Identifying and addressing the work-based sources of stress experienced by healthcare professionals

Associate Professor Andrew Noblet
Deakin University, Australia

What is stress?

- Stress is a normal part of everyday life
- Stress refers to a heightened level of energy and arousal
- Not all stress is bad
  - eustress
- Stress becomes a problem when…….

When is stress a problem?

- when external demands and conditions
  - don't match a person's needs, expectations or ideals, or
  - exceed their physical capacity, skills, or knowledge for comfortably handling a situation

STRAIN

Health consequences

- Studies have shown that high levels of perceived stress are associated with:
  - poor psychological health
    - anxiety and depression (Caplan et al 1975)
    - lower concentration, impaired problem solving capacities & poor decision making (Cox, Leather & Cox 1990)
    - Low levels of wellbeing (Noblet et al 2001)
  - low levels of emotional health
    - low job satisfaction (Cummins 1990, Noblet et al 2003) and low life satisfaction (Karasek 1979)
    - reactions of anger (Hodapp et al 1988)
  - reduced social harmony
    - high levels of work/family conflict (Greenhaus et al 1987)
    - low levels of life & marital adjustment (Greenhaus et al 1987)

Health consequences (cont.)

- Studies have shown that high levels of perceived stress are associated with:
  - poor physical health
    - self-reported symptomatology (Tyler at al 1991)
  - maladaptive lifestyle/behavioural responses
    - increased substance abuse, sleep disorders & poor eating habits (Smith 1990)
  - organisational health
    - absence frequency & turnover intention (Jackson 1983)
    - job performance (Yagill, 1998)

Health care professionals

- Job stress is a particular concern in the health sector
  - HC professions identified as 'high-risk' groups
  - Prolonged strain can impact on
    - health & commitment of individual HCPs
      - Eg. injuries, illness among nurses (see Lundstrom et al 2002 for a review)
    - wellbeing & satisfaction of clients/community
      - Eg. quality of patient care (Aiken et al 2001), error rates (Dugan et al 1996)

