

Exploring The Major Factors Affecting The Stress In Healthcare Sector

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1. INTRODUCTION

Stress is defined as "any external event or any internal drive which threaten to disturb the organism" Selye (1956). Stress is a state or emotion experienced when a person believes that demands are greater than one's capacity to meet them and transcend the resources a one may mobilise on a personal and social level. Stress can be brought on by pressure means something that is urgent for the individual, frustration which arises disruption of psychological balance due to failure to achieve goals, conflict occurs due to disordered balance because individuals are confused about several needs that must be chosen, and crisis, (Maramis). When the balance is off, a new stress is felt. This means that a person can be said to be stressed if they have a perception of pressure from the stressor that exceeds the resistance they have to deal with the pressure (Musradinur, 2015). Stress is a common reaction to "stressors," which are challenging, distressing, or frightening internal and external conditions. Internal stressors can include upsetting ideas or memories, uncomfortable or painful physical feelings, as well as emotions like grief or rage. Any worrying incident, circumstance, or situation that could adversely affect a person or something they care about is referred to as an external stressor. Healthcare professionals may experience occupational or work-related stress due to organisational issues, an imbalance of demands, their abilities, and social support networks, or any combination of these. Under certain circumstances, this might result in significant distress, burnout or psychosomatic illnesses, which can worsen quality of life and service delivery (Weinberg 2000). Workplace stress is one of the most important occupational health risks, lowering employee happiness and productivity and raising absenteeism and attrition (Gianakos, 2001).

Hospital staff in particular is vulnerable to work-related stress since their constantly changing environment presents them with significant challenges. (Al-Aameri, 2005). Previous research has found a link between job stress and a higher mistake rate. (Perry et al. 2000). In the UK, more doctors of medicine reported having worse mental health, greater discontent, and more stress in 1993 than in 1987. (Kirwan and Armstrong 1995; Rout and Rout, 1994). Between 25% and 50% of British National Health Service employees reported experiencing discomfort (Weinberg and Creek, 2000). Because of this, several reports (Caplan, 1994; Graham et al, 1996; Al-Aameri and Al-Fawzan, 1998; and others) showed that stress levels among doctors, nurses, and other health workers are high. The health staff's stress can have a significant impact on the quality of care (FirthCozens, 1998). In reality, there is persistent worry in the UK over the practitioners' mental health (Ramirez et al, 1996). According to Gautam (2001), such mental health issues increase the risk of physical and emotional morbidity for medical professionals in general and doctors in particular, which calls for cautious treatment. Workplace stress has been referred to as a "global pandemic" by the World Health Organization (WHO). Such crucial information regarding stress demonstrates the impact of excessive stress on both the company and the people. In truth, among the issues with organisational behaviour, stress and burnout are occasionally thought to exist (DuBrin, 1984). The mental health of the mental health practitioner is horribly disregarded in this case. They frequently don't get the proper care they need for themselves, probably due to the mistaken notion that since they are professionals, they should handle their mental health issues on their own. Additionally, those with a history of psychiatric problems are especially vulnerable to the COVID-19 epidemic because to a lack of an engaging atmosphere and support. Deterioration of their mental health should be anticipated due to the existing high rates of suicide, marital discord, and addiction among psychiatrists in order to take prompt action.

2. TYPES OF STRESS, WORKERS AND SECTORS

2.1 TYPES OF STRESS

When the cause of stress interacts with a person's qualities alone or in combination with other elements that have an effect on physiological and psychological balance disorders, the result is job stress, which is experienced by employees. Long-term stress can affect the cardiovascular system, as well as result in mental, musculoskeletal, and other health issues. There are two types of stress: *eustress*, in which a person responds to stress in a healthy, constructive manner, and *distress*, in which a person responds to stress in an unhealthy, destructive manner (Waluyo, 2018).

