., 2018). Furthermore, our responses to stress and our methods of coping with it shift throughout time. In actuality, anytime we make an effort to cope either adaptively or non-adaptively, we reevaluate, repeating the steps of primary and secondary evaluation. It's a transactional system since our evaluations of the circumstance and subsequent responses modify both the situation and our perceptions of the situation. If we can take stock of our emotions and the circumstances around them, study may be able to alter our coping mechanisms or feel less stress as a result of knowing the transactional model (Frings, 2017).

According to (Folkman, 2010), the concept of stress as well as coping is fundamental to the study of mental strain. Based on her reading of the theory, she views stress as process-oriented and situated. It is background since a relationship between the individual and their circumstance is included, and it is a step since it changes over time. Furthermore, in 1984, Lazarus and Folkman presented the Theory of the Cognitive evaluation model to explain the mental effects of stress.



1Figure 1: Transactional-theory-of-stress-and-coping (tools here, 2023)

Lazarus argues that stress is a mutual process between a person and their circumstance (the source of stressors) (Sincero, 2012). The transactional model recognized the three separate processes. These were not hypothetical concepts, materials, or alterations. Moreover, two forms of coping are utilized: problem- as well as emotion-emphasize coping. The goal of problem-focused coping is to manage and change the stressor, while emotion- emphasize coping is emphasize on regulating the emotional stress response. This theory proposes that there are not just one but two distinct phases of evaluating the onset of stress as well as the development of coping mechanisms.

The evaluation from both 1st and 2nd sources (Frings, 2017). The TTSC states that two components contribute to an individual's stress levels. In the first stage of primary appraisal, the individual evaluates the demands being placed on them. The second type of appraisal is the individual's evaluation of their coping resources (Sanderson, 2022). Also, individual's views, goals, and objectives compose their main evaluation, and they also analyze their prospects for coping in their 2nd appraisal (Folkman, 2010). The transactional model emphasizes the disconnect between the actual facilities available and the demands of the environment. When pressures are too great, it's obvious that the person is stressed.

Cognitive evaluation and coping are two essential processes that impact how people engage with their surroundings (Ahmad et al., 2018). The theory concludes by addressing questions about the origins of the stress that Healthcare practitioners experience during clinical,

the nature of the stress to which they are exposed, the Healthcare practitioners ' responses to it, the management and coping strategies at their disposal, and the potential outcomes associated with the different types of stress to which they are exposed.

Chapter Three

Methodology

Introduction

This chapter discusses and justifies the research methodology used in the planned research, including research questions, design, sampling procedures, data sources and instruments, data collection and analysis, and ethical considerations.

Research Design

The current study employs a cross-sectional descriptive design, It is an excellent methodology for epidemiological and public health studies. For determining the incidence of a certain disease or condition in a specified population at a particular moment in time, this approach works quite well. Health outcomes and their possible determinants, such as healthcare workers' stress levels, can be better understood by collecting data from a representative sample of the community (Lee et al., 2020).

There are several benefits to doing research using a cross-sectional design. Researchers may swiftly gather data and examine correlations between variables using these methods, as opposed to time-consuming longitudinal investigations. It is a practical alternative for spotting patterns and guiding public health initiatives because of its immediacy, which can give insights into the present condition of health concerns. Keep in mind that because they don't include time, cross-sectional designs can only show relationships and not prove causation (Lee et al., 2020).

Setting

The study was conducted at two hospitals first at King Fahad Hospital in Al-Hofuf a prominent healthcare facility in the Al-Ahsa region of Saudi Arabia, operating under the Al-Ahsa Health Cluster. This medical facility provides a comprehensive array of services and functions as

both a referral and specialty care center. It offers a wide range of diagnostic and therapeutic services supported by cutting-edge medical technology and a plethora of major and subspecialties in medicine. Being the first of its type in Al-Ahsa, the Interventional Radiology Department is a prominent feature. With same-day discharge possibilities guaranteed, this department offers minimally invasive operations for a variety of ailments, including artery dilation, stent implantation, and laser treatments. The procedures are performed with utmost safety and speed (Ministry of Health, 2021).

A vital resource for the management of long-term health conditions is the Endocrinology and Diabetes Center, which is housed inside the hospital. More than four thousand people were seen by the center's diabetes education, endocrinology, and diabetic foot care specialists between January and June of 2021. Every year, the hospital treats tens of thousands of patients through its emergency room, outpatient services, and sophisticated imaging departments (Ministry of Health, 2021).

The second hospital is Al Omran General Hospital located in Al Ahsa, Saudi Arabia, and serves as an essential healthcare facility for the community. With its 100 beds, the hospital can accommodate a wide range of patients and offer inpatient, outpatient, and emergency medical services. High standards of medical practice and the provision of high-quality treatment have made the hospital famous. It provides a wide variety of services and specializations to address the requirements of local patients. The state-of-the-art medical equipment and facilities at Al Omran General Hospital further improve the quality of care and results of treatments for patients (Al Omran General Hospital, 2020).

Participants and Sample

Participants

The study utilized a systematic random sampling method to select healthcare practitioners from King Fahad Hospital and Al Omran General Hospital. The goal of this sampling method is to increase the sample's representativeness by giving each member of the target population an equal opportunity to be chosen. When working with a known list of participants, like hospital staff directories, systematic random sampling is a realistic strategy since it entails picking individuals based on a specified interval from a randomly determined beginning point (Mweshi, and Sakyi, 2020).

Sample Size

The following formula was used to ascertain the appropriate size of the sample with using of G-power analysis and degree of precision 85%.

$$n = 2 \left[\frac{(Z_{\alpha/2} + Z_{\beta}) * \sigma}{\mu_1 - \mu_2} \right]^2 \quad (\text{Dawson \& Trapp, 2004}).$$

So, it may be shown mathematically that a sample size of equal 150 Healthcare practitioners.

The sample groups

Healthcare practitioners at King Fahad Hospital, and Al Omran General Hospital

Instrumentation

Two tools were used in this research to collect the data as follows

The first tool is composed of two parts

- The first part was demographic data including age, sex, and marital status.
- Second part

Perceived Stress Scale (PSS) Questionnaire (Sheu et al., 1997) was used to gather information on participants' stress levels. The questionnaire prompted pupils to record their impressions regarding stress levels. It includes freshmen through seniors. Sheu et al. (1997) developed this instrument. It was utilized to investigate clinical environments' unique forms and levels of stress. The survey employed a 5-point Likert scale with 29 items that were grouped into 6 factors. Caregiving stress, academic and Healthcare practitioners stress, task and workload stress, peer and everyday life stress, specialized knowledge and skill stress, and clinical setting stress were the six sources identified. The possible range of a score was 0-116. Stress levels were higher for those who scored higher.

