



Original Article:

Understanding Job Stress among Healthcare Staff

Dola Saha, Assistant Professor,

Rajesh Kumar Sinha, Associate Professor,

Kankshi Bhavsar,

Department of Health Information Management, Manipal College of Allied Health Sciences, Manipal University, Manipal – 576 104, Karnataka, India.

Address For Correspondence:

Dr. Rajesh Kumar Sinha,

Associate Professor,

Department of Health Information Management,

Manipal College of Allied Health Sciences,

Manipal University,

Manipal – 576 104,

Karnataka, India

E-mail: rajesh.sinha@manipal.edu

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Abstract:

Introduction: Job life is an important part of a person's daily life. There are many aspects of a job. A person may be satisfied with one or more aspects of his/her job but at the same time may be unhappy with other things related to the job. **Objective:** To evaluate the sources of job stress (stressful aspects of work) among the staff of a super specialty hospital & to suggest measures to decrease level of job stress. **Methodology:** Descriptive study employing 381 staff members of a super specialty hospital using a structured personal interview questionnaire consisting of 21 sources of stress. The hospital staff was asked to rate each item according to the extent to which it had contributed to their stress as experienced in their jobs in the past few months on a scale of 0 (not at all), 1(a little), 2(quite a bit), 3 (a lot). A global rating of stress was also obtained. **Result:** The prime sources of stress were found to be underpayment (76%), excessive workload (70.3%), inadequate staff (48.6), & being involved in the emotional distress of patients (46.7%). **Conclusion:** The staffs of the hospital were in moderate stress due to the prime stressors so adequate measures should be taken to alleviate these stressors. This could be achieved through workload management, job redesign, & by offering occupational health education.

Key Words: Stress; Hospital; Satisfaction

Introduction:

The Health care systems are undergoing major structural and financial changes. Ongoing changes in health care delivery system include an increase in the complexity of cases, available treatment options and better informed patients, computer surveillance of production, fewer health and retirement benefits, and the feeling that professionals themselves have to work longer and harder just to maintain their current economic status.¹ These trends strongly influence the workplace environment and are a potential source of stress and burnout among clinical and non-clinical professionals working at the hospitals.

Methodology:

A descriptive study was carried out at a 350-bedded super specialty hospital for a period of 5 months. The study included

all the staff of the hospital present at the time of the study including doctors, nurses, operation theater staff, administrative and support staff, and therapeutic and diagnostic staff (physiotherapists, laboratory technicians, radiologists, radiographers, pathologists, microbiologists, and orthotics staff). Housekeeping staff of the hospital, who were on contract, were excluded from the study.

The questionnaire used for the study was adapted from The Hospital Consultants' Job Stress and Satisfaction Questionnaire (HCJSSQ), 2002. The questionnaire was customized by appropriate selection of questions & validated by 5 experts (General Administrator, 2 physicians, Nursing Superintendent, Human Resource manager). The questionnaire consisted of 21 questions on sources of stress. The hospital staff were asked to rate each item according to the extent to which it had contributed to the stress they experienced in their jobs in the past few months on a scale of 0 (not at all), 1(a little), 2(quite a bit), 3 (a lot). Global rating of stress was also obtained. In-depth observation of all the departments of the hospital with consensus of the administrators was done & the data was collected by means of structured personal interview questionnaire.

The relative importance of different sources of stress was assessed by calculating the percentage of staff reporting each item as contributing "not at all" to "a lot" to their job stress. This was analyzed categorically according to the percentage of scoring at each point on the scale.

Results and Discussion:

1. Demographic Characteristics of the respondents

A total of 381 staff including 59 doctors, 115 nurses, 54 Administrative Staff, 46 supportive staff, 49 Therapeutic and Diagnostics staff, 48 Operation Theatre Staff, and 10 Pharmacist participated in the study. (Table 1).

Staff Categories	Number	Percentage (%)
Doctors	59	15%
Nurses	115	30%
Administrative	54	14%
Supportive	46	12%
Therapeutic & Diagnostics	49	13%
OT	48	13%
Pharmacy	10	03%
Total	381	100%

2. Overall Stress Score Frequency

Out of the total population of 381 staff members, 17.8% (n=68) reported “none” to “a little” overall stress levels and 7.1% (n=27) reported “none” to “a little” overall satisfaction levels. As the objective of the study was to evaluate the sources of stress among the staff who were relatively stressed with their

jobs, the above mentioned members were excluded from further data analysis. (Table 2)

Score	Frequency	Percentage (%)
0 - Not at all	20	5.2
1	48	12.6
2	133	34.9
3	129	33.9
4 – Extremely	51	13.4
Total	381	100

3. Source of Stress

Table 3 summarizes the response (in percentage) of members reporting source of stress as contributing “quite a bit” or “a lot” to overall job stress in a descending order. The prime sources of stress, according to the present study were underpayment (76%), excessive workload (70.3%), inadequate staff (48.6), & being involved in the emotional distress of patients (46.7%).

