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The Importance of Health Surveys in Workplaces, with Emphasis on the Field of Public Health, in the Target Group of Employees Who Work in Shifts

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Abstract: In today's world the economic uncertainty, the huge overload of work, the expectations related to the work performance – which are not said –, the monotone work and the risk of violence contribute to the increase of psychosocial risks, which can lead to serious consequences in a company. If we succeed in preventing the negative impact of stress originating from the workplace, then the employer can keep the productivity of the company and besides that, the company gets rid of large expenses. The occupational health and safety is an important component of the social responsibility taking. One of the most efficient tools of prevention is the psychosocial risk assessment and the changes based on this in the company's operation and regulation.

Keywords: health, labour market, public health, workplace health

Introduction

At the workplaces, the employers should measure the sources of danger which can risk the workplace health. This process is called risk assessment. A good company's health improvement activity is based on *Status-Analysis*, just like, at the doctor's, where after a check-up – In possess of the necessary knowledge -, the diagnosing comes. In a company, the same happens. They create a *health plan*, whose point is to measure the company's momentary state of health, the state of health of the people who work in the company. The survey is done with the help of tests and personal interviews, most of the time it consists of these components:

- The measurement of Psychosocial pathogenic agents, psychic strain in workplaces, measurement of psychic strain caused by factors of sphere of activity (work schedule, work process, working conditions, organisation of work, capital equipment, etc.)
- Examination of Psychosomatic changes (body complaints related to work, for example: headache, sleeping disorders, stomach-aches, etc.)
- Lifestyle, measurement of habits (smoking, consumption of alcohol, doing sports, etc.)

From these, we would determine a status-value. They establish the *action plan* based on these results. The psychosocial risks are worth to measure in spheres of activity, groups of people in the same field (for instance: leaders, salespeople, office workers. etc.), because this way we can identify the problems of that field of work, so the employer has the chance to intervene (for example: trainings aimed for this cause, person-swap, the rearrangement of work, etc.). The OMMF monitors the existence of psychosocial risk measurement.

The importance of health improvement in companies

Besides the workforce's skill and knowledge, the employee's psychical, mental, and physical state of fitness (health) ensures the humane conditionality of a company's efficient operation. The company's vital interest is, that the capital that they invest in the resources are refunded as efficiently as possible and make it provide the profit for as much time as possible. So, it's proclaimable that between the resources of a company, one of the most important components is the humane resource. If we don't take care after "him", then that will result in a drop-out of the work process, and this worsens the invested capital's refund rate. Besides the postponement of the full refund and profit gaining, the company is forced into investing humane capital. The lack of health – in the point of view of the employer – primarily comes up on the side of expenses (for instance: sickness benefit, another workforce's overwork, organizational expenses, etc.), but on the side of profit which is struggling behind It is present too (for example: failed order). The employer's actions whose goal is to keep the health, increase the employee's feeling of necessity, which strengthens responsibility, commitment towards the work. The feeling of satisfaction motivates the employee to work, this way his productivity, effectivity increases, besides this, its important impact is, that It decreases the labour turnover. Besides the economic results, the company's fair behaviour against the employees forms the company's appearance positively. That workplace, which pays larger attention to the interests of the employees, shows a more humane behaviour, which is preferred in the labour market, too.

The psychosocial assessment contains the stress survey, which means that in the given workplaces, what kind of stress sources can be found. These can turn up from the organization, so they depend on the workplace culture, the actual activity, the shifted work organization, the atmosphere, the leaders, the communication, but they depend on the individual too. International and inland researches show, that the employee can turn into the victim of the psychosomatic sickness because of the high workplace stress.

The health problems lead to absence from the workplace, and performance-reduction. Based on the researches of WHO, in 2020 the most frequent illnesses will be the Anxiety Disorders and the depression after the cardiovascular diseases. The number of absence related to mental problems have multiplied by four this far — And it is continuously increasing.