The following scaling was utilized to determine the grade of stress; severe stress (2.67-4.0), stress was moderate in (1.34-2.66) as well as (0-1.33) indicate stress low (Labrague, 2014).

The third tool

The healthcare practitioners performance scale created by Schwirian, 6-DSNP (1978) consists of fifty-two questions and covers the following six topics: leadership (five items), professional development (10 items), planning and evaluation (10 items), critical care (7 items), interpersonal relations and communication (12 items), teaching and collaboration (11 items), and planning and evaluation (7 items).

Also, the options available for each student to describe his or her readiness in part one's questions one to forty-two are "not at all," "not very well," "satisfactory," and "very well;" The following options were available for the Healthcare practitioners to select from when describing how frequently they engaged in the activities in question in part two (questions forty-three to fifty-two): "seldom or never," "occasionally," "frequently," and "consistently." Each item was given a Likert scale value between 1 and 4, with higher scores mean a better opinion of the clinical performance.

Validity and Reliability of the tools

the tools of the study were agreed by the jury of three experts' members in the Healthcare practitioners field. Cronbach's alpha revealed internal consistency dependability for the PSS to be 0.94 across the board and 0.88, 0.80, 0.78, 0.69, and 0.70 across the aforementioned subscales. Very good internal consistency is indicated by a Cronbach's alpha of 0.89 (Chan et al., 2009; Sheu et al., 2002; S. Sheu et al., 1997). Moreover, the reliability test healthcare practitioners performance scale resulted in a verified Cronbach's alpha (=0.75).

Data Collection Procedure

Participants were given a handout that included all the necessary information, including the purpose of the study, their responsibilities, when to fill out the questionnaire, and other relevant processes. This is the only way to get participants' informed permission as they need to understand what they're getting into and be comfortable during the research. Ethical standards in research ensure that participants are acting voluntarily and that they are provided with the opportunity to withdraw from the study at any moment without facing any consequences. One thing that stands out is that participants had to fill out a consent form before they could participate (Khan, 2024).

Further assurance of ethical integrity was provided by the study's emphasis on answer confidentiality. To allay participants' fears about data breaches and privacy invasions, we promised to keep their identities and survey answers strictly confidential (Ogonji, Okeyo, and Wafula, 2020). Healthcare research places a premium on these protections due to the delicate nature of the data collected and the need to establish rapport with study subjects. Researchers ensure compliance with ethical research rules and foster an inclusive environment by making all of these study facts easily accessible to participants. Participants' concerns about sharing personal information can be alleviated in this way.

Data Analysis plans

The data collected for this study was tested for assumptions and hypotheses using SPSS 22 for Windows. Statistical Package for the Social Sciences, or SPSS, is a powerful application that academics often use to analyze data because it allows them to quickly perform complex statistical methods. With SPSS 22, we were able to conduct a thorough data assessment and ensure that the analytical techniques adhered to predefined statistical parameters.

The significance and correlation of the variables under investigation were determined using a battery of statistical tests, including the T-test and Analysis of Variance (ANOVA). To determine if there is a statistically significant difference between the two groups' means, the T-test is commonly used. This becomes very essential when investigating potential differences in clinical stress levels and performance metrics across healthcare providers. To get a better look at the data's variety, however, ANOVA is utilized when comparing means across three or more groups.

Ethical Consideration

The study was approved by Midocean University's Research Ethics Committee, highlighting the need of following ethical norms while conducting research with human subjects. Ethical considerations, including as the safeguarding of participants' rights, welfare, and secrecy, need this approval procedure. Researchers show their dedication to responsible and ethical research techniques by receiving this approval.

A thorough description of the study's aims, instructions on when and how to fill out the questionnaire, and other pertinent information were all included in the lengthy instruction document that was given to each participant. So that they may make well-informed choices on their participation in the study, participants need this kind of openness for informed consent to be valid. To further ensure ethical standards, participants are required to sign a permission form before participating in the study. This ensures that participation is voluntary and that persons are aware of their rights.

Chapter Four

Results

Introduction

The researchers set out to find out if and how clinical stress impacts healthcare providers' capacity to give high-quality treatment to their patients. Factors such as healthcare worker demographics and clinical stress levels are summarized in this chapter. The chapter also details the practitioners' clinical performance, which includes skill application, patient care, and decision-making, among other areas.

Furthermore, the study delves into the correlations between clinical stress levels and several socio-demographic characteristics, including gender, years of employment experience, academic year, and age. Similarly, the chapter explores the relationship between these socioeconomic and demographic factors and the effectiveness of the treatment. By investigating the link between clinical stress and clinical performance, this study seeks to answer the question of whether or not high levels of stress in the workplace have a detrimental impact on practitioners' ability to do their jobs well.

This section elucidates the dynamics of stress in clinical settings and its effects on healthcare practitioners' abilities to successfully carry out their tasks, providing a better understanding of how to manage stress and maximize performance in healthcare practice.

The result obtained from the study was presented in the following parts

- Part I: Personal and professional characteristics of the Healthcare practitioners (Table: 1).
- Part II: Healthcare practitioner's clinical stress (Tables: 2-8& Figure: 1).
- Part III: Healthcare practitioner's clinical performance (Tables: 9-12& Figure: 2).
- Part IV: Relationship between clinical stress and clinical performance among healthcare practitioners (Tables: 13-14).

- Part VI: Relationship between clinical stress and clinical performance among healthcare practitioners with their data (Tables: 15-16).

Part I: Personal and professional characteristics of the Healthcare practitioners (Table: 1).

1Table (1): Frequency distribution of healthcare practitioners personal and professional characteristics (n=100).

Personal and work-related data		No.
Gender:	Male	51
	Female	49
Age:	< 20 years	36
	20-< 25 years	59
	25-< 30 years	5
	Mean± SD	22.19±3.09
Residence place:	Urban	52
	Rural	48
Marital status:	Single	67
	Married	33
Academic year:	1 st year	27
	2 nd year	24
	3 ^{ed} year	23
	4 th year	26

Table (1) shows that about half (51%) of the study participants were males, about three-fifths (59%) of them were 20-< 25 years old, about half (52%) of them were living in urban areas, about two thirds (67%) of them were single, and there were slightly equally selected by about one quarter from each academic year.

Part II: Healthcare practitioner's clinical stress (Tables: 2-8& Figure: 1).

