

The Impact of Work Pressures on the Health and Well-being of Healthcare Workers

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ABSTRACT

If you walk through a health service in any developed country, and probably those in any developing country also, you are likely to hear the staff and the public expressing their concerns about the stresses and strains of the service. The health service, it seems, has become a hotbed of complaints about difficult and demanding conditions. The management of the health service is also distressed. The health service is an immensely expensive operation and the costs are increasing. Furthermore, the budget is a straightjacket that is ever tightening. Not only do more and more people need the services but, as our ability to provide new treatments increases, the range of services expands and with it the demand for more resources. The government has concerns about the health service as part of its general concern about the need to limit public expenditure. In the last few budgets, the social security bill—much of it goes into the health service—or related costs have been major items for public spending reductions.

It is most unwise to speculate on the future of the health service. One trend is for certain jobs to be replaced by a new cadre of workers who have cheaper skills. Another trend may be for some services to be delivered in the public and others in the private sector but with much more patient power. The danger is that the mixed economy of health care delivering a global service fails to give enough priority to the people who deliver the service. Their reward, especially in psychological and emotional suffering, can be high. Burnt-out carers are no good to anyone, and if the service fails in meeting the needs of the carers we all suffer. Methods: This study involved a comprehensive process to develop a mapping document linking potential work-related risk factors in the healthcare industry to targeted outcomes. A health and safety consultant conducted seven focus groups across four selected healthcare-

related industries with important stakeholders. The focus groups allowed for discussions and agreement, on the part of this diverse group, of any potential relationships that exist between work-related risk factors and targeted outcomes. The structured qualitative research method aided in organically expanding the range of possible risk factor and outcome combinations. Conclusion: In conclusion, work pressures related to the demands of the job and the wider impact of these demands on health and well-being cannot be underestimated and should feature highly on the agenda for healthcare workers and their employers. Addressing this issue will mean safeguarding the best possible health of these workers and the services to those seeking care, as well as the financial pressures on the healthcare budget. Promoting worker well-being in terms of physical and psychological health and social well-being can be achieved through addressing the many work pressures faced by workers in health, which would ultimately lead to successful outcomes reflected in effective work performance and high quality of care for the patient. These include training and support in coping mechanisms for dealing with emotionally draining work, staff becoming resilient and able to deal with feelings of frustration, powerlessness, and hopelessness in relation to the patients, and increasing available resources. Furthermore, the general culture among healthcare managers and professionals needs to be one that positively reinforces and rewards effort, seeks commitment, acts on feedback, and readily shares knowledge and skills with other workers inside and outside of their organization, making it an environment that represents a compassionate approach.

KEYWORDS: work pressures, well-being, healthcare.

1. Introduction

In recent years, there has been a steadily growing interest in the impact of work-related stress and psychosocial risk factors on the health and well-being of employees in the healthcare sector. Work pressure has been defined as the felt difference between workload and control and is associated with both increased levels of work-related stress, sickness absence, job dissatisfaction, burnout, and other forms of distress, as well as physical injury, accidents, and mental injury. Increased work pressure has been demonstrated to increase the rate of patient safety incidents. Staff well-being is an important consideration in the face of national and international data figures showing that healthcare workers are reporting high symptom levels of common mental health disorders over the last few decades and that they have higher levels of sickness absence compared to employees in other sectors. Shift work, heavy workload, emotional conflict, the need to suppress emotions, aggression, and violence from clients have a particularly strong impact on employee well-being in the healthcare industry. Healthcare employees also report feelings of depersonalization, emotional exhaustion, and decreased levels of personal accomplishment. The latter three factors are signs of compassion fatigue. Alongside compassion fatigue can come stress, mental injury, or burnout, while the former is a coping mechanism to prevent these measures. As experienced employee burnout, compassion fatigue, and disengagement are expected to produce potential negative effects on patient care, it is important to understand the sources of these problems

and implement strategies to prevent them from occurring. The number of healthcare workers experiencing fatigue and disengagement has been linked to staff turnover, which may lead to higher recruitment and training costs, a heavy workload for remaining staff, and a potential increased rate of patient safety incidents. Staff working in healthcare have reported limited work-life balance and lengthy working hours, all of which can impact work performance. Staff well-being has a direct effect on the healthcare system and the quality of patient care provided. The healthcare industry must look towards implementing interventions to reduce healthcare worker illness and absenteeism. These interventions are set to have benefits for both individual employees as well as the system as a whole with the long-term positive benefits of reduced job turnover and increased levels of job performance and job satisfaction.

2. Understanding Work Pressures in Healthcare Settings

Pressure refers to stressors born primarily of the quantity of work. It can be caused by staffing shortages, heavy workloads, and time pressures to complete tasks. Work overload affects healthcare employees in several ways. Given the need to, at all times and under all conditions, deliver perfect, mistake-free care, employees are very sensitive to additional workload demands. They report that they cannot keep up with their