

Strategies for Preventing the Stress of Employees Working in the Primary Health Care System

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Abstract

The paper presents a comprehensive study on assessing family physicians' activity in terms of occupational medicine. The research was organized and conducted in 30 primary health care institutions. It evaluated the amount of work of 221 family physicians over a week period, out of which about 97.4% are women with an average age of 43 and who have been working in this profession for 8.5 years. Its aim was to identify the factors that induce occupational stress to family physicians. The applied value of the research consists in providing information about the causes of stress in the activity of family physicians, making them aware of the consequences of occupational stress, and providing measures for coping with it. By rating the frequency of occupational risk factors, we have obtained the occupational diagram of the family physician. We have also proposed ways to prevent occupational stress.

Key words: family physician, medical activities, stress at work, typical working day

J.E.L. classification: I15

1. Introduction

The World Health Organization's policy for the next 20 years aims to ensure the necessary conditions for all the people to achieve and maintain the highest possible level of health throughout their life. The Health-for-All Policy in the 21st Century of the European Department of the World Health Organization contains as major elements: primary health care integrated at family level and community-oriented, along with a Flexible Hospital System (Lazia, 2010).

The sources of occupational stress that can make predictions about dissatisfaction in the workplace and health are the intrinsic factors of labor, role ambiguity, role conflict, the structure and climate inadequate to the organization and issues associated to work-family interface (World Health Organization, n.d.).

In literature, stress in the workplace is defined as the harmful physical and emotional response that occurs when professional demands exceed the resources available to human beings. In the long term this leads to the worker's health deterioration, occupational diseases and accidents at work (Dunkel-Schetter, et al., 1987, pp. 71-80).

There are: *eustress* (caused by enjoyable activities, creative and successful, being advantageous to the individual) and *distress* (caused by unpleasant activities, humiliating and unsuccessful, disadvantageous for that person) (Dunkel-Schetter, et al., 1987, pp. 71-80).

In everyday practice, the effect of stress at work is characterized by the Burn out Syndrome (meaning: exhausted, depressed), Mobbing (a form of psychological terror at work) and Stalking (complex behavior characterized by a series of attitudes abusive towards a person, often of the opposite sex that produces anxiety and fear, so that the normal course of life is compromised) (Carlson & Kacmar, 2000, pp. 1031-1054).

Occupational stress is the second in the hierarchy of occupational health problems in the EU countries after osteomuscular diseases (Carlson & Kacmar, 2000, pp. 1031-1054; Dunkel-Schetter, et al., 1987, pp. 71-80). Work accidents are caused in 60-80% of cases by stress (Cooper & Cartwright, 2001, pp. 269-280; Weiss & Brief, 2001, pp. 527-545; Zapf, et al., 2001, pp. 527-545). Stress at work affects women twice than men (Dunkel-Schetter, et al., 1987, pp. 71-80; Eddleston, et al., 2006, pp. 437-445; Martocchio & O’Leary, 1989, pp. 495-501). Occupational stress leads to the major causes of death: cardiovascular diseases, cancer, lung disease, accidents, cirrhosis and suicide (Carlson & Kacmar, 2000, pp. 1031-1054; Marino & White, 1985, pp. 782-784).

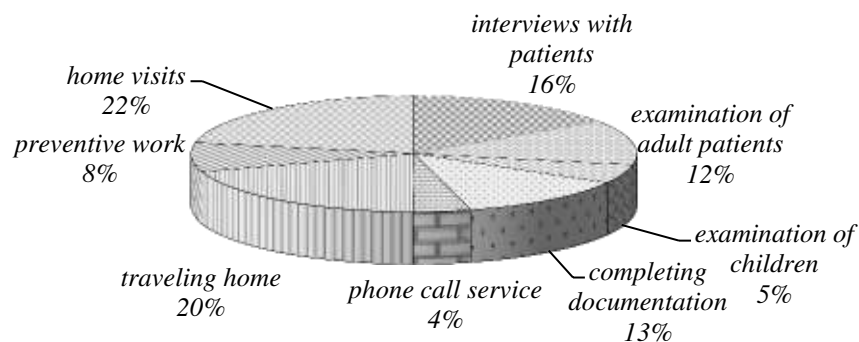
Most employers and employees consider stress common in the workplace. By the early twentieth century, doctors were considered some of the most balanced, calm, reasonable people. Today, however, the practice of medicine has become one of the most stressful occupations. Low morale, allegations related to ill health are the first signs of stress in the workplace (Crocker & Park, 2004, pp. 392-414; Eţco & Buta, 2014; Popescu Neveanu, 2008; Weiss & Brief, 2001, pp. 527-545; Zapf, et al., 2001, pp. 527-545).