2Table (2): Frequency distribution of healthcare practitioners' stress from taking care of patients (n=100).

1 Stress from taking care of patients	Never	Rarely	sometimes	Fairly often	Very often
1.Lack of experience and ability in providing nursing care and in making judgments	5	26	27	35	7
2.Do not know how to help patients with physio psycho-social problems	5	24	30	35	6

3.Unable to reach one's expectations	3	31	28	29	9
4.Unable to provide appropriate responses to doctors', teachers', and patients' questions	7	17	37	34	5
5.Worry about not being trusted or accepted by patients or patients' family	5	20	35	32	8
6.Unable to provide patients with good nursing care	3	24	43	24	6
7.Do not know how to communicate with patients	4	28	33	30	5
8.Experience difficulties in changing from the role of a student to that of a nurse	5	22	34	32	7

Table (2) reveals that only 7% of the study participants were never unable to respond appropriately to inquiries from physicians, educators, and patients, nearly one-third (31%) rarely reach one's expectations, more than two-fifths (43%) of them were sometimes incapable of giving patients competent Healthcare practitioners care, more than one third (35%) of them were fairly often incapacity to make decisions and provide Healthcare practitioners care due to inexperience, and lack of knowledge on how to assist patients with physio-psycho-social issues, and only 9% of them were very often not able to obtain one's expectations.

3Table (3): Frequency distribution of healthcare practitioners' stress from teachers and Healthcare practitioners (n=100).

2. Stress from teachers and Healthcare practitioners	Never	Rarely	sometimes	Fairly often	Very often
9.Experience discrepancy between theory and practice	5	19	38	34	4
10. Do not know how to discuss patients' illness with teachers, and medical and nursing Personnel.	2	21	42	30	5
11. Feel stressed that teacher's instruction is different from one's expectations	3	22	36	36	3
12. Medical personnel lack empathy and are not willing to help	3	22	36	35	4
13. Feel that teachers do not give fair evaluation on students	5	23	36	33	3
14. Lack of care and guidance from teachers	3	24	38	30	5

Table (3) reveals that only 5% of the study participants had never Experienced a discrepancy between theory as well as practice, and Felt that teachers don't give fair assessments to Healthcare practitioners, nearly one quarter (24%) rarely reduce care as well as guidance from teachers, more than two fifths (42%) of them sometimes did not aware how to discuss patients' illness with teachers, as well as medical also Healthcare practitioners, more than one third (36%) of them were fairly often do not aware how to explain patients' illness with educator, and medical and Healthcare practitioners individuals, and only 5% of them were very often lack the knowledge of how to properly communicate patients' illnesses to educators, doctors, and healthcare practitioners.

4Table (4): Frequency distribution of healthcare practitioners stress from assignments and workload (n=100).

3. Stress from assignments and workload	Never	Rarely	sometimes	Fairly often	Very often
15. Worry about bad grades	8	22	34	29	7
16. Experience pressure from the nature and quality of clinical practice	4	22	41	30	3
17. Feel that one's performance does not meet teachers' expectations	4	22	30	41	3
18. Feel that the requirements of clinical practice exceed one's physical and emotional Endurance	5	16	48	24	7
19. Feel that dull and inflexible clinical practice affects one's family and social life	3	27	28	37	5

Table (4) reveals that only 8% of the study participants were never worried about bad grades, more than one quarter (27%) rarely feel that dull as well as inflexible clinical skills impact one's family as well as social life, about half (48%) of them sometimes believed that one's emotional

and physical endurance are inadequate for the demands of professional practice, more than two fifths (41%) of them fairly often believed that one's performance falls short of what their lecturers are expecting, and only 7% of them were very often fear failing grades and believe that one's physical and mental endurance is insufficient for the demands of clinical practice.

5Table (5): Frequency distribution of healthcare practitioners' stress from peers and daily life (n=100).

4. Stress from peers and daily life	Never	Rarely	sometimes	Fairly often	Very often
20. Experience competition from peers in school and clinical practice	4	22	43	28	3
21. Feel pressure from teachers who evaluate students' performance by comparison	5	21	36	34	4
22. Feel that clinical practice affects one's involvement in extracurricular activities	4	22	40	31	3
23. Cannot get along with other peers in the group	5	16	39	33	7

Table (5) reveals that only 5% of the study participants never felt under pressure from educators who compare their pupils' performance to others and find it difficult to get along with group members, near one quarter (22%) rarely encounter peer competition in the classroom and therapeutic settings, and Believe that one's participation in extracurricular activities is impacted by their professional practice, more than two fifths (43%) of them were sometimes encountered peer competition in the classroom and in healthcare settings more than one third (34%) of them fairly often felt under pressure from educators who use comparison to assess pupils' performance, and only 7% of them were very often cannot get along with the group's peers.

6Table (6): Frequency distribution of healthcare practitioners stress from lack of professional knowledge and skills (n=100).

5.Stress from lack of professional knowledge and skills	Never	Rarely	sometimes	Fairly often	Very often
!4. Unfamiliar with medical history and terms	8	15	47	23	7

25. Unfamiliar with professional Healthcare practitioner's skills	6	16	33	38	7
26. Unfamiliar with patients' diagnoses and treatments	6	22	39	24	9

Table (6) reveals that only 8% of the study participants were never unfamiliar with medical history as well as terms, nearly one quarter (22%) were rarely unfamiliar with diagnoses of patients as well as treatments, nearly half (47%) of them were sometimes Unfamiliar with history medical as well as terms, more than one third (38%) of them were fairly often Unfamiliar with professional skills Healthcare practitioners, and only 9% of them were very often unfamiliar with the diagnosis and course of care for patients.

7Table (7): Frequency distribution of healthcare practitioners stress from the environment (n=100).