2.1.1 EUSTRESS

According to Lee, "stress generates pleasant feelings of excitement, fulfilment, significance, contentment, and wellbeing." He argues that *eustress* is beneficial since it makes you feel certain, competent, and stimulated as a result of the challenge the stressor presents to you. Dr. Kara Fasone, a psychologist, claims that the key to experiencing *eustress* is to challenge yourself just enough without going full out. You can develop in three ways as a result of this kind of stress:

- *Eustress* can produce gratifying emotional states including contentment, inspiration, motivation, and flow.
- *Eustress* aids in the psychological development of self-efficacy, autonomy, and resilience.
- Physically, stress strengthens our bodies (for example, by finishing a strenuous workout).

2.1.2 DISTRESS –

The word "distress" is the opposite of the word "eustress," which refers to prolonged stress. Everything is excellent in moderation, but when the limit is exceeded, a threat arises. The term "distress" refers to the unfavourable form of stress that most people associate with being "stressed out." People who are in distress frequently feel overburdened and apprehensive as well as suffer from physical and mental symptoms including headaches, tension, insomnia, inattentiveness, or impatience. Stress that is frequent, strong, or persistent is harmful to the body and brain, is associated with a variety of physical and mental conditions, and impairs one's capacity to operate. (Franke H. A., 2014)

2.2 TYPES OF WORKERS

Nursing staff members' quality of life and care delivery may both be impacted by job stress. Given that nurses work with people's lives, their quality of life is particularly important because it influences how well they can do their duties. Since nurses frequently interact with patients, things including their work environment, the variety of hospitalised patients, a lack of staff, being compelled to work overtime, and the ward manager's attitude can be extremely stressful (Ali Reza Babapour, 2022). Stress can affect doctors in a variety of ways. Bureaucratic chores are one of the main causes of this stress. The nature of doctors' jobs and their personalities might clash at times, and the doctor-patient interaction has a significant impact on doctors' personal and professional life.

2.2.1 Physical therapists

Patients who experience functional difficulties, such as problems walking, changing postures, or going from bed to chair, are evaluated by physical therapists and treated. If a patient must spend a lot of time in bed (bed rest), as can occur after surgery, or if their disease worsens, these problems could develop or worsen while they are in the hospital.

After assessing a patient's strength, stamina, and coordination, physical therapists develop brief in-hospital exercise programmes to enhance their physical function and independence.

2.2.2 Specialists

When a patient has significant or critical medical problems, the attending physician will occasionally request the help of experts to evaluate the situation and propose the best course of action for diagnosis and treatment. The expert could be a doctor with extensive training in the diagnosis and management of cardiac, kidney, or cancer problems, for example (oncologist). In other cases, the specialist may be a surgeon with specialised training in a particular field, such as the brain, spine, or nerves (neurosurgeon), or muscles, bones, and joints (orthopedic surgeon).

2.2.3 Registered nurses

More frequently than any other team member, the registered nurses (RNs) in charge of their care interact with patients. RNs monitor and evaluate the emotional and physical needs of their patients

when they give drugs. When abrupt changes in a patient's state occur, RNs are typically the first to notice them. The RNs then communicate the change to the attending physician or the home staff. As charge nurses or nurse supervisors, RNs may plan and coordinate all nursing services offered by a hospital unit.

2.2.4 Licensed practical nurses

Basic medical and nursing care is given by licenced practical nurses (LPNs), who are overseen by registered nurses (RNs). For instance, LPNs assist with bathing and dressing while also checking blood pressure and inserting catheters. LPNs also interact with patients, respond to their inquiries, and update RNs and physicians on their progress.

2.2.5 Occupational therapists

Occupational therapists evaluate a person's capacity to do daily tasks. Eating, dressing, grooming, bathing, using the restroom, cooking, and housekeeping are some of these activities. To assist patients operate more independently, occupational therapists might suggest techniques and tools.

2.2.6 Interpreters

For the benefit of the deaf, hard of hearing, and people whose first language is not English, hospitals provide an interpreter who has been educated in medical terminology. An interpreter can be contacted at a patient's hospital room via phone or video conference in addition to being there in person.