The existence of Workplace stress in the Sanitary segment

The forthcoming decade's most serious national health problem will be the workplace stress (Kopp, 2008; Kopp & Kovács, 2006). Certainly, the different workplaces emit different amounts and kinds of stress – a teacher gets a different kind of stress compared to a doctor, or a manager, or the head of a company. Besides that, we can find differences in the individual reactions, specialities, because at the same workplace, for instance in the same hospital two nurse reacts in a different way to the sources of danger in the environment, and one thing which is stressful for the first nurse, doesn't have to be stressful for the second one too. The stress possesses an adaptational and a defensive function. Between the Chronic sources of stress, they have highlighted the surfeit, the low feeling of control, the lack of appreciation and the uncertainty of the labour relations (Kopp & Berghammer, 2005; Stauder, 2007).

The sanitary institutions have got their own micro-culture, whose psychosocial characteristics influence the practice of working and its success (Tumulty et al., 1994; McDaniel & Stumpf, 1993). The employees who work in a unit which was organised without proper expertise have got increased chances to get sick of the work's harmful psychical, health and social consequences, just like: the stress, dissatisfaction with work, psychosomatic symptoms and more and more health problem's effect, whose consequence is that job quitters and the lack of nurses gets common (Cavanagh, 1992; Blegan, 1993).

The improvement of the conditions of the psychosocial work environment is one of the methods of the work's efficiency. The humane resource's position in the profit-oriented companies' world is a matter of life and death, because they measure the productivity in economic parameters. In the public health – and generally in the non-producing sphere – Nevertheless, the better exploit age of labour force didn't come to true in the absence of the real performance measurement (Csanaky, 1999). The psychosocial status of the workplace is not independent of the macrosocial circumstances, because the workplace relations only exert their impact on a determined social area, with that they form like they were in interference (Fenwick & Tausig, 1994).

What are the most important characteristics of the psychosocial work environment? The workplace's most determinant psychosocial criterion is the workplace stress. The employees who work in the field of health are put out to high amounts of stress during their everyday work, what is more, in field of health service the activity of nurses is one of the most stressful works (Leppanen & Olkinoura, 1987). This partly comes from the nursing activity's physical feature, like for example: working shifts, duty system, exhausting work, but we can also mention there the psychosocial stress effects, in whose background there is the high sense of responsibility, the situations which cause emotional burden and the conflicts based on the work schedule (Wheeler & Riding, 1994).

After these, the burnout feeling is not rare, which is the status of the mental and emotional, physical exhaustion as consequence of the increased stress received because of the helping jobs (Maslach, 1982). It comes from the field of nurses that the fluctuation is high, which is the rate of the field-quitters. The profession is not really acknowledged, this way the work satisfaction of the nurses is low, and the nurses in lots of cases think that their social and financial position is hopeless, and in this, even the introduction of the nurse training with a degree at the end couldn't help, there wasn't a big break through (Pikó, 1999; Pikó & Piczil, 1998).

One of the most important characteristics of a psychosocial work environment – which is the workplace stress' most common reason, especially in the field of health – the occurrence of psychic problems which cause emotional burden. A relevant part of the work of a nurse is taken by cherishing emotionally the ill people, which is important for this job, but in lots of cases It has a psychic burden on the nurses (Small, 1995).