6. Stress from the environment	Never	Rarely	sometimes	Fairly often	Very often
27. Feel stressed in the hospital environment where clinical practice takes place	8	20	30	38	4
28. Unfamiliar with the ward facilities	7	23	31	29	10
29. Feel stressed from the rapid change in patient's condition	3	21	46	25	5

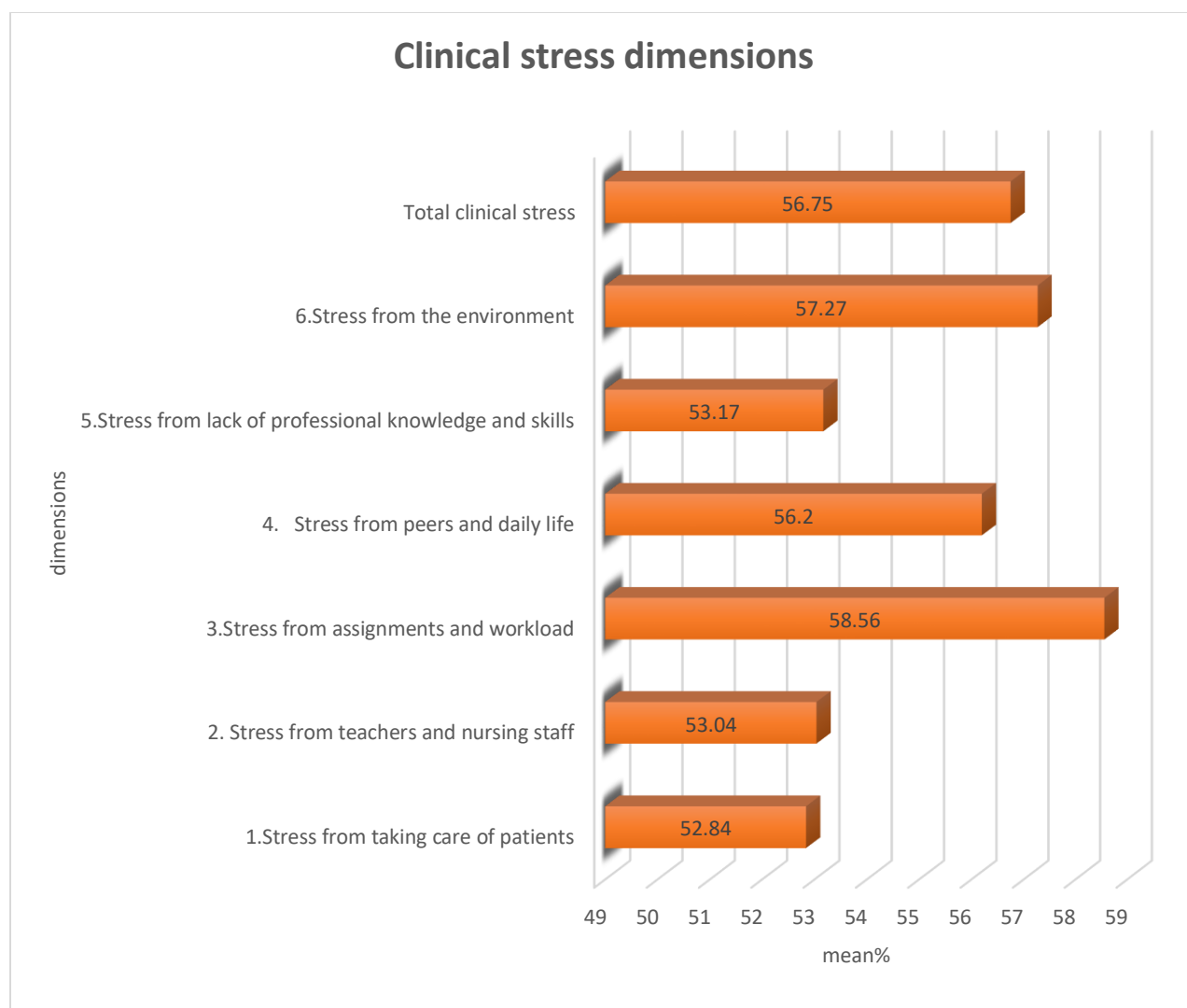
Table (7) reveals that only 8% of the study participants were never felt stressed in the hospital circumstance where clinical skills take place, nearly one quarter (23%) rarely unfamiliar with the ward facilities, nearly half (46%) of them were sometimes Feel stressed from the rapid alteration in patient's status, more than one third (38%) of them were fairly often feel stressed in the hospital circumstance where clinical skills take place, and only 10% of them were very often unfamiliar with the ward facilities.

8Table (8): Mean percentage of healthcare practitioners' clinical stress dimensions.

Clinical stress dimensions	Min	Max	Mean	SD	Mean%
<u>1.Stress from taking care of patients</u>	1	32	16.91	6.71	52.84
<u>2.Stress from teachers and nursing staff</u>	1	24	12.73	4.50	53.04
<u>3.Stress from assignments and workload</u>	0	18	10.54	4.03	58.56
<u>4. Stress from peers and daily life</u>	0	15	8.43	3.10	56.20
<u>5.Stress from lack of professional knowledge and skills</u>	0	12	6.38	2.59	53.17
6. Stress from the environment	0	11	6.30	2.56	57.27
Total clinical stress	2	108	61.29	22.28	56.75

low<40%, moderate:40-50%, high> 60%.

Table (8) concludes that there was a moderate level of clinical stress (mean%=56.75%) among healthcare practitioners.



2Figure (1): Mean percentage of healthcare practitioners' clinical stress dimensions.

Figure (1) illustrates that there was a moderate level of clinical stress (mean%=56.75%) among healthcare practitioners.

Part III: Healthcare practitioner's clinical performance (Tables: 9-12& Figure: 2).

9Table (9): Mean percentage of healthcare practitioners' responsibility and professionalism.

Dimension 1: responsibility and professionalism	Min	Max	Mean	SD	Mean%
1.Systematic data collection from the relevant sources	1	9	5.97	1.87	59.70
2.Determination of the patient's problems	1	10	6.17	1.92	61.70
3.Prioritizing of the patients 'problems	1	10	6.24	1.98	62.40
4. Determination of the criteria for evaluation of outcome	1	10	6.28	1.93	62.80

low<40%, moderate:40-50%, high> 60%.

Table (9) shows that there were slightly high levels of responsibility and professionalism items (mean>60%%) among healthcare practitioners.

10Table (10): Mean percentage of healthcare practitioners planning and realization.

Dimension 2: planning and realization	Min	Max	Mean	SD	Mean%
5.Appropriate technical skills in nursing interventions.	1	10	6.30	2.04	63.00
6.Determination of whether the desired outcome has been achieved and changes in interventions when they are not effective	1	10	6.26	1.87	62.60
7. Discharge planning	1	9	6.28	1.89	62.80
8.Performing nursing interventions appropriate and safe for individuals	1	9	6.36	1.89	63.60
9.Identification of educational needs of individuals and families	1	10	6.31	1.97	63.10
10. Appropriate education for individuals and families	1	9	6.19	1.89	61.90
11. Assessment of the outcomes of patients' education	1	10	6.32	1.85	63.20

low<40%, moderate:40-50%, high> 60%.