Until now, in Moldova there was no complex research in the field of occupational stress in the primary care system. The lack of arguments on the existence of stress factors at work involves insufficient awareness of the consequences of occupational stress.

2. Results

Our research has shown that the family physician’s activity is characterized by a complex range of activities: collecting anamnesis (conversations with patients) examining patients (children and adults), service phone calls, completing documentation, prophylactic work, visiting patients at home (including travel/commuting) (Figure 1).

Figure 1 Family physicians’ activities and their share in working hours per day, %



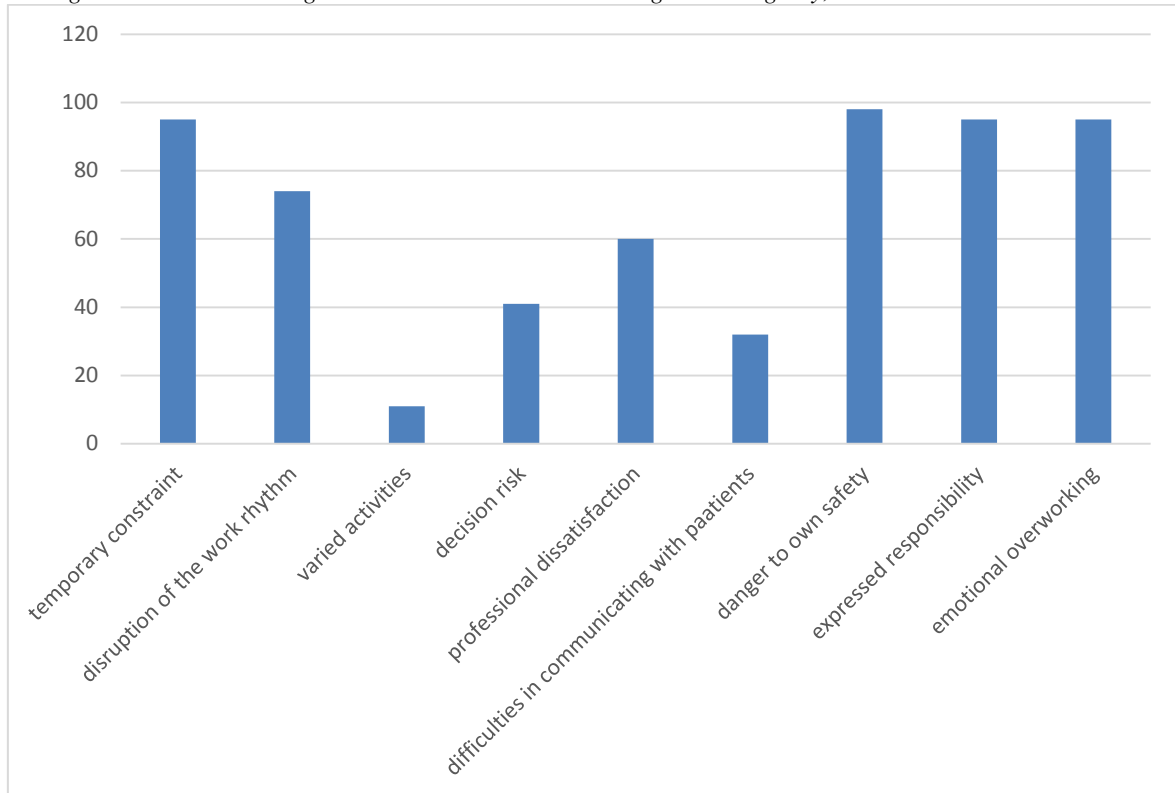
Source: (Eţco & Buta, 2014)

During the working day, the family physician permanently undergoes stress factors, such as: the time constraint, danger to their own health, special responsibility, emotional overload, which, in

Figure 2, are expressed in the value of labor day duration, or 100%. The other stress factors occupy a smaller share of the working day. The factor having the lowest lasting influence is the varied nature of activities.

Thus, family physicians are influenced by the unfavorable action of the process and of the working conditions to which they respond through tensed physiological functions and decreased working capacity.

Figure 2 Factors causing stress and their duration during a working day, %



Source: elaborated by the authors

Major stress is present in 23.0% of family physicians aged 41-50 years. The Burnout Syndrome, unfavorable functional changes of the cardiovascular system are manifested practically in all subjects of the study; the Mobbing syndrome is perceived in about 50.0 % people and the Stalking Syndrome is in about 2.0 % of the total investigated persons.