2.2.7 Attending physician

The attending physician leads the team and is responsible for all choices made about a patient's care, such as diagnosis, treatments, and team management.

Depending on the condition that brought the patient to the hospital, the attending doctor may be a hospitalist (an internal medicine specialist who solely treats hospitalised patients), a surgeon, or a medical professional with a different specialty. In smaller communities, the patient's primary care physician could act as the attending physician.

2.3 SECTOR

The service industry, which includes banking, insurance, travel and tourism, communication, healthcare, and many other industries, is India's largest and fastest-growing sector. However, the healthcare industry is the one that is experiencing significant levels of stress and despair following Covid-19. The fact that the doctors and nurses had frequent interaction with the patients is a crucial factor in why they suffered the most. Government, semi-government, and private hospitals could be distinguished among the hospitals. In this research paper, we will talk about the stress factors that affect private multispecialty hospitals' doctors and nurses.

3 FACTORS AFFECTING STRESS AMONG WORKERS

3.1 Work overload

Healthcare professionals' heavy daily workload is the primary cause of their overwork. Particularly during this global pandemic, most doctors and nurses have such demanding workloads that they are lucky to have one day of respite per week after long workdays. Currently, the pandemic is making a lot of people ill, many of whom are so seriously ill that they require hospital beds and ventilators to survive (John Ramirez).

3.2 Burnout

Burnout is a common problem for doctors and nurses because of the fast pace and time constraints. A person experiences emotional weariness and pessimism when they are under a lot of stress for an extended period of time. It occurs when a person eventually becomes numb and empty when they are under a lot of stress for an extended period of time. Clinicians who perform perioperative procedures, in particular, appear to be more vulnerable to burnout. Substance abuse, broken relationships, and even suicide are just a few of the serious potential personal and professional effects that could result from this. Other effects include decreased patient satisfaction, diminished care quality, and even the possibility of medical errors that could result in malpractice lawsuits with high costs for hospitals [10.2147/LRA.S240564](#). The prevalence of burnout across 29 medical specialties was ranked in the 2020 Medscape National Physician Burnout and Suicide Report. Urology, neurology, and nephrology are the top three medical specialties for burnout (54%, 50%, and 49%, respectively). General surgery (35%), psychiatry (35%), and

orthopaedics (34%) have the lowest rates of burnout. Medscape National Physician Burnout & Suicide Report 2020. Available from: <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460>. Accessed October 15, 2020.