Table (10) shows that there were slightly high levels of planning and realization items (mean>60%%) among healthcare practitioners.

11Table (11): Mean percentage of healthcare practitioner's assessment and diagnostics.

Dimension 3: assessment and diagnostics	Min	Max	Mean	SD	Mean%
12. Self-determination of Healthcare practitioners with educational needs	1	10	6.28	1.82	62.80
13. Communication skills techniques while communicating with individuals, families, friends and other health staff	1	9	6.24	1.91	62.40
14. Informing the nurse personnel about the program and responsibilities	1	10	6.27	1.88	62.70
15. Openness to criticism	1	10	6.37	1.93	63.70
16. Stress management and coping strategies	1	9	6.33	1.84	63.30
17. Documentation of Healthcare practitioner's care	1	10	6.39	1.85	63.90
18. Using opportunities for learning and improving skills	1	9	6.27	1.79	62.70
19. Responsibility and autonomy of student	1	10	6.41	1.82	64.10
20. Knowing your strengths and weaknesses	1	9	6.36	1.74	63.60
21. Teamwork and collaboration	2	10	6.36	1.73	63.60
22. Informing the nurse personnel about the patient	1	10	6.36	1.85	63.60
23. Informing the nurse personnel that the student will leave the clinic	1	10	6.40	1.83	64.00
24. Following the rules, ethical principles, and laws related to the care for individuals and families	1	10	6.24	1.92	62.40
25. Respect for economic status, personal attitudes and behaviors of individuals and families	1	10	6.36	1.88	63.60
26. Respect for individuals' privacy during the process of nursing care	1	10	6.34	1.95	63.40

low<40%, moderate:40-50%, high> 60%.

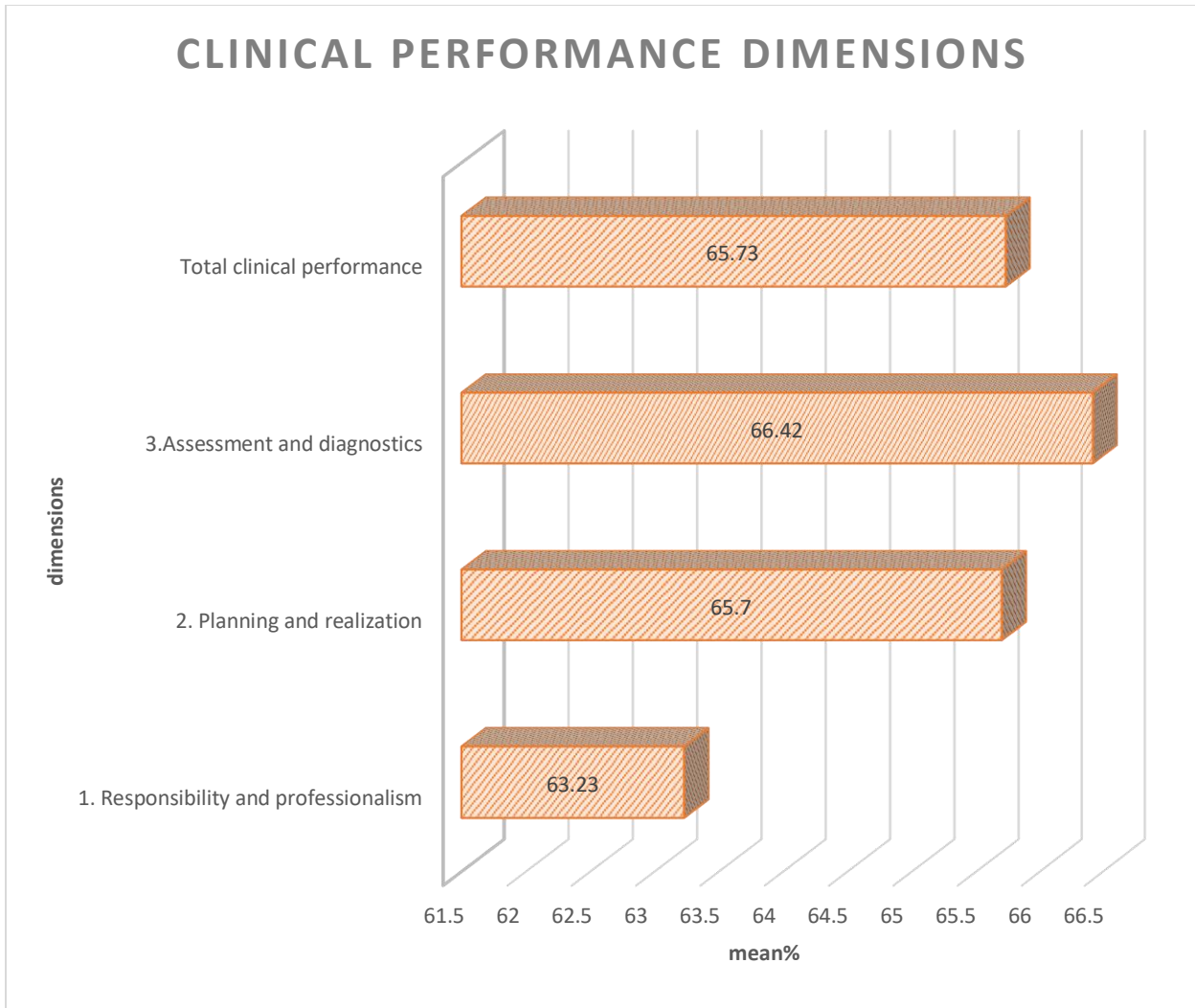
Table (11) shows that there were slightly high levels of assessment and diagnostics items (mean>60%%) among healthcare practitioners.

12Table (12): Mean percentage of healthcare practitioner's clinical performance dimensions.

Clinical performance dimensions	Min	Max	Mean	SD	Mean%
1.Responsibility and professionalism	4	39	24.66	7.36	63.23
2.Planning and realization	8	67	44.02	12.80	65.70
3.Assessment and diagnostics	20	143	94.98	26.14	66.42
Total clinical performance	37	249	163.66	45.69	65.73

low<40%, moderate:40-50%, high> 60%.

Table (12) concludes that there were slightly high levels of clinical performance dimensions and total clinical performance items (mean>60%%) among healthcare practitioners.



3Figure (2): Mean percentage of healthcare practitioners' clinical performance dimensions.

Figure (2) illustrates that there were slightly high levels of clinical performance dimensions and total clinical performance items (mean>60%%) among Healthcare practitioners.

