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Commentary on "Exploring Secondary Traumatic Stress as a Post-Pandemic Challenge for Healthcare Workers Practicing in Saudi Arabia" [Letter]

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Dear editor

We commend Heba et al[1] for their valuable contribution to understanding secondary traumatic stress (STS) in healthcare professionals in Western Saudi Arabia. Healthcare workers can be exposed to STS, which results from secondary exposure to stressful events while providing care for individuals experiencing hardship.[2] As student doctors currently in undergraduate education with an interest in public health, we found this study particularly interesting, offering great insights into the risk factors and prevalence of stress disorders among healthcare workers in the post-pandemic period.

We commend Heba et al[1] for their cross-sectional study, providing a single snapshot of the post-pandemic risk factors for STS among healthcare workers.[3] The study has successfully identified risk factors such as gender, sleep patterns, occupation, and age providing the rationale of the importance of addressing these in future interventions. However, the authors acknowledge limitations, including the focus on a single work sector and region, which resulted in a relatively small sample size (n = 380) and reliance on self-reported questionnaires.[1]

To address these limitations and improve the generalisability of the findings, we propose several potential developments that can be considered for future research. Expanding the study to include healthcare workers from multiple regions across Saudi Arabia, as well as those in the private sector, could provide a broader perspective.[4] Additionally, the questionnaire could be enhanced to investigate whether healthcare professionals hold multiple roles (eg, working in both public and private practice) and how this impacts their risk of STS, alongside factors such as working hours (eg, full-time versus part-time work). Furthermore, refining certain demographic categories, such as offering a detailed breakdown of ethnicities rather than categorising non-Saudi nationals as a single group and expanding marital status options to include categories such as engaged or divorced, could provide more specific insights and relationships into the risk factors.

Additionally, to improve the response rate, future research could explore alternative methods of survey dissemination, such as using paper forms alongside online questionnaires and face-to-face interviews. This may help increase responses from individuals who face technological barriers, especially considering that only 38 participants in the current study were over the age of 50.[1] Furthermore, efforts could be made to achieve a more balanced gender representation, as males accounted for 60% of the respondents.[1] Implementing a mixed-method approach, incorporating both quantitative and qualitative questions, and gathering data at multiple time points, may also provide deeper insights into the experience of secondary traumatic stress among healthcare workers.[5]

In conclusion, we would once again like to express our appreciation for Heba et al[1] for their valuable work in highlighting the variables that increase the risk of secondary traumatic stress among healthcare professionals in Saudi Arabia. We agree that this study provides a strong foundation for future research, which could greatly benefit from the addition of longitudinal studies and more qualitative data collection.

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Disclosure

The author(s) report no conflicts of interest in this communication.

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