

Work Stress in Health and Human service settings: discussion of models and implications for Managers.

M 520 Context of Practice in the Australian Health System

Assignment 2

2994 words

The issue of workplace stress presents a major challenge for employers and planners of health care programmes. Obviously the concept of ‘stress’ is not new, however the phenomenon of workplace stress is a relatively modern concept and is given a high profile perhaps primarily due to the high cost of workers compensation claims. Researchers have been attempting to provide a link between workplace stress and disease and provide recommendations to employers about the best way to manage the issues. The Australian Chamber of Commerce suggest this is a political issue, driving an OHS agenda (Australian Chamber of Commerce 2002).

This paper will examine literature written around this topic, in particular, attempt to relate to stress in the health workplace. The main conceptualisations of work stress-predominantly the Person-Environment Fit model (P-E) and the Demand-Control/Support model (DC/S) will be discussed due to their historical dominance in literature. These will be discussed in terms of implications for employers, particularly providers of health services. Nice statement about what is going to be done in this lit review.

It would be reasonable to assume that workers who are involved in health/human services may be more likely to be exposed to conditions that may contribute to stress reactions. This view is supported by researchers such as Dollard, Dormann, Boyd, Winefield & Winefield (2003) who found that workers in the human service field are exposed to unique stressors such as emotional dissonance and client/customer related social stressors. Miller (2003) found that the industries that have the highest incidence of stress related claims are the Health, Community Services and Education sectors. Two refs already in the first paragraph.

Due to the nature of the work, the likelihood of being exposed to traumatic incidents and threatening acts in the health field is also

presumably increased (Weiclaw, Agerbo, Mortensen, Burr, Tuchsén & Bonde, 2006). In a 2001-2002 Australian report, 68% of nurses, 48 % of GP's and 47 % of allied health professionals reported occupational violence. All 3 groups reported violence was perpetrated by patients, followed by patient's relatives and professional colleagues (Alexander, 2004). Exposure to such events increases the likelihood of development of psychiatric disorders (Wieclaw et al 2006).

AIHW reports that the numbers of Australians employed in the health industry has grown considerably. Statistics from 2006 indicate that 743, 800 Australians were employed in the industry. This is reportedly 9% of the Australian workforce.

Australian workers are entitled to workers compensation for stress when work is shown to be the primary cause of psychological disorder. In Australia approximately 6.5% of workers compensation claims are for psychological injury and results in the longest duration away from work-18.4 weeks (Miller 2003). In 2001 the national cost of these claims was \$105.5 million. This indicates that whilst the percentage of stress claims relative to others is still low, the cost per claim is generally much higher, as is the time absent from work. These numbers may be a conservative reflection of numbers of actual cases, given the stigma of making a claim for a stress related illness. Stress is now cited as the main cause of absence from work (Maxon 1999).

Stress can be defined as what happens when the demands made on a person exceed the person's ability to cope (The Stress Management Society). A stressor is a demand placed upon a person. When *stressors* are severe or last a long time they may produce many and varied symptoms (Kimble, Garmezy & Zigler, 1984). These symptoms are created by actual physiological and hormonal changes (Dworetzky 1985). It is generally accepted that some level of stress

is OK, even required for functioning. For example, increased levels of adrenaline and cortisol in the short term assist heightening short term memory (stress management society). A moderate level of stress can be an important motivational factor and can be instrumental in achieving adaptation to new situations This is a bit clinical, but it relates to the structure of the lit review, so is OK.

Workplace stress has been described as “...the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury” (US National Institute of Occupational Safety and Health 1999 the page number should have been inserted here, as it is a direct quote), can have detrimental effects on productivity and performance as well as mental health (Huengsborg, Vedharah, Nott & Bradbeer, 1998; Dollard & Metzger, 1999; Caufield, Chang, Dollard & Elshauh, 2004). Again, plenty of studies to back up the assertions being made.

Stress is considered to include work pressure, harassment at work, exposure to traumatic events, lack of autonomy/support and exposure to workplace and occupational violence (APS 2004).