Part IV: Relationship between clinical stress and clinical performance among healthcare practitioners (Tables: 13-14).

13Table (13): Correlation between clinical stress and clinical performance among healthcare practitioners.

Pearson Correlation		Responsibility, professionalism	Planning, realization	Assessment, diagnostics	Total clinical performance
Stress from taking care of patients	r	-0.59	-0.57	-0.56	-0.58
	p	0.00	0.00	0.00	0.00
Stress from teachers and Healthcare practitioners	r	-0.51	-0.51	-0.51	-0.52
	p	0.00	0.00	0.00	0.00
Stress from assignments, workload	r	-0.47	-0.47	-0.46	-0.47
	p	0.00	0.00	0.00	0.00
Stress from peers and daily life	r	-0.45	-0.45	-0.44	-0.45
	p	0.00	0.00	0.00	0.00
Stress from lack of professional knowledge and skills	r	-0.51	-0.51	-0.50	-0.51
	p	0.00	0.00	0.00	0.00
Stress from the environment	r	-0.50	-0.51	-0.50	-0.51
	p	0.00	0.00	0.00	0.00
Total clinical stress	r	-0.55	-0.54	-0.53	-0.54
	p	0.00	0.00	0.00	0.00

P value is significant at ≤ 0.05 , highly significant at ≤ 0.001 , insignificant at > 0.05 ,

Table (13) concludes that there was a highly significant statistically moderate negative correlation ($r=-0.54$, $p=0.00$) between clinical stress and clinical performance among healthcare practitioners.

14Table (14): effect of clinical stress on clinical performance among healthcare practitioners.

Linear regression model	R ²	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
(Constant)	0.30	232.00	11.33		20.47	0.00
Total clinical stress		-1.12	0.17	-0.54	-6.41	0.00
a. Dependent Variable: Total clinical performance						

P value is significant at ≤ 0.05 , highly significant at ≤ 0.001 , insignificant at > 0.05 ,

Table (14) concludes that there was a highly significant statistically moderate negative effect ($R^2=0.30$, $\beta=-0.54$, $p=0.00$) from clinical stress on clinical performance among healthcare practitioners.

Part VI: Relationship between clinical stress and clinical performance among healthcare practitioners with their data (Tables: 15-16).

15Table (15): Relationship between clinical stress among healthcare practitioners with their data.

Personal and work-related data		Total clinical stress		One-way ANOVA	
		Mean	SD	F	P
Gender:	Male	58.53	24.93	1.61	.21
	Female	64.16	18.97		
Age:	< 20 years	75.89	13.14	16.74	.00
	20-< 25 years	53.98	22.64		
	25-< 30 years	42.40	13.79		
Residence place:	Urban	54.88	21.89	9.75	.002
	Rural	68.23	20.75		
Marital status:	Single	68.42	21.15	26.04	.00
	Married	46.82	17.06		
Academic year:	1 st year	79.19	15.56	44.55	.00
	2 nd year	74.21	7.56		
	3 rd year	53.57	17.51		
	4 th year	37.62	15.73		

P value is significant at ≤ 0.05 , highly significant at ≤ 0.001 , insignificant at > 0.05 ,

Table (15) indicates that there were significant statistical relationships ($p \leq 0.05$) between clinical stress among healthcare practitioners with their age, residence place, marital status, and academic year.

16Table (16): Relationship between clinical performance among healthcare practitioners with their data.

Personal and work-related data		Total clinical performance		One-way ANOVA	
		Mean	SD	F	P
Gender:	Male	163.14	50.50	.01	.91
	Female	164.20	40.59		
Age:	< 20 years	151.72	50.13	2.04	.14
	20-< 25 years	169.71	41.94		
	25-< 30 years	178.20	45.65		
Residence place:	Urban	174.33	37.52	6.22	.01
	Rural	152.10	51.06		
Marital status:	Single	156.18	48.55	5.70	.02
	Married	178.85	35.22		
Academic year:	1 st year	138.00	55.94	7.18	.00
	2 nd year	160.21	41.27		
	3 ^{ed} year	166.30	33.55		
	4 th year	191.15	30.63		

P value is significant at ≤ 0.05 , highly significant at ≤ 0.001 , insignificant at > 0.05 ,

Table (16) indicates that there were significant statistical relationships ($p \leq 0.05$) between clinical performance among healthcare practitioners with their residence place, marital status, and academic year.

Chapter Five

Discussion

Introduction

Stress in the clinical setting has a significant impact on healthcare workers' health and productivity. The quality of patient care, their capacity to make decisions, and their ability to deal with complicated clinical circumstances are all affected (Lenzo et al., 2021). Despite the wealth of literature on stress in healthcare settings, little is known about the impact of clinical stress on healthcare providers' ability to provide quality patient care in the Saudi Arabian environment. This study intends to fill that void by investigating the factors—including workload, coping strategies, and environmental stressors—that contribute to clinical stress and its impact on healthcare practitioners' performance.

This chapter discusses the results in light of the prior literature and answers the research questions and aims of the study. This chapter gives a thorough overview of the dynamics of stress in healthcare practice by highlighting important elements such as socio-demographic characteristics, stressors in clinical settings, and their direct and indirect consequences on clinical performance.

The Impact of Clinical Stress on the Performance of Healthcare Practitioners

Medical personnel's well-being was negatively impacted by the COVID-19 pandemic-related stress, anxiety, and burnout, according to the study's findings. When global epidemics like pandemics strike, the healthcare system is one of the many organizations that must function under extremely difficult circumstances. The emotional well-being of medical staff, who bear a disproportionate share of the societal burden during pandemics, takes a hit as a result (Çelmeçe, and Menekay, 2020). The study seeks to investigate the correlation between clinical stress and performance among healthcare practitioners in the Al Ahsa region, to ascertain the impact of stress levels on practitioners' capacity to provide high-quality care and to recommend strategies for enhancing clinical performance in stressful environments (Cislak et al., 2018). They are approximately equally distributed to their academic year too.

The findings of this study showed that there was a moderate level of clinical stress, which agrees with Jagoda and Rathnayake's (2021) study, which reported that the majority of participants experienced a moderate level of stress (78.50%) and perceived the learning environment as predominantly favorable (92.4%). The Healthcare practitioners exhibited the most favorable and least favorable attitudes in the direction of the domains of "atmosphere" (Mean 29.80 ± 4.85 ; 62.08% of maximum score) and "academic self-perception" (Mean 22.44 ± 2.93 ; 70.13% of maximum score), respectively. While is in contrast to Ali and El-Sherbini's (2018) study, which Evaluated the academic stress level of healthcare practitioners and determined the elements that contribute to it. The results of the current investigation indicate that a significant majority (79.7%) of healthcare practitioners experienced elevated levels of academic stress, mostly attributed to patient care responsibilities, assignments, as well as workload.