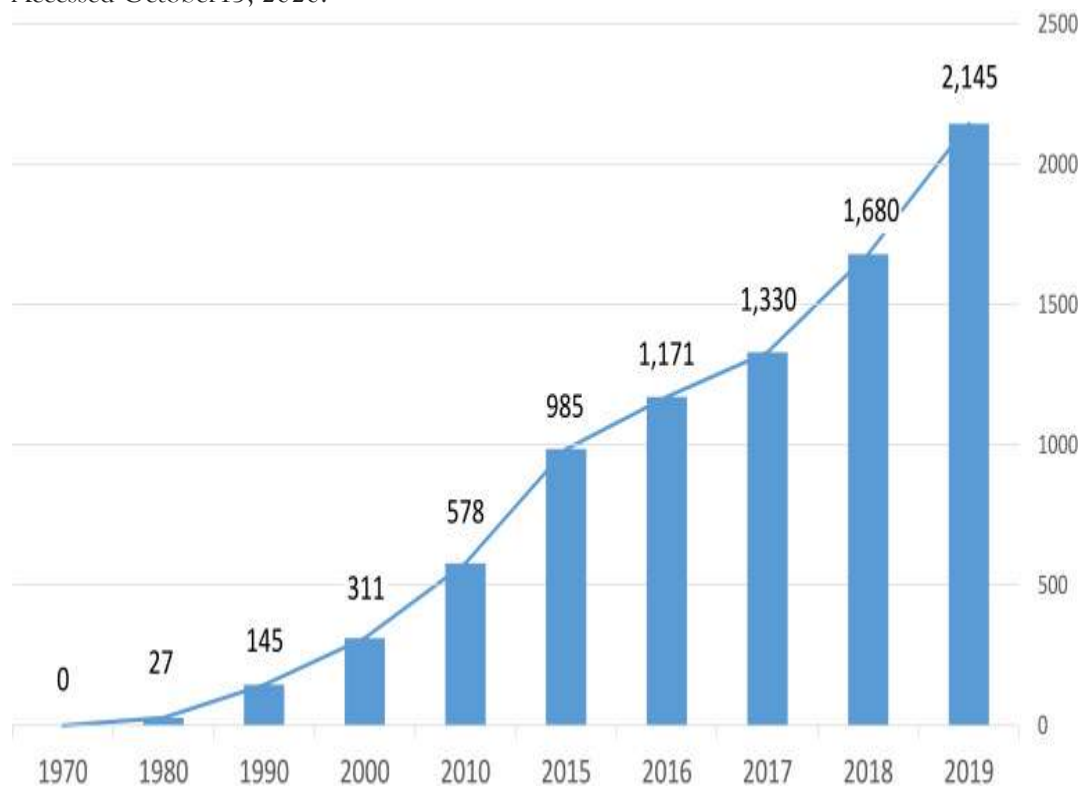


Figure 1

An overview of the years 1970 through 2019's hits in PubMed for the phrase "burnout."

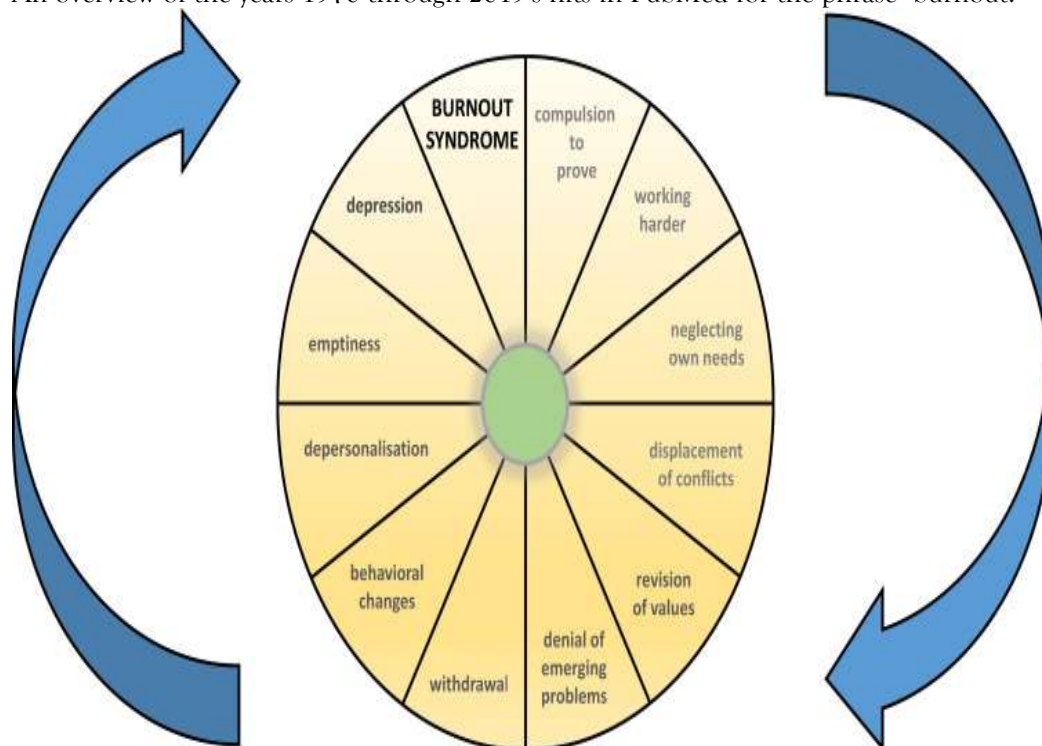


Figure 2

According to Freudenberg's 12-stage burnout development model. Freudenberg HJ. Counseling and dynamics: treating the end-stage person In: Jones JW, editor. *The Burnout Syndrome*. Park Ridge III: London House Press; 1982. [[Google Scholar](#)]