Facing the death of one, as a stress factor guides the attention to the profession-unique factors. Several researchers have examined the employees in the field of health and the stress impacts that they get. For example: Mc Manus and his co-workers in their 2002 study there were 391 doctors from the UK participating. From our solutions, we can say that there is a mutual interference between the emotional exhaustion and the stress. which means, that high emotional exhaustion leads to stress, and a high level of stress causes emotional exhaustion. The high level of feeling of personal efficiency increases, while the impersonal treatment decreases the stress (McManus et al., 2002). Oehler and his colleagues claimed that between the nurses of a hospital, the higher the work stress is, the higher the employee's emotional exhaustion is (Oehler, 1991). There are authors, who see the main reason in the stress, that the stress is causing the problems the nurses might have during their work, and this way they can't do their job in the optimal efficiency. Pinikahana, an Australian researcher examined the stress, the burnout, and the workplace satisfactory between 17 psychic nurses (N=136). 10.4 % of the people who were examined showed a high burnout. Between the examined stress sources, the surfeit was the strongest one. The surfeit is in a very close relation with the work time, so if one works for a longer time, he feels himself more surfeited, and he has less time to emotionally support one-one psychiatric patient (Pinikahana & Happel, 2004). Szabó and his fellow workers examined the hospice nurses and the nurses who cherish elder patients. They experienced that the nurses who take care of the elder patients are more stressful, not like the hospice ones, this way the nurses who support the elders can more easily get the harmful consequences of the workplace stress (Szabó et al., 2008).

Besides this, taking the workplace health improvement into the front provides macrosocial and economic benefits. Let's think about the sustainability of the services of social subsystem's, or about the counterbalance of negative demographic processes (e.g. morbidity).

Settings of the Research and Summary

In the case of the Hungarian Health System we could discover the following negative phenomena:

- Lots of migrates
- Labour force refill shortage
- Danger of burnout, the increased presence of stress factors
- The danger of maintaining the health services

This starting basis prepares the research process very well, which – according to the plans – will start in 2016, and in which we will get to know the characteristics of the employees who are put out to these stress factors and who work in public health. Firstly, we are thinking about the nurses who work shifts, who are put out to these stress factors in a physical and mental way above average.

To get to know the current state, and to give voice to the interventional actions regarding the negative phenomena, there is need to get an accurate image supported with measurements about the employees' physical and mental workload in the Service System of Health. This extends to the following areas:

- Monitoring with instruments, whose aim is to show a real image about the given weekly *physical activity* of the nurses.
- Aggressively deriving from the nurses' schedule, and the measure of the stress level, catching of the *mental state*.

Based on our assumption, we think that the nurses who are physically more active during the weekdays have got better performance at their workplace, and they have got better results in coping with the mental and physical problems.

Our second assumption is that, the level of aggression of the employees who work different shifts is diverse, so if we would like to be more accurate, the night shifts can be defined as stress factors, so the employees who work night shifts get aggressive and unsatisfied in large measure. Our goal, is to make this measurable, so this way we can give voice to interventional opportunities regarding handling this topic.

These stress factors also influence the individual's life style, lots of sickness turn up increasingly relating to these, for instance: circulatory diseases deriving from the high blood pressure. Identifying these and handling them is not just an individual, but an overall societal and economic interest.

In accordance with the defined things in the goals of the research, the research's target group is the nurses who work in the Health Service Institutions and who fall within the University of Pecs's cognizance. Inside the target group, we pay attention especially to the nurses who work 3 shifts, because the stress factors apply for them in an increased way.

For the research, the size of the target group is 3x15 person (15-15 from every shift), altogether 45 people. In each week, we measure 15 persons. On the first week, we measure the employees who work in the morning shift, then on the second week, we measure the employees who work in the afternoon shift, and then on the third week, we measure the employees who work in the night shift. The 15 persons are divided into 3 pieces of 5-man groups based on the following rule: 5 people can be considered physically active (Group A), 10 persons can't be. Then from 10 people, 5 persons won't be involved in the endurance-improving programme of movement (Group B), the rest of them that 5 persons (Group C) and that 5 person who can be considered physically active will be involved in the programme. The members of Group A and C should participate in the movement-programme three times during the week. During the movement-programme (3x45) minutes) we monitor the change of the pulse with the help of the Polar Watch. At the end of the movement-programme, we measure the participant's vital capacity using the Ergo spirometer, while we measure the Group B's at the beginning of the week.

The people who participate in the research should fill in a survey at the beginning of the given week (Which contains: The IPAG Survey, Beck Depression Survey, SF 36 Survey, Sensed stress survey, and the Buss-Perry aggression survey). Beyond that, all the participants must wear an accelerometer and an electronic blood pressure monitor.