The Psychological and Academic Stressors Affecting Healthcare Practitioners

Consistent with the findings of Hummel et al. (2021) who discovered that healthcare practitioners' stress responses vary throughout their academic careers, this study found that healthcare practitioners' stress levels were high when it came to patient care. This is likely because healthcare practitioners frequently lack the knowledge and experience to effectively assist patients with their physio-psycho-social needs. In the end, it all comes down to the healthcare facility, individual resources, and coping mechanisms. Healthcare workers are particularly vulnerable to the negative effects of stress, which can manifest in a variety of mental health issues, including but not limited to anxiety and depression, and can have a negative influence on their academic performance. Disorders in sleep, alcoholism, and the use of psychotropic substances are among the many connected problems that can stem from stress. Care for patients may suffer as a result of these effects, which may be felt immediately or over time.

This finding is in line with that of Wang et al. (2020), who discovered that healthcare workers caring for COVID-19 patients had a low-stress level, despite still experiencing fear of infection or uncomfortable feelings caused by personal protective equipment. The majority of healthcare practitioners observed that teachers often transferred their stress to healthcare practitioners. Healthcare personnel' dedication and selflessness throughout the COVID-19 pandemic were seen in their low-stress levels. The government and medical facilities should keep up their efforts to reduce the spread of infections by bolstering their infection prevention measures and expanding the scope of care they offer to the families of frontline healthcare workers, particularly those who are married to those employees. The importance of healthcare professionals' intrinsic motivation and the government's and society's ability to provide essential assistance will serve as a lesson to other nations.

The Impact of Workload and Professional Knowledge on Healthcare Practitioners' Stress Levels

According to Ahmed and Mohammed's (2019) study, which used a basic random sample approach to conduct descriptive cross-sectional research on 125 healthcare practitioners while they were completing their clinical rotations, the workload may be impacting these practitioners' stress levels because they believe their emotional and physical endurance are inadequate for the demands of professional practice. According to the research, out of the total number of healthcare practitioners surveyed, about 65 were extremely happy and 41 were satisfied with their clinical practice.

In line with the findings of Lavoie-Tremblay et al. (2022), a study was conducted with 26 undergraduate healthcare practitioners at a Montreal university. The participants were found to be in their second year of healthcare practice, and the participants reported high levels of stress as a result of their high expectations for clinical performance and their lack of personal time. In their last year of school, aspiring medical professionals experienced stress due to the impending graduation and entry into the working world.

Environmental Influences on Stress Levels Among Healthcare Practitioners

Consistent with a study by Alanazi et al. (2023) that used a cross-sectional design to examine the levels of stress, stressors, and coping mechanisms used by female Saudi undergraduate healthcare practitioners in clinical practice, the surrounding environment may impact the stress of these practitioners. The average perceived stress level among the 332 participants was 54.77 ± 0.95 , and it ranged from 3 to 99. With an average score of 2.61 ± 0.94 , healthcare practitioners said that the pressure from workload and assignments was the main cause of their stress. Next came environmental stress, with an average score of 1.18 ± 0.47 . The

majority of healthcare practitioners, nevertheless, adopted an optimistic stance, with an average score of 2.38 ± 0.95 . The transference strategy scored 2.36 ± 0.71 , just after this. A somewhat lower score of 2.35 ± 1.01 was achieved with the problem-solving approach.

A study conducted by Anderson (2023) sought to examine the correlation between healthcare practitioners' perceptions of the clinical learning environment and their stress levels. The results showed that healthcare practitioners exhibited slightly higher levels of responsibility and professionalism, as well as in planning and realization, assessment, and diagnostics. According to the findings, healthcare professionals' clinical learning environment, particularly their professors and other healthcare professionals' staff, significantly affects their feelings of stress. Various types and levels of stress were experienced during clinical practice throughout multiple research years. Supervision was associated with healthcare professionals' overall impressions of their clinical learning environments, but not with their physiological and psychological well-being, the types of stress they encountered on the job, or the strategies they used to deal with it.

limitations of study

In light of the significant findings of the study, several limitations should be taken into consideration. The cross-sectional nature of the study means that the direct impact of stress on clinical performance is not taken into account. In addition, information was gathered using a self-reported survey that relied on the perspectives and thoughts of healthcare practitioners. One notable limitation is the use of a cross-sectional descriptive design, which captures data at a single point in time. While this approach provides valuable insights into the relationship between stress and performance, it does not allow for establishing causal relationships or examining

changes over time. Longitudinal studies could offer a more comprehensive understanding of how stress impacts clinical performance over an extended period.

The study also utilized a systematic random sampling technique to select participants. While this method enhances representativeness, it may inadvertently exclude healthcare practitioners who experience extreme stress or are less accessible during the sampling process. Such exclusions could result in an underestimation of the true variability in clinical stress levels and their effects on performance. The sample size of 150 healthcare practitioners, determined using G-power analysis, is adequate for statistical analysis but may still limit the generalizability of the findings to the broader population. Larger sample sizes across multiple institutions could provide a more robust basis for understanding the relationship between clinical stress and performance. Additionally, potential response bias from participants may affect the reliability of self-reported measures, particularly concerning stress levels.

Conclusion, Implications, and Recommendations

This study's findings concluded that the level of stress among these Healthcare practitioners was moderate to all factors starting from their teachers who are causing academic stress, in addition, their patients' care and the surrounding environment can also cause a degree of stress, regarding the Healthcare practitioners performance, there were slightly high levels of responsibility and professionalism, planning and realization, assessment and diagnostics, items among Healthcare practitioners.

Policymakers, also Healthcare practitioners' educators, as well as Healthcare practitioner preceptors are urged to involve the idea of stress management in the Healthcare practitioner's course in order to enhance Healthcare practitioner's education. Specific programs about healthcare practitioners' intrapersonal character to strengthen stress must be made available as quick training sessions before they begin their clinical education.

So, it can be recommended that teachers should have a training session for teachers to train them not to cause extra stress on their Healthcare practitioners, and more managerial strategies in hospitals to reduce healthcare practitioners' stress from patients' care.

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Appendix (A)

Subject: Request for Arbitration of Research Questionnaire

Dear Dr.,

I hope this email finds you well.