In Australia, the most common forms of occupational violence are verbal abuse, threatening behaviour, physical violence and obscene behaviour (Alexander, 2004). The author reports Are we talking about Alexander, if so, needs to be clearer. that internationally the vast majority of non-fatal work related assaults occur in health care settings-in the US the majority of incidents occurring in nursing homes. In contrast, Australian authors need a reference here found when studying workers in the New England Area health service, violence occurs in all aspects of health care settings-not just confined to emergency departments or mental health settings.

In order to address organisational issues, it is important to determine the sources of workplace stress. Firth-Cozens (2001) writes that there is contention about the extent to which job stress is a result of the disposition of the individual or the job itself. The author suggests that the fact that health workers have higher stress levels suggests that the work is intrinsically damaging, or it may mean that certain types of people are attracted to these positions-or it may be a combination of both. Various reasons have been cited for increasing numbers of stress claims in Australian workplaces-for example economic rationalism has led to numbers of employees decreasing, whilst the amount of work to be done has not. (Dollard & Winefield 2002). The authors suggest that downsizing has led to reduced job security for workers, technological advances has led the nature of the work to become more fluid and people are expected to learn new skills and perform multiple tasks. [Nice summary of arguments on the issue, nicely referenced.](#)

[Good link with the previous paragraph.](#)In spite of growth in numbers working in the industry, a health workforce shortage exists – the supply unable to meet the demand. AHWAC (2004) anticipates a shortage of nurses (between 10000-13000) in 2010 and a shortage of GP's (between 800-1300). There are shortages of most health professionals in Australia. Armstrong, Gillespie, Leeder, Rubin & Russel (2007); Druckett, 2005). While the health workforce is growing however, the demand for services is growing at a faster rate. This obviously has implications for health outcomes-for example inequity of access, unmet need & poorer outcomes for patients due to overworked practitioners (ABS 2007).

AIHW (1998) articulates the potential outcomes that may result from the above workforce unbalance. The cost of undersupply may be: i) poor access, unmet needs, potentially poorer outcomes; ii) increased cost for alternative provision and; iii) overworked and

stressed workforce, which may make the profession unattractive and perpetuate the further reduction of supply.

For the purpose of this paper, two models of understanding workplace phenomena will be discussed. Those models chosen are the psychological model, P-E and the sociological model, D-C/S. These models are posed due to their prevalence in management literature (Jansen & Kristof-Brown 2006). These models attempt to identify the source of stress that might contribute to job stress and strain. That is, to predict when work-stress might occur.

Literature tends to focus on preventative stress management to A) emphasise individual adaptation; or (B) environmental re-design. P-E model provides an alternative model that looks at corresponding characteristics in the person and environment (Quick, Nelson, Quick & Ormnan 2001) and their interactions. This model was first posed by French, Caplan & Harrison, 1984 as cited in Dollard et al 2004).

According to the P-E model of job stress, job stress can be the consequence of a mismatch between (a) the requirements of the job and the ability of the worker to meet those requirements; and (b) the workers expectation of what the job involves and what it does actually involve (Winefield & Jarrett 2001). Thus, it is a stimulus-response model.

This model appears to stem from Lewin's person-environment interaction theory (as cited in Jansen & Kristof-Brown 2006), the premise of which being that outcomes are a function of the interaction between individuals and their environment. That is, the person and the environment work as joint determinants of employee's well-being. This model has been popular as it focuses on reactions to stressors.

The dimensions of “fit” that have been studied historically have included; vocation/profession; relationship between the persons abilities and the demands of the specific job or the desires of a person and the attributes of a specific job; the compatibility between people and the entire organisation (that is organisations and workers need to share similar characteristics and or meet others needs); and the focus of skill and interpersonal compatibility between individuals and their work groups (Jansen et al 2006).