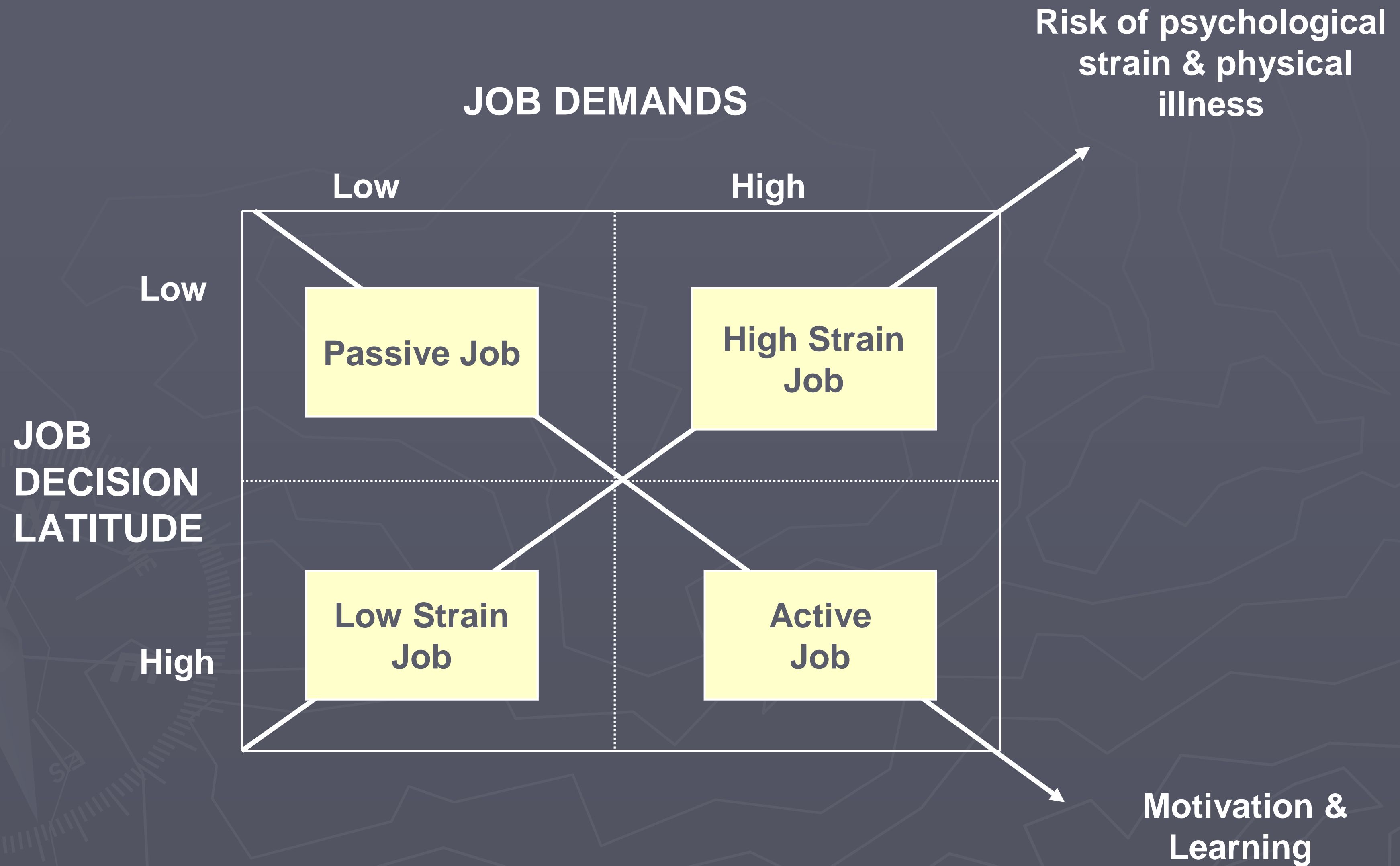
Health care professionals

- Risk heightened by context
  - Changing health needs of clients/communities
    - Generally more chronic illnesses requiring more complex, multi-disciplined care
  - Chronic workforce shortages
    - attraction/retention problems
      - Aust experiencing the greatest shortage of nurses since WW II
    - ageing workforce
      - Imminent retirement of 'baby-boomers'
  - Managerialist approach to managing public sector
    - Heightened emphasis on efficiency, effectiveness and quality
    - 'Doing more with less' approach can lead to increased stress, dissatisfaction and reduced commitment (eg. Korunga et al, 2003)