3.3 Emotional burden

Patients' illnesses and sadness cause doctors and nurses to experience emotional stress. Patient care (aggression, violence), staff attitudes, staff behaviour, resource issues (understaffing, lack of time), aspects of the job (inter-professional relationships, administrative issues), thoughts/feelings/expectations of oneself, lack of support/supervision, cultural environment (high workload, low morale, and paperwork), career issues, conditions of work (shift work, night duty, missed breaks), poor care, and organisational factors are the causes of emotional strain (Konstantinos, 2008).

3.4 Lack of personnel

The healthcare industry is one that is open around-the-clock and has a lot of work to do because of the day and night shifts. No matter how many staffers they hire, the hospitals are perpetually understaffed due to this enormous demand. Due to duty ambiguity and the need for overtime effort to complete all duties, understaffing is a significant factor influencing employee stress.

3.5 Work-life balance

An employee's impression of the maintenance and integration of various personal time, family care, and work domains with the least amount of role conflict is known as work-life balance (Clark, 2000; Ungerson & Yeandle, 2005). Due to the prevalence of dual-career families and the customary lengthy workweeks, work-life balance is a crucial issue in all forms of employment. It has been stressed how crucial it is to assist workers in striking a balance between the demands of their job and personal life. Due to overtime and night shifts the doctors and nurses are suffering the most as they are not able to fulfil their personal life requirements. Work-life balance is a function of a person's attitude toward several life roles, known as the "inter-role phenomenon." (Marks and MacDermid, 1996)

3.6 Financial Incentives

Nearly all (90%) of the research [13,21-37] touched on the significance of financial incentives for health worker motivation. Although it was determined that financial incentives alone would not prevent health workers from travelling, additional motivations should also be considered, particularly in the case of migration [22,29-31,35]. Nevertheless, it was shown that low earnings were particularly demotivating since they gave the impression that health professionals' talents were undervalued. Additionally, they overworked themselves by taking on a second job to increase their income.
<http://www.biomedcentral.com/1472-6963/8/247>

3.7 Career Development

Around 85% of the research [13,21-24,26-31,33,35,37] focused on career growth. Because there were often less prospects for career growth in rural regions than in metropolitan ones, health professionals were hesitant to work there [22]. The research showed that when health professionals believe they have the chance to, they are driven and take pride in their work. Job description was crucial for supervision and staff evaluations of their relationships with one another, as well as for general satisfaction and organisational commitment.

3.8 Education

Opportunities for education and training have powerful motivational effects [13,21-23,26,27,29,30,32-38]. Training was shown to be particularly significant for young health professionals, enabling them to take on more challenging tasks and attain personal objectives of professional progress [35] as well as help them to cope better with the demands of their employment.