3. Discussions

Some medical institutions have as their main problem the overwork of their employees, others - the inflexible timetable. The design of stress prevention programs is influenced by the size and complexity of the organization, the available resources and, in particular, the type of problems faced by the medical establishment.

In all the cases investigated the process of the stress prevention programs involves three distinct phases: *problem identification, intervention and evaluation of the problem*. For these processes to have any chance of success, medical institutions must be adequately prepared (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Tsai & Huang, 2002, pp. 1001-1008; Zapf, et al., 2001, pp. 527-545).

A minimum level of training for the stress prevention program will include the following activities: awareness related to workplace stress (causes, costs, control); ensuring a qualitative management and support for the program; employees' involvement in all phases of the program; establishing the technical capacity for managing the program (specialized courses for members of the organization or the use of tutorials); reducing the number of changes imposed on each individual or each team; providing the possibility for employees to express themselves to someone – boss, colleagues, and qualified counselors, and providing social and sports facilities; providing material facilities (Popescu Neveanu, 2008; Weiss & Brief, 2001, pp. 527-545; Zapf, et al., 2001, pp. 527-545).

The joint work of employees or employees and managers within the same "group for problem solving" can be a useful approach for developing stress prevention programs. Research proves that participatory efforts were successful on issues concerning ergonomics (in the working place) due to

their awareness (Crocker & Park, 2004, pp. 392-414; Popescu Neveanu, 2008; Weiss & Brief, 2001, pp. 527-545; Zapf, et al., 2001, pp. 527-545).

Every manager wants his/her employees to be in good health and satisfied with their work, stress-free and to produce maximum efficiency in their working place. It is curious enough, however, that very few of them give due importance to the workplace atmosphere.

In order to improve the quality of life for employees and to achieve high performance in the primary health care system, we propose the practical implementation of strategies meant to cope with stress at work:

- *Strategies concerning vigilance* – direct attention to the source of stress to control and prevent the effects of stress. Determining employees to perform activities of behavioral substitution which could remove emotional tension: sports, relaxing games, etc. (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Schonfeld, et al., 1995, pp. 544-550; Tsai & Huang, 2002, pp. 1001-1008).

- *Changing the subjective significance of the event* - exaggerating the positive aspects and implications of the situation, under-evaluating negative elements, positive reappraisal that gives only short-term beneficial results when there is no momentary solution (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Schonfeld, et al., 1995, pp. 544-550; Tsai & Huang, 2002, pp. 1001-1008).

- *Changing the direct individual-event relationship* by running behavioral active efforts for confronting the situation, for resolving it through confrontation and concrete action plans (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Schonfeld, et al., 1995, pp. 544-550; Tsai & Huang, 2002, pp. 1001-1008).

- *Granting leave when employees need it* – it is extremely important in combating stress (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Schonfeld, et al., 1995, pp. 544-550; Tsai & Huang, 2002, pp. 1001-1008). People who are too caught up in work and do not have time to take a leave fall ill more frequently. The employer shall take into account the capabilities and resources of employees compared to the work performed.

- *The design of jobs* – it is necessary to promote understanding, stimulation and opportunities for employees to use their skills.

- *The clear determination of the roles and responsibilities* lies in enabling employees to participate in decision-making and actions that affect their dignity.

- *Better communication* contributes to reducing uncertainty about employees' career development and promotion of opportunities for employees to socially interact.

- *Stress management*. The stress management programs will train employees about the nature and causes of stress. These programs can rapidly reduce stress symptoms such as anxiety and sleep disorders, having the advantage of being inexpensive and easy to implement (Crocker & Park, 2004, pp. 392-414; Marino & White, 1985, pp. 782-784; Popescu Neveanu, 2008; Weiss & Brief, 2001, pp. 527-545).

4. Conclusions

1. Family physician's job is characterized by a complexity of activities as part of his/her professional routine.

2. The identification and removal of the excessive physical and psychological pressure of family doctor's working day is a managerial priority in stress prevention in the workplace.

3. Major stress is present in 23.0% of family physicians aged 41-50 years. The Burnout Syndrome, unfavorable functional changes of the cardiovascular system are manifested practically in all subjects of the study; The Mobbing Syndrome was noticed in about 50.0 % people and the Stalking Syndrome in about 2.0 % of the total investigated persons.

4. Stress prevention in the workplace must be constantly addressed in the context of organizational and medical management changes.

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