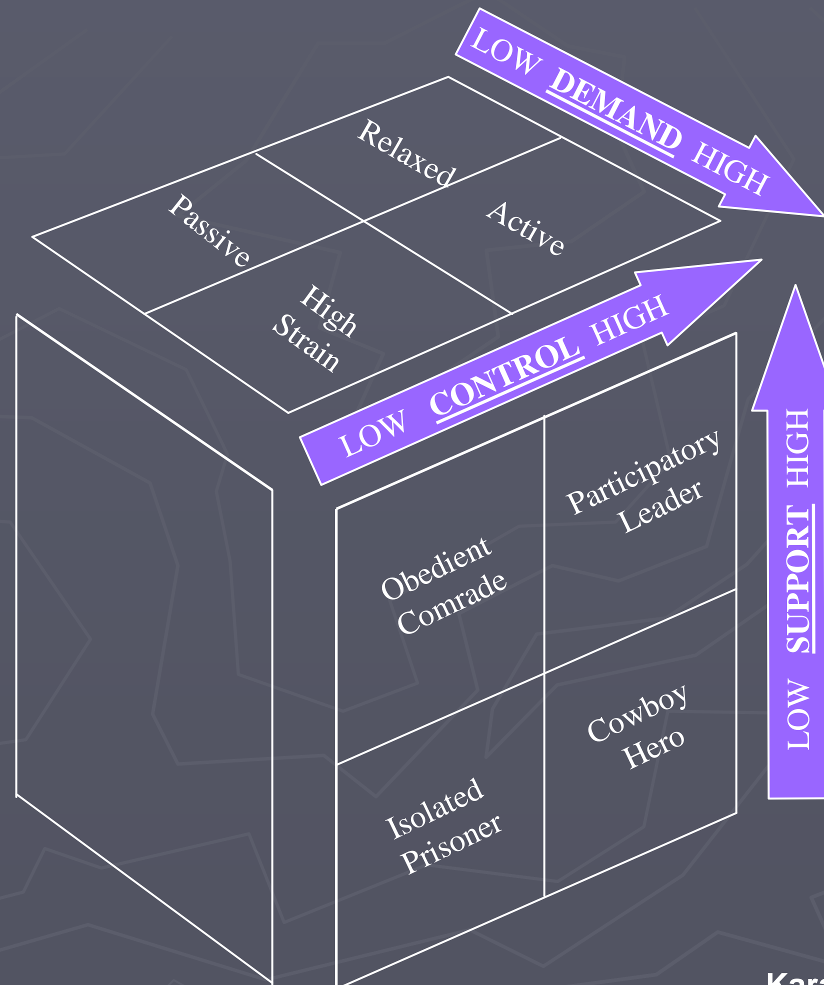
OCCUPATIONAL STRESSORS	MODERATORS/ MEDIATORS	STRAIN SYMPTOMS	DISEASE
INTRINSIC FACTORS Work conditions (noise, chemicals, etc.) Technology (pacing, cycle time, etc.) Work load Responsibility Underutilisation Lack of autonomy Role conflict & ambiguity Support from boss, colleagues & subord's Organisational climate/ structure Career factors Job mobility EXTRINSIC FACTORS	PERSONALITY eg. Type A SATISFACTION MOTIVATION etc. DOMESTIC/ SOCIAL FACTORS	PHYSIOL. 'RISKS' Heart rate BP Cholesterol ECG abnorm's Immune sup'n DEPRESSION/ ANXIETY etc. SMOKING/ DRINKING etc ABSENTEEISM LABOUR-TURNOVER INDUSTRIAL-RELATIONS	CHD MENTAL ILL-HEALTH IMMUNE DISORDERS