3.9 Infrastructure and Resources Availability

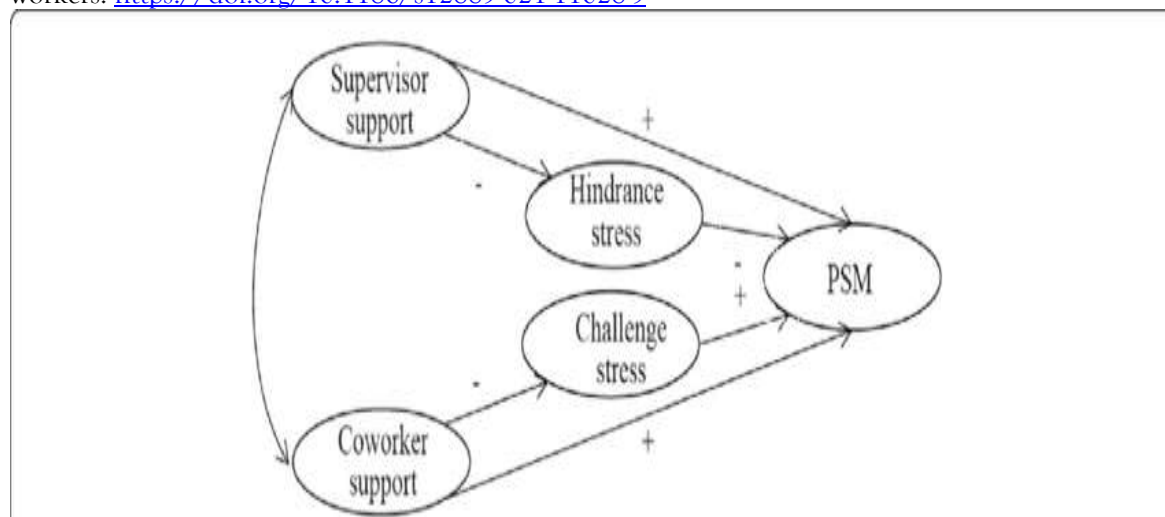
Lack of materials was a significant demotivator. Hospital infrastructure and resource availability was a recurring issue [13,21-30,32-37]. Qualitative extracts demonstrate the need for fundamental medicines and tools: "We lack a microscope and even a lab; instead, we rely only on experience and diagnosis to make decisions. Given that you are unsure whether you are treating malaria, typhoid, or both, this is similar to playing a game of chance. This is very depressing." (26). Patient care cannot be provided effectively without the right resources, hence hospital infrastructure and resource availability should be a top priority. Patients and the health professionals working there lack confidence due to the poor infrastructure.

3.10 Appraisals

A common element in 70% of the research was recognition and/or praise, whether it came from management, co-workers, or the community [22,24-26,28-33,35-37,39]. One of the most significant motivational elements for health professionals was mentioned in various papers as being acknowledgment by the company and community [29-31,33,35,37]. One healthcare professional stated, "I feel like I do a decent job. My supervisor likes me, but I have no idea how. He says nothing at all. Additionally, employees claimed that being rewarded for their efforts, contributing to society, and caring for others gave them motivation.

3.11 Social Support

Support from others might impact PSM. Social support often comes when someone we can trust demonstrates their love, worth, and concern for us [16], and may be further broken down into. Support from co-workers and supervisors as well as outside sources, such as friends, family, and partners [17]. The most significant social support variables influencing employees' PSM may be supervisor and colleague support. Workers who receive enough supervisor assistance feel like valued employees and see how their own objectives align with those of the company [18]. As a result, they will work harder and exhibit more altruistic, devoted, and organisational civic behavior—which are the physical expressions of PSM. Employees may perform more effectively and deliver greater public service with the help of their co-workers. <https://doi.org/10.1186/s12889-021-11028-9>



Proposed Model of How Support from Co-workers and Supervisors Affects Public Service Motivation, Challenge Stress, and Hindrance Stress (PSM)