For example, Holland (1985) has developed an assessment tool to determine people’s personality and vocational choice options against their available career options. The Self Directed Search (SDS) gives subjects a rating of suitability for types of occupations whether they are artistic, enterprising, realistic, conventional, social, and investigative. The SDS also categorises occupations according to this criteria. For example, a nurse might be classified as a Social occupation. The theory being presumably people choose an occupation with same classification as their personality, this will more likely lead to job satisfaction and success.

[Another good link that helps build the structure of the review.](#)By way of exemplifying the model in practise, a study of occupational stress in University staff conducted by Winefield etal (2001) uses the model to hypothesise that the changing nature of academic work may indicate a mismatch between requirements and expectations for academics who entered the profession some time ago (due to increased pressure caused by funding cuts, heavier teaching loads, difficulties securing funding, coupled with decline in support and facilities for teaching and research) and results in academics stress.

Most findings have shown that strain increases as what people prefer falls short of what they actually receive on the job [needs some refs here](#). Thus, wellbeing is maximised as the actual characteristics’ increase to meet people’s preferences (Yang, Che &

Spector 2008). Research does not tend to comment consistently on the effects of excess environmental characteristics this statement needs qualifying eg. “The literature identified by the search conducted for this paper demonstrated a lack of attention paid to environmental factors and stress”.

Researchers applying the P-E model have been criticised as their methodology only examines the interaction or fit between an individual and a single aspect of the work environment. Jansen et al (2006) found that people are “...simultaneously nested...” in multiple dimensions of the environment. Good presentation of arguments for and against a particular view.

The application of the P-E model usually results in selecting or training personnel to best fit the demands of the job (Dollard & Knott, 2004).

If this model was to be used to address occupational violence within an organisation, it is assumed that organisations might train staff to manage violent individuals, to negotiate and de-escalate situations, for example. Staff may also be selected on the basis of personalities least likely to be affected by violence or less likely to evoke violence in colleagues or clients.

This model has empirical support in the occupational literature (some examples should have been provided); however Winefield, Dollard & Winefield (2000) found that work stress depends primarily on the way that jobs are constructed, constituted and managed. The dominant view seems to be that work stress is related to job factors or the aspects of the work environment rather than personal or biographical factors. Winefield et al (2000) examined a large public sector welfare organisation. They found that workers interactions with violent, disadvantaged or clients with disabilities did not lead to occupational stress but rather from organisational

issues such as lack of supervisor support. Potentially distressing events that workers were exposed to were unpredictable, abusive behaviour, violent behaviour, having to hear racist views expressed and worries about the responsibility of making decisions that affect others lives. Supervisor support was highest after client related issues such as violence or child's death. However, the most distressing event was described as "abuse/unfair criticism of you by a supervisor". This received the least supervisor support. Similar results have been in the prediction of stress leave. Unsupportive supervision was a damaging stressor. Researchers found that instead of being considered part of the solution, managers and supervisors were seen as adding to the stressful nature of the agency. Collings and Murray (as reported in Winefield et al 2000) also found that some forms of supervision contributed to social workers overall job stress. More specifically, that was supervision that protected the supervisor rather than supported the worker. This contributed to health problems and burnout.

An alternative model is posed in the literature that explains work stress and related variables in this manner. That is, they are what Dollard et al (2004) term as "socially determined" (p 347). This JD-C model is perhaps a refinement of the P-E model as it examines objective features of the work environment, rather than just the person's perceptions.

Karask found that "...strain results from the joint effects of demands of the work situation (stressors) and environmental moderators of stress, particularly the range of decision making freedom (control) available to workers facing those demands..." (As cited in Dollard et al 2004). He states that it does not result from only one single aspect of the work environment. The demands are psychological-eg excessive work. Job control comprises of two components a) skill variety-level of control over the use of skills and ; b) workers authority to make decisions about their own job.

If the strain from high levels of demand and lack of control over decision making cannot be channelled into effective coping methods then the accumulation may lead to more severe stress reactions/mental health issues.

The role of social support in moderating the effects of workplace stress led to the expansion of the model. The addition of workplace support led to the development Demand-Control/Support model (D-C/S) (Johnson 1988).