Fletcher 1988

Demand-Control Model



Demand-Control-Support (DCS) Model



Karasek & Theorell, 1990

Aims of study

- Examine the relationship between working conditions and employee outcomes among community health care workers
- Identify those conditions, that if addressed, could lead to improved health and satisfaction among employees

Method

- Sample
  - 5 Victorian-based CHSs
    - 2 urban, 2 urban-rural fringe, 1 rural
    - Each employed a range of HCPs
      - GPs, nurses, physio's, social workers, speech pathologists
    - 40-60 employees in each agency
- Research design
  - Combined qualitative and quantitative methods
- Qualitative study
  - Aim to identify org-specific stressors
  - Focus groups used to collect data
  - Findings
    - 26 sources of stress

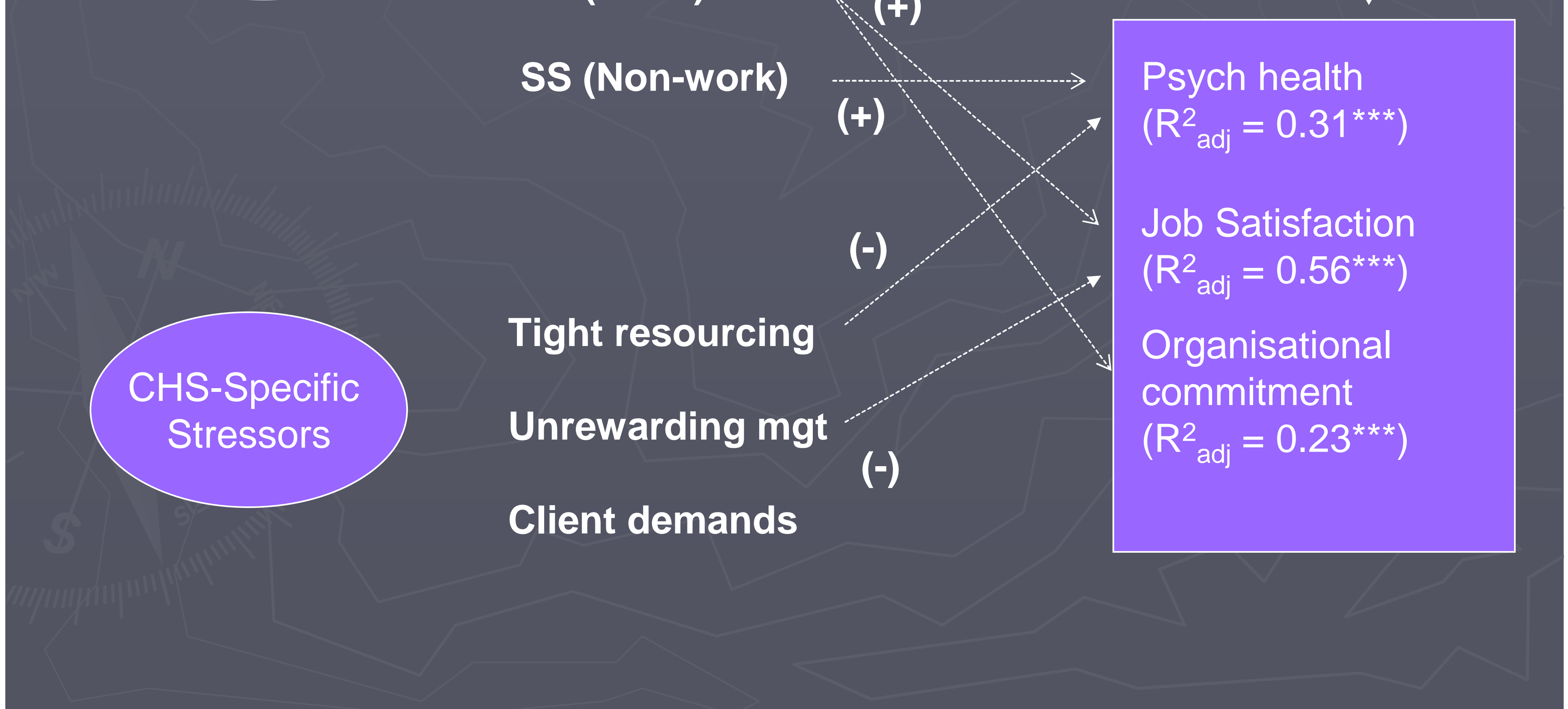
Method

- Quantitative study
  - Organisation-wide survey
    - Psychological Health: GHQ-12. (Goldberg & Williams 1988)
    - Job satisfaction: 15-item scale (Warr et al 1979)
    - Organisational commitment: 6-item scale (Porter et al 1974)
    - Control: 9-item scale (Karasek 1985)
    - Demand:11-item scale (Caplan et al 1980)
    - Social support: 17-item scale (Etzion 1984)
      - covers work & non-work support, multiple forms
    - CHS-specific stressors: 26-item scale based on results of focus gps
  - 280 surveys distributed, 221 returned
    - Response rate - 79%

Results: Factor Analysis

- Aim of FA was to group CHS-specific stressors according to underlying themes
- Three themes or factors identified
  - "Tight resourcing"
    - Not enough time to do job as well as you would like
    - Heavy workloads
    - Balancing competing demands of mgt and clients
  - "Unrewarding management"
    - Lack of recognition for good work
    - Unfair treatment from more senior staff
    - Lack of fback on how you're performing
  - "Client demands"
    - Dealing with abusive or difficult clients
    - Constant contact with clients

Results: Regressions



Discussion

- Generic working conditions represented in the DCS closely associated with outcome measures
  - Job control and work-based support particularly prominent
- CHS-specific conditions still significant
  - Psych health & job satisfaction
- Survey only one part of comprehensive stress reduction program

Stress Reduction Program

- Audit
  - gather information about sources & effects of stress (see following)
- Analysis
  - review information gathered
  - identify primary concerns, problem areas & possible actions
- Feedback
  - share results of 1 & 2 with employees
  - everyone involved in developing action plans

Stress Reduction Program

- Strategy development
  - everyone involved in developing strategies
  - use three-tiered approach as guide (ref following)
- Action
  - employees & change agent implement actions to overcome/minimise problems
- Evaluation
  - initial data used as reference point for evaluation
  - evaluate effectiveness of action
    - consider process, impact & outcome evaluation

Stress Audit

- Sources of information
  - records of injuries, near misses & incidents
  - rates of sick leave, absenteeism, turnover, tardiness
  - quality and/or productivity parameters
  - surveillance to detect and monitor risks
  - consultation with employees
    - group discussions, interviews
    - questionnaires
  - observed changes in behaviour
  - exit interviews

Strategy Development

- Three-tiered approach
  - Organisational
    - address specific source of stress (eg. role ambiguity)
    - job design
    - selection and placement
  - Individual/organisational
    - Co-worker support
    - Participation
    - Autonomy
  - Individual
    - goal-setting, time-management
    - cognitive approaches
    - meditation, exercise

DeFrank & Cooper (1987)