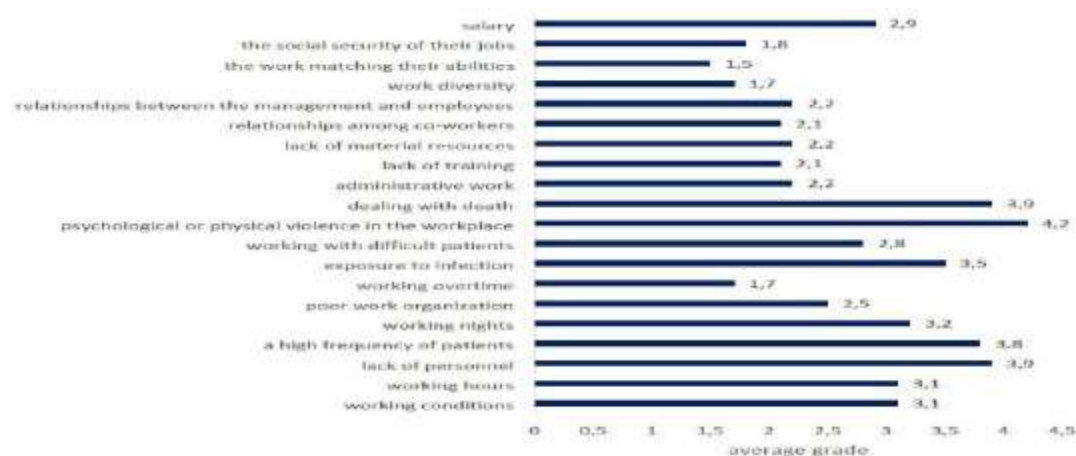


Figure 1 Stress factors

<https://doi.org/10.3889%2Foamjms.2018.100>

The study started off by looking at the things that stress nurses out at work the most frequently. According to the poll results, the following things stress them out the most: being subjected to verbal or physical

abuse at work ($M = 4.2$), having to face death ($M = 3.9$), not having enough personnel ($M = 3.9$), and having a lot of patients ($M = 3.8$). Their exposure to infection ($M = 3.5$), working at night ($M = 3.2$), their working hours ($M = 3.1$), their working conditions ($M = 3.1$), their low pay ($M = 2.9$), their work with challenging patients ($M = 2.8$), and their poorly organised job ($M = 2.5$) all result in moderate stress for them. Relationships between management and employees ($M = 2.2$), a lack of physical resources ($M = 2.2$), administrative work ($M = 2.2$), coworker relationships ($M = 2.1$), and a lack of training ($M = 2.1$) are all minor causes of stress for them. The social stability of their jobs ($M = 1.8$), the variety of their work ($M = 1.7$), working overtime ($M = 1.7$), and work that is matched to their talents ($M = 1.5$) are the elements they view as the least stressful.

4 STRATEGIES TO MANAGE STRESS

4.1 Enhancing Awareness

The updated studies provide information to health care professionals regarding the hazards of occupational stress related to emergency care. By reducing burnout, awareness can lessen the stigma associated with mental health issues like it and foster resilience among healthcare professionals (Sultana et al., 2020). It is advised that people have a sufficient understanding of COVID-19 and receive regular updates on the necessary precautions (Kar et al. 2020) n

4.2 Mental Health Services

Although providing mental health services during COVID-19 can be challenging, it is important to take advantage of these chances to keep professionals from being stressed or burned out. Building teams or multidisciplinary teams of mental health specialists who may offer mental health treatments or refer to suitable resources if the healthcare professional exhibits signs of weariness is one of the recommendations (Sultana et al., 2020). Professional staging areas should have psychological counsellors on hand to listen to employee concerns and anecdotes and offer help as needed (Maben and Bridges, 2020; Shana felt et al., 2020).

4.3 Organizational Approaches

It is deemed crucial to enhance organisational practises that have an impact on workplace stress and work culture. Possible tactics include enhancing workflow management, planning services aimed at reducing workload, enhancing interoperability, organising discussions and opinion exchanges, improving communication skills, ensuring adequate rest and exercise, and planning seminars on coping mechanisms (Sultana et al., 2020). Such organisational support should include guarantees like assistance to those doctors and nurses who become ill, as well as medical and financial support (Galbraith et al., 2020).

4.4 Resilience and Rugged Factors

Resilience is a process, moulded by important protective elements that function as a crutch for hardship. Particularly, the interaction of two categories of resilience qualities—rugged qualities, such as gratitude, self-confidence, optimism, problem-solving, mindfulness, sleep, nutrition, and physical activity—and resources, such as structure, accountability, supportive relationships, a powerful identity, experiences of control, fair treatment, culture, and basic needs—influences how stressful life events and other daily hassles affect people's mental health and wellbeing. Both sets of resilience characteristics were first chosen from a list of 52 well studied resilience-related criteria that the RRC had discovered during a scoping review.



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