I am writing to inform you that I am a student at Midocean University - College of Management, specializing in a Master's degree in Project Management. I am currently conducting research titled " Relation between Clinical Stress and Clinical Performance among Healthcare Practitioners in Al Ahsa Region: Cross-sectional Study in Saudi Arabia" as part of my master's program requirements in Project Management. I am reaching out to request your expertise in reviewing and validating the survey designed for my research. Attached is a copy of the survey, and I kindly ask you to review it and provide your insights and suggestions regarding the accuracy and appropriateness of the statements in measuring the study's objectives. Additionally, I would appreciate any recommendations for modifications, whether it be rephrasing, removing, or adding new statements. Thank you very much for your time and effort. I look forward to receiving your valuable feedback.

Sincerely,

Appendix (B)

Questionnaire

Dear Mr. / Ms.,

I would like to inform you that I am a student at Midocean University – College of Management, specializing in a Master's degree in Project Management. I am currently conducting research titled "Relation between Clinical Stress and Clinical Performance among Healthcare Practitioners in Al Ahsa Region: Cross-sectional Study in Saudi Arabia" as part of the requirements for the master's program in Project Management. Given the importance of your opinions, I kindly request you to complete this survey. I assure you that your responses will be highly valued and treated with utmost confidentiality, used solely for academic research. Therefore, I hope your answers will reflect the reality as closely as possible to contribute to achieving accurate results. Thank you for your cooperation.

Sincerely,

Socio-demographic data

First part: Personal and professional characteristics of the study subjects:

Gender

- Female
- Male

Age

- < 20 years
- 20 - < 25
- 25 - < 30

Residence

- Rural ()
- Urban ()

Marital Status

- Single
- Married

Academic year

- 1st year ()
- 2nd year ()
- 3rd year ()
- 4th year ()

Appendix (C)

Second part: The Perceived Stress Scale (PSS) Questionnaire

STRESS Factor/Items					
Overall PSS	0- never	1- Almost never	2- sometimes	3- Fairly v	4-very often
1 Stress from taking care of patients					
Lack of experience and ability in providing Healthcare practitioners care and in making judgments					
Do not know how to help patients with physio-psycho-social problems.					
Unable to reach one's expectations					
Unable to provide appropriate responses to doctors', teachers', and patients' questions					
Worry about not being trusted or accepted by patients or patients' families.					
Unable to provide patients with good Healthcare practitioner care					
Do not know how to communicate with patients.					
Experience difficulties in changing from the role of a student to that of a healthcare Practitioner					
2. Stress from teachers and Healthcare practitioners					
Experience discrepancy between theory and practice					
Do not know how to discuss patients' illnesses with teachers, and medical and Healthcare practitioners.					
Feel stressed that the teacher's instruction is different from one's expectations.					

Medical personnel lack empathy and are not willing to help.					
Feel that teachers do not give fair evaluations of students.					
Lack of care and guidance from teachers					
3. Stress from assignments and workload					
Worry about bad grades.					
Experience pressure from the nature and quality of clinical practice					
Feel that one's performance does not meet teachers' expectations.					
Feel that the requirements of clinical practice exceed one's physical and emotional. Endurance					
Feel that dull and inflexible clinical practice affects one's family and social life.					
4. Stress from peers and daily life					
Experience competition from peers in school and clinical practice					
Feel pressure from teachers who evaluate students' performance by comparison.					
Feel that clinical practice affects one's involvement in extracurricular activities.					
Cannot get along with other peers in the group					
5. Stress from lack of professional knowledge and skills					
Unfamiliar with medical history and terms					
Unfamiliar with professional Healthcare practitioner's skills					
Unfamiliar with patients' diagnoses and treatments					

6. Stress from the environment					
Feel stressed in the hospital environment where clinical practice takes place.					
Unfamiliar with the ward facilities					
Feel stressed from the rapid change in the patient's condition.					

Appendix (D)

Third tool: The Healthcare Practitioner Clinical Performance Evaluation Scale (NSCPES) Questionnaire

Give scores for each item ranging from 1 to 10.	
Items	Score from 1-10
Dimension 1: responsibility and professionalism	
1. Systematic data collection from the relevant sources	
2. Determination of the patient's problems	
3. Prioritizing of the patients 'problems	
4. Determination of the criteria for evaluation of the outcome	
Dimension 2: planning and realization.	
5. Appropriate technical skills in Healthcare practitioners interventions	
6. Determination of whether the desired outcome has been achieved and changes in interventions when they are not effective	
7. Discharge planning	
8. Performing Healthcare practitioners interventions appropriate and safe for individuals	
9. Identification of educational needs of individuals and families	
10. Appropriate education for individuals and families	
11. Assessment of the outcomes of patients' education	

Dimension 3: assessment and diagnostics	
13. Self-determination of students with educational needs	
14. Communication skills techniques while communicating with individuals, families, friends, and other health staff	
15. Informing the healthcare Practitioner about the program and responsibilities	
16. Openness to criticism	
17. Stress management and coping strategies	
18. Documentation of Healthcare practitioners care	
19. Using opportunities for learning and improving skills	
20. Responsibility and autonomy of student	
21. Knowing your own strengths and weaknesses	
22. Teamwork and collaboration	
23. Informing the healthcare Practitioner about the patients	
24. Informing the healthcare Practitioner that the student will leave the clinic	
25. Following the rules, ethical principles, and laws related to the care for individuals and families	
26. Respect for economic status, personal attitudes, and behaviors of individuals and families	
27. Respect for individuals' privacy during the process of Healthcare practitioners care	

Appendix (E)

 Hamdan Ahmed Alzahrani- 5:00 Pm

Dear Dr. Sheu,

I hope this message finds you well. My name is Hamdan Ahmed Alzahrani

I am a master's student at King Saud University. I am currently working on my thesis

And I would like to request permission to use your tool (Perceived Stress Scale (PSS) Questionnaire) for this purpose.

Please let me know if I have your approval to proceed.

Thank you for your consideration.

Best regards,
Hamdan Ahmed Alzahrani

NEW

 Sheila Sheu- 7:03 Pm

Dear Hamdan,

You have my permission to use the tool for your thesis.

My direct email is slsheu@cc.fy.edu.tw.

Please let me know the results.

Best of luck with your research.

Best regards,
Sheila Sheu

Midocean University



College of Management

Master of Project Management

**Relation between Clinical Stress and Clinical Performance among Healthcare practitioners
in Al Ahsa Region: Cross-sectional Study in Saudi Arabia**

Prepared by:

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Year

2024