More recently Dollard et al (2004) agreed that social support is a buffer to the accumulation of stress reactions. They postulate that jobs with high demands, low control and low support from supervisors or co-workers carry the highest risk for psychiatric disorder.

The application of this model is exemplified in aforementioned research by Winefield et al (2001) into occupational stress in University Staff. The Authors argue that increased levels of stress would be predicted by this model as Australian Universities have engineered major organisational changes in recent years with academic decision making becoming less collegial and more managerial and autocratic. This leads to control being shifted from academics to senior university managers. Alongside this, demands have increased as a result of funding pressures and increased levels of accountability.

In a study of well-defined occupational groups, deJonge, Dollard, Dormann, LeBlanc and Houtman (2000) found that job demands and job control showed interactional effects on employee wellbeing in specific occupational groups. When comparing workers from Healthcare, transport, banking, retail and warehouses the researchers

found that active jobs (high demand, high control) also give rise to positive outcomes (job challenge and job satisfaction).

Good comparison of one study with another. This is consistent with Dollard & Winefield (1998) study of work stress in correctional officers. The results indicated that there is a link between high demands, low control and low support and strain symptoms (eg psychological distress). Results also indicated that high demands and high control were associated with the positive outcomes of seeking feedback and viewing work as a challenge. Authors considered that it was the additive effect of high demand, low control and low support that led to the highest level of strain for correctional officers.

Interestingly, authors Smith, Kaminstein & Makadok (1995) (as cited in Danna & Griffin 1999) found that some jobs that have high control but deal with a number of variables simultaneously would be a source of great stress. Yet another study with a different point, and a good inference made to the context of the student's work environment. The work required of Nurses, for example, would be included in this description.

It follows, according to this model that stress can be reduced by increasing employee decision making, support and control without necessarily making changes to workloads.

The D-CS model has been criticised as researchers state that studies have found interactions between job demands and control only rarely or inconsistently Beehr, Glasser, Canali & Wallwey 2001; Houkes, Winants & Twellaar 2008) . For example Landsbergis (1998)(as cited in Beehr et al 2001) applied the model to hospital and nursing home staff. The authors found that control did not moderate the relationship between stressors and job dissatisfaction,

depression, psychosomatic symptoms and burnout. More arguments presented and referenced well.

If applying this model to help moderate the effects of occupational violence perhaps the following may assist: decision making freedom; empowering staff with a range of reactive options; and with a range of consequential actions following an event. In addition high supervisory support following an incident may also assist in decreasing the amount of distress following an incident. Student is making inferences again, but has supported them with reference to the literature in the previous paragraphs, not just brought them in “out of the blue”.

In conclusion two prevailing frameworks are outlined to explain the interaction between risk and psychological injury. In addition to the two discussed, according to Dollard et al 2004 models seem to discuss the following factors as being relevant risk factors that managers, supervisors and organisations should consider; factors intrinsic to the job (eg shiftwork, new technology, travel); role in the organisation (eg role ambiguity, role conflict, degree of responsibility); relationships at work (eg with supervisors and colleagues); career development; organisational structure and climate (eg communication, politics); home-work .

Depending on the emphasis of the theory, there will be a different emphasis for the intervention. Kendell (2002) (as cited in Caufield, Chang, Dollard& Elshaus, 2004) found that interventions are classified into 3 groups:

- ② Primary-those that aim to prevent the stress
- ② Secondary-those that are designed to change the individuals reaction to the stressor (eg team building)
- ② Tertiary-those used to treat the symptoms once identified.

Predominantly discussed in the literature is the emphasis on clinical supervision. This is a point that Karasek (1998) emphasises strongly. It is the current writer's opinion that smoothing the fit for employees and buffering the effects following an incident will have a significant impact on the level of stress reaction felt. From examining a large number of stress management literature, Morrison & Payne (2003) conclude that..."it seems likely that the biggest gains will be found with management/supervisor training aimed at managing employee perceptions of the work situation" (p128).

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