Source of stress	Response Rate (%)
Feeling poorly paid for the job	76
Having too great an overall volume of work	70.3
Having inadequate staff to do the job properly	48.6
Being involved with the emotional distress of patients	46.7
Having inadequate facilities (eg. Equipment, space) to do the job properly	39.6
Disruption of home life through spending long hours at work	34.8
Having to comply with increasing bureaucratic and regulatory procedures	33.5
Dealing with patients or relatives having expectations that cannot be met	33.2
Having to deal with angry, distressed or blaming relatives	32.9
Feeling under pressure to meet deadlines	30
Being responsible for the quality of work of other staff	29.1
Feeling you have insufficient input into the management of your department or institution	28.4
Having to take on more managerial responsibilities	28.1
Encountering difficulties in relationships with staff of other department	26.8
Feeling that the accumulated skills and expertise are not being put to their best use	26.6
Encountering difficulties in relationship with colleagues	26.5
Uncertainty over the future funding of one’s department	24.6
Encountering difficulties in relationship with managers	23.6
Having performance targets which are unrealistic or unattainable	22.7
Being responsible for the welfare of other staff	21.1
Disruption of home life as a result of taking paperwork home	12.1

3.1. Feeling poorly paid for the job

Whopping 76% (n=290) reported that they felt underpaid & it consecutively contributed to their stress. Cooper (1983) identified 6 major categories of occupational stress, this source fall under the category of “Job specific factor”. According to the study “the greatest stress factors stemmed from underpayment”.^{1,2}

3.2. Having too great an overall volume of work

About 70.3% (n=268) members reported that the overall volume of their work was excessive. Employees’ report that they are often stressed when they have too little or too much to do.² This is in conformance with the study done by Al-Aameri, A. S “Source of job stress for nurses in public hospitals” in which it is mentioned that one of the six factors of occupational stress is pressure originating from workload.³ According to the study done by Nilufar Ahsan “A Study of Job Stress on Job Satisfaction among University Staff in Malaysia: Empirical Study “ the relationship between workload pressure and job stress is significant & that organization factors such as workload and working condition were negatively related with job satisfaction.⁴

3.3. Having inadequate staff to do the job properly

Approximately 48.6% (n=185) members, mostly junior doctors, nurses, billing & marketing department staff, reported that being under-staffed contributed “quite a bit” to “a lot” to their stress.

3.4. Being involved with the emotional distress of patients

This is one of the prime factors adding to the stress of around 46.7% (n=178) of the population. This is in accordance with earlier studies which found that job stress stemmed from “stress by compassion” e.g. “long suffering of patients”.^{1,5}

3.5. Having inadequate facilities to do the job properly

For 39.6% (n=151) members, the above source contributed much to their stress whereas for 60.4% (n=230) it contributed “not at all” or “a little” to their stress. Studies show that sometimes work setting creates physical stress because of noise, lack of privacy, poor lighting, poor ventilation, poor temperature control or inadequate sanitary facilities.⁶

3.6. Disruption of home life through spending long hours at work

Out of the total staff evaluated, 34.8% (n=133) reported the above stressor as contributing “quite a bit” to “a lot” to their stress. Long hours of work may result in difficulty dealing with responsibilities at home, visiting friends, or pursuing a hobby that in turn contributes to stress.⁷ According to the study “Job stress and job satisfaction of physicians, radiographers, nurses and physicists working in radiotherapy: a multicenter analysis by the DEGRO Quality of Life Work Group” physicists expressed “reduction of private life through high workload” as a source of stress.¹

3.7. Having to comply with increasing bureaucratic and regulatory procedures

Out of the total population, 33.5% (n=128) reported that the above factor contributed “quite a bit” to “a lot” to their stress. The hospital was preparing for NABH accreditation during the period of the study which had resulted in many changes being implemented in procedures & policies. Many of these were relatively new to the staff and were contributing as a potential source of stress.

3.8. Dealing with patients or relatives having expectations that cannot be met

Studies have shown that when expectations are realistic, life feels more predictable and therefore more manageable. There is an increased feeling of control because one can plan & make decisions accordingly.⁸ In this setting too, it was seen that around 33.2% (n=126) respondents reported that dealing with unrealistic patient expectations added “quite a bit” to “a lot” to their stress.

3.9. Having to deal with angry, distressed or blaming relatives

Dealing with angry, distressed or blaming relatives contributed “quite a bit” to “a lot” for 32.9% (n=125) of population, to their stress. Staff of front office, nursing, pharmacy & doctors are commonly in direct contact with the patients. Any delay in providing the service or lack of information creates a distress among the patients or relatives that may contribute to the stress of these members.

3.10. Feeling under pressure to meet deadlines

Of the total respondents, 70% (n=267) reported that pressure to meet deadlines did not add much to their stress. The affected 30% (n=114) were staff of accounts, billing, insurance, help desk and orthotics departments at the hospital as they have strict deadlines to complete their assigned tasks.

