



Factors Responsible for Work Stress among Health Care Providers and Frequency of Antidepressant Medicine Use

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Authors' contributions

This work was carried out in collaboration among all authors. Author NRW designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors MAM and NB managed the analyses of the study and review the literature. Authors ZUH and IR managed the literature searches and reviewed the manuscript. All authors read and approved the final manuscript.

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ABSTRACT

Objective: To assess the contributing factors of occupational stress and frequency of antidepressant medicine use among healthcare providers working at Isra University Hospital.

Study Setting: Isra University Hospital, Hyderabad Sind Pakistan.

Study Design: Cross-sectional.

Materials and Methods: All the health care providers of Isra University Hospital, Hyderabad of either gender formed the sample of the study. A structured questionnaire in English language was

designed to gather data on factors contributing to occupational stress. Data was analyzed by using SPSS version 20.

Results: The impact of work stress on work performance was explored in 100 study participants. The results indicated that 87% of study sample affirmed that stress lead to poor performance. Out of all participants, 79% were female and 21% were males. The analysis of stress elevating factors showed that 56% study participants had stress due to low salary, 17% felt stress due to seniors 'negative attitude' and 15% due to low job satisfaction. Result showed that 27.0% subjects reduce stress by sharing with their friends, 25% by prayers, 21% use the music during stress, 19.0% share with family and 8% using the antidepressant medicine during stress.

Conclusion: It was concluded that low job satisfaction, lesser pay and seniors' attitude are common contributing stress factors. Sharing with family and friends, music, prayers and use of the antidepressant medicine were the common methods of stress reduction.

Keywords: Occupational stress; factors; healthcare providers.

1. INTRODUCTION

Occupational stress is a significant concern among health care workforces because of its vital role in achieving an ideal quality of working life and maximum job productivity [1]. Occupational stress, globally and locally, has turned out to be a matter of great anxiety over the previous ten years. It is a central concern among health care workforces because of its vital role in achieving an ideal quality of working life and maximum job productivity. Because a precise meaning and a general definition for occupational stress, it is yet to be finalized, the word occupational stress has been generally applied as a substitute for job stress and work-associated stress by earlier researchers [1]. Work related stress is a worldwide epidemic condition that occurs due to the nature of work-related activities, which can result in long-term work disability and absenteeism [2,3]. Work-associated stress has universally become a key challenge among the working class as well as increasing disease risk to employees. The significance of work-associated stress and its management has been great socioeconomic concerns [3,4]. Healthcare experts meet directly with every aspect of human life throughout their lives, experiencing first breath of an individual and the sentiments that surround one's death [5]. Most of the healthcare workers experience stress during their job and require an expert's assistance. Stress is a global phenomenon and unfortunately eminent to health care workforces, worldwide [5]. As per American Psychiatric Association, the major factors that lead to stress at workplace, are poor opportunity for advancement and growth, heavy workloads, low salaries, job insecurity, and idealistic job expectations [6]. Moreover, such factors as old-age or lack of equipments, under-staffing, and

lack of work setting in nations with lower economic levels also increase the stress level among workers. Consistent with Geuens et al. [7] further examples of environmental stressors among health care workers are ethical issues, death, suffering and pain [5,7]. In Hospital setting, stress in majority of employees result from poor resources, repetitive / boring duties, work overload, physical environment (such as, disruption, temperature, space, lighting, noise etc.), psychological working setting (such as, unethical behaviors, verbal abuse), long hours of working - sacrificing lunch breaks as well as annual vacation, issues with public management, new technology, and insufficient distribution of work [8,9]. Stress has serious consequences such as medical errors, negligence and non-cooperation among nurses that can possibly risk the status and life of patients [10,11]. Stressed workforces appear to be beneficial to a lesser extent and ground administrative incompetence. A local study revealed that routine life stress is categorized into three factors with fluctuating percentages as severe stress that was found among 35.1%, moderate in 39.6% and mild stress among 25.3% of the Subjects [11]. Nurses are the most essential entities of health care who are accountable for the appropriate patient care. There is a scarcity of research on stress associated with routine life of nurses [11,12]. This study was designed to evaluate the responsible factors for occupational stress existing among healthcare providers working in Isra University Hospital.

2. MATERIALS AND METHODS

This cross-sectional survey was conducted for health care providers at Isra University Hospital, Hyderabad Sind Pakistan. The duration of study was 12 months from February 2015 to January

2016. All male and female medics and paramedics of Isra university Hospital, Hyderabad was included. Those who were not willing to take part in the study and those who had less than one year work experience were excluded from the study sample. A written and well-versed consent was obtained from every subject. A structured questionnaire in English language was designed to gather data on factors contributing to occupational stress. All the study participants were interviewed regarding feelings of stress, causes of stress, its reduction strategies and uses of antidepressant medicines. All study participants were counseled and assured that their information will remain confidential. All the data were entered in the proforma. Data analysis was done via SPSS version 20.