We expect from the research's results, that we can catch the negative phenomena with supported measurements, and whose solutions can give us a base to handle the stress factors which derive from the nurses' field of activity. This, all in all is the interest of the whole Hungarian Health System. The research content organically fits in the topic of workplace health improvement, which in our country is considered as an unexplored area for the present.

The result based interventional and improving process can contribute to the target group work environment's improvement, whose benefit is relevant socially and economically, and whose benefit is important from the side of an employee too.

References

Blegan, M. A. (1993). Nurses' job satisfaction: A meta-analysis of related variables. *Research in Nursing & Health*, *42*, 36-41.

Cavanagh, S. J. (1992). Job satisfaction of nursing staff working in hospitals. *Journal of Advanced Nursing*, 17 (6), 704-711.

Csanaky Gy. (1999). Szervezeti magatartást meghatározó tényezők az egészségügyben. *Kórház*, 6 (2), 22-31.

Fenwick, R., & Tausig, M. (1994). The macroeconomic context of job stress. *Journal of Health Social Behavior*, *35*, 266-282.

Kopp M. (Ed.) (2008). *Magyar lelkiállapot 2008: Esélyerősítés és életminőség a mai magyar társadalomban*. Budapest: Semmelweis.

Kopp M., Kovács M. (Eds.) (2006). *A magyar népesség életminősége az ezredfordulón*. Budapest: Semmelweis.

Kopp M. (2005). Egészséglélektan. In Kopp M., & Berghammer R. (Eds.), *Orvosi Pszichológia* (pp. 280-321). Budapest: Medicina.

- Leppanen, R. A., & Olkinoura, M. D. (1987). Psychological stress experienced by health care personnel. *Scandinavian Journal of Work, Environment & Health*, 13 (1), 1-8.
- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- McDaniel, C., & Stumpf, L. (1993). Organizational culture: Implications for nursing service. *Journal of Nursing Administration*, *23* (4), 54-60.
- McManus, I. C., Winder, B. C., & Gordon, D. (2002). The causal links between stress and burnout in a longitudinal study of UK doctors. *Lancet*, 359, 2089-2090.
- Oehler, J. M., Davidson, M. G., Starr, L. E., & Lee, D. A. (1991) Burnout, job stress, anxiety and percieved support in neonatal nurses. *Heart Lung*, *20* (5), 500-505.
- Pikó B, & Piczil M. (1998). Az elégedettség és elégedetlenség szociológiai vizsgálata a nővéri hivatásban. *Lege Artis Medicinae*, 8 (10), 728-734.
- Pikó B. (1999). Körkép a Csongrád megyei nővérek társadalmi helyzetéről és hivatásuk szakmai presztízsének megítéléséről. *Egészségügyi Gazdasági Szemle*, *37* (1), 79-89.
- Pinikahana, J., & Happel, B. (2004). Stress, burnout and job satisfaction in rural psychiatric nurses: A Victorian study. *Australian Journal of Rural Health*, 12 (3), 120-125.
- Small, E. (1995). Valuing the unseen emotional labour of nursing. *Nursing Times*, *91* (26), 40-41.
- Stauder A. (2007). Stressz és stresszkezelés. In Kállai J., Varga J., & Oláh A. (Eds.), *Egészségpszichológia a gyakorlatban* (pp. 153-176). Budapest: Medicina.
- Szabó N., Szabó G., & Hegedűs K. (2008). Interdiszciplinaritás, munkahelyi stressz, holisztikus szemléletű ellátás. *Lege Artis Medicinae*, 18 (3), 243-249.
- Tumulty, G., Jernigan, I. E., & Kohut, G. F. (1994). The impact of perceived work environment on job satisfaction of hospital staff nurses. *Applied Nursing Research*, 7(2), 84-90.
- Wheeler, H., & Riding, R. (1994). Occupational stress in general nurses and midwives. *British Journal of Nursing*, *3* (10), 527-534.