3.11. Being responsible for the quality of work of other staff

Only 29.1% (n=111), especially the top managers & Head of Departments who were responsible for the quality of work done by their staff, reported stress due to this stressor.

3.12. Feeling you have insufficient input into the management of your department or institution

Only 28.4% (n=108) reported that it contributed “quite a bit” or “a lot” to their stress. It was observed that Staff members are willing to put in extra effort for development of the organization & there is a high sense of belonging towards the hospital.

3.13. Having to take on more managerial responsibilities

For about 28.1% (n=107) of the respondents having to take on more managerial responsibilities contributed “quite a bit” to “a lot” to their stress. This is in conformance with the study done by Al-Aameri, A. S “Source of job stress for nurses in public hospitals” in which “managerial roles” was one of the sources of stress among the nurses.³ Therefore, managers need to divide responsibilities & help employees prioritize work that must be done.⁹

3.14. Encountering difficulties in relationships with staff of other department

Around 26.8% (n=102) stated that facing difficulties with staff of other department contributed quite a lot to their stress. Cooper(1983) identified 6 major categories of occupational stress, this source fall under the category of “relationships at work”.

Being disagreeably treated by fellow workers was one of the reasons for stress among the nursing assistants. This is in conformance with study conducted by Marina Kaarna at Paarnu Hospital, Estonia.⁷

3.15. Feeling that the accumulated skills and expertise are not being put to their best use

For 26.6% (n=101) of the respondents a feeling that their skills are not being put to best use consecutively resulted in stress; whereas, 73.4% reported the above factor as contributing not much to the stress.

An individual’s skills & knowledge will not be put to its best use when he/she is poorly managed or resourced and hence worker empowerment is necessary to reduce this factor.

3.16. Encountering difficulties in relationship with colleagues

Though a majority of respondents did not face much difficulty in dealing with their colleagues, but 26.5% (n=101) found this to contribute “quite a bit” to “a lot” to their stress”. Though most of the staff claimed to have a clear understanding and a feeling of trust among themselves, still it was found that distinct personalities & working habits did sometimes influence the interaction among colleagues.

3.17. Uncertainty over the future funding of one’s department

It was found that only around 24.6% (n=94) stated that the future funding of one’s department contributed to their stress. This factor was found to mainly influence the orthotic and maintenance departments of the hospital.

3.18. Encountering difficulties in relationship with managers

Relationship with the superiors includes opportunity to talk, trust on the superior with personal or work related concerns, being well informed & updated about work & being supportive.⁷ The study shows that encountering difficulties with managers contributed “quite a bit” to “a lot” of stress to 23.6% (n=90) of the respondents.

3.19. Having performance targets which are unrealistic or unattainable

Rapidly changing global scene is increasing the pressure of workforce to perform maximum output and enhance competitiveness. Indeed, to perform better to their job, there is a requirement for workers to perform multiple tasks in the workplace to keep abreast of changing technologies.¹⁰ The ultimate results of this pressure have been found to be one of the important factors influencing job stress in their work.¹¹ The present study too found that approximately 22.7% (n=86) respondents stated that the above factor contributed a lot to their stress. These include unrealistic expectations of superiors & colleagues.

3.20. Being responsible for the welfare of other staff

Being responsible for the welfare of other staff contributed “not at all” to “a little” to the stress in 78.9% (n=301) people & 21.1% (n=80) reported otherwise. This is one of the managerial responsibilities that mainly influence top & middle managers.

3.21. Disruption of home life as a result of taking paperwork home

Disruption of home life as a result of taking paperwork home did not add much to the stress in 87.9% (n=335) people & only 12.1% (n=46) reported otherwise.

Recommendation:

The prime sources of stress among the staff were found to be excessive workload, underpayment, inadequate staff & being involved in emotional distress of patients. Therefore, it was recommended to the management to look into the staffing matters. It was also recommended that salary should be reviewed and that they should be promoted as and when due.

Workload management is one of the vitally important factors of job satisfaction. The following points, as propagated by Canadian Centre for Occupational Health & Safety, could be followed for better workload management: Time management; activity logs- Identifying where time is wasted in working life;

to do lists- Focusing attention on the most important tasks; delegation; and most importantly learning to relax.

Since job design was found to be an important factor contributing to stress of the employees, it was suggested that there should be some degree of social support and recognition in the workplace and the employee should feel that the job leads to some sort of desirable future

Most importantly, not to forget that elements of the workplace itself can be a cause of stress. Stress management training and counseling services can be helpful to individuals. Look for the root cause of the stress and address them as quickly as possible.

Conclusion

The study conducted to identify sources of stress in healthcare personnel of each category showed that the prime sources of stress were underpayment, excessive workload, inadequate staff, & being involved in the emotional distress of patients. It has been found that a proper workload management policy, adequate delegation of authority along with responsibility, recognition of efforts along with ongoing training, stress and time management will go a long way in managing stress in these personnel.

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