3. RESULTS

3.1 Demographic Characteristics of Respondents

The mean age of respondents was 39.4±4.23 years. The most common age group was 29-38 years among 42.0% of the subjects, followed by 39-48 years and 18-28 years with percentage of 30.0% and 21.0% respectively, while 07.0% cases were >48 years. Out of all cases 79% were female and 21.0% were males.

3.2 Factors Promoting Stress

The analysis of stress elevating factors showed that 56% of respondents had stress due to less salary, 17% felt stress due to supervisors negative attitude towards their workers and 15% due to less job satisfaction.

3.3 Effects of Stress on Work Performance

No effects of stress were found on the performance of 4.0% respondents. The poor performance due to stress was most common i.e. among 87.0% subjects and average level low performance was found among 9.0% of all subjects.

3.4 Stress Management Strategies

The participants were assessed in terms of stress reduction strategy as indicated in Fig. 3. The 27.0% workers reduce the stress by sharing with their friends, 25% cope with stress by prayers, 21% listen to the music for relaxation

during stress, 19.0% share with family and 8% use antidepressant medicine during stress.

4. DISCUSSION

Circumstances that would probably lead to stress are non-controllable or uncertain, non-predictable, unusual or unclear, or involving loss, disagreement or performance prospects. Stress can possibly result from time limited episodes, for example the burden of work targets or examinations, or from current situations, for example job insecurity, family demands, or long distance commuting to work [13].

In this study responsible factors for increasing stress were analyzed as; 56% had stress due to less pay, 17% felt stress due to supervisor's negative attitude towards their workers and 15% due to low job satisfaction. In comparison to our study, the findings of the study conducted by Bahalkani HB et al. [14] stated that there were low levels of general satisfactions among workforces in state sector tertiary healthcare organizations within Islamabad. Majority of this frustration is due to poor salaries, disrespect, poor work setting, patient care and time pressure, imbalanced responsibilities with slight complete control and poor prospects for professional progress. A recent Tanzanian study also reported the poor job satisfaction in their healthcare system due to poor job description, weak rewards system, disappointing working environment and frail communication among staff [15]. Another study conducted by Kumar R et al. [16] reported that factors affecting the satisfaction level were the poor opportunities for training, low salaries, insufficient financial rewards and improper supervision during their study years. Females are particularly expected to undergo these factors of stress, as they yet bear the added burden of domestic and childcare responsibilities as compared to their male counterparts. Additionally, females are concentrated in lesser pay; lower jobs status, frequent work shifts so as to fulfill household responsibilities, and can possibly suffer harassment and gender discrimination.

In this study poor performance due to stress was most common among 87.0% subjects and average level poor performance was among 9.0% of workers. In a study conducted by Mosadeghrad AM et al. [17] reported an inverse association between quality of working life and job stress in hospital workforces. Surviving approaches have been exhibited to differ by

household, social group, community, region, age, gender, season and past time and are highly affected by a person's earlier experiences. Majority of interventions to diminish the risk to health-related stress within the workplace comprise both organizational and individual strategies. Individual strategies involve training and one-to-one psychological services and occupational, clinical, health or counseling to change individual's resources and skills and to assist them to adjust their situation.

In this study 27% participants share their problems with friends, 21% reduced stress by sharing with family members and 12% by praying

or listening to the music. In comparison to our results, study conducted by Harkness AM et al. [18] reported that talking about being stressed out provides a socially acceptable way of expressing discomfort and regaining a sense of importance that is lost through feeling undervalued and under-appreciated in the organization. Results of another study conducted by Sayed Fatemi N et al. [19] found that the most commonly used coping strategies, in order of priority were: Going along with one's parent's requests and rules, praying, making one's own decisions, apologizing, helping other people to solve problems, maintaining friendship and daydreaming.

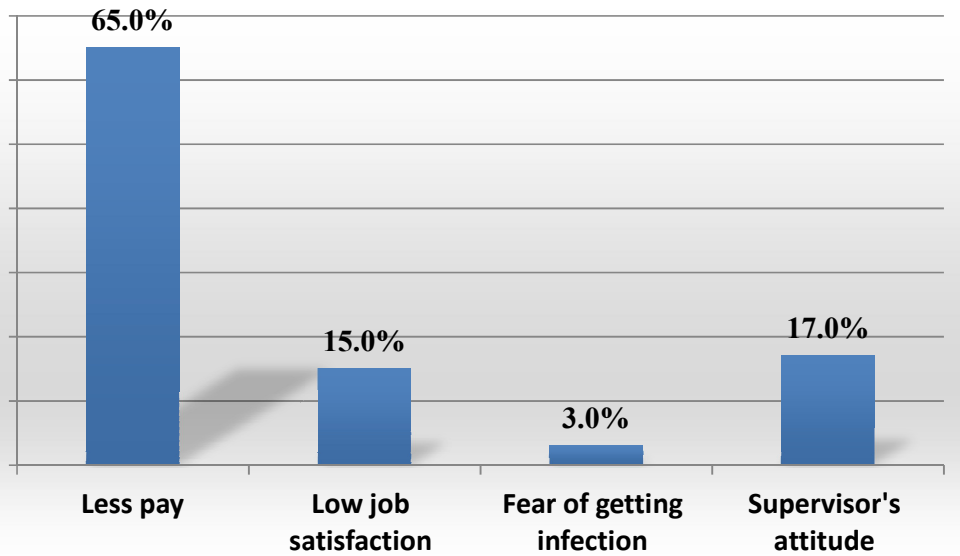


Fig. 1. Subjects distribution according to causes of stress (N=100)

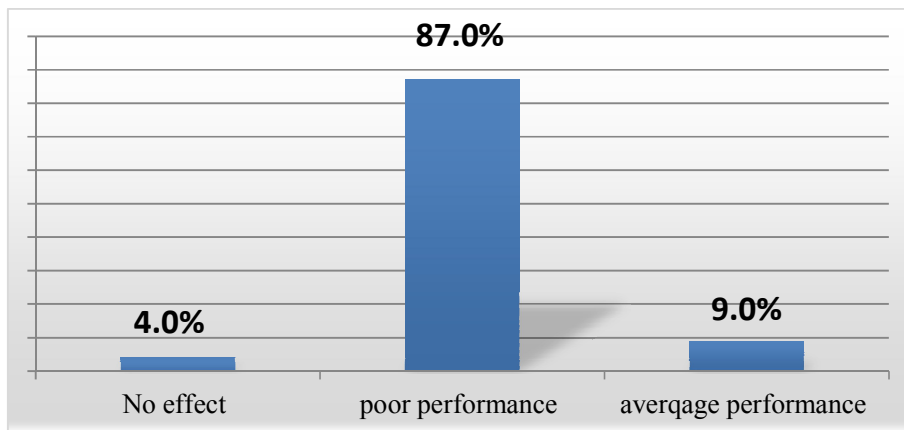


Fig. 2. Subjects distribution according effects of stress on performance (N=100)

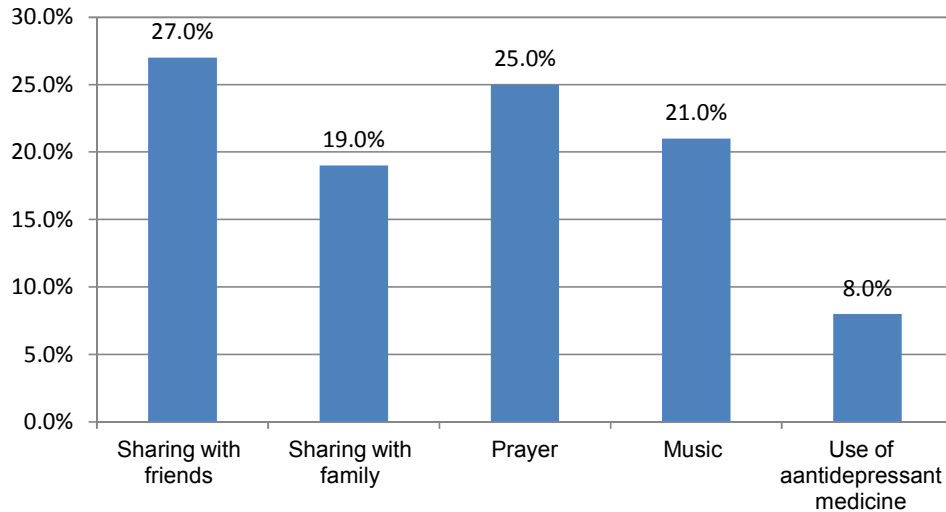


Fig. 3. Subjects distribution according stress reduction strategies (N=100)

Table 1. Subjects distribution according to age and gender (n=100)

Variables	Frequency	Percentage
Age groups		
18-28 years	21	21.0%
29-38 years	42	42.0%
39-48 years	30	30.0%
>48 years	07	07.0%
Total	100	100.0%
Gender		
Female	79	79.0%
Male	21	21.0%
Total	100	100.0%

5. CONCLUSION

This study concludes that the stress is common in day to day life due to factors of low job satisfaction, lesser pay and seniors' negative attitudes that are common contributing stress factors. Sharing with family and friends, music, prayers and use of the antidepressant medicine were the common methods of stress reduction.

6. SUGGESTIONS FOR FURTHER RESEARCH

There is a need of further study with a large sample size at healthcare facilities that will help to identify in depth the stressors and coping strategies among health care force. Such study will improve the working lives as well as will raise the health care standards.

CONSENT

A written and well-versed consent was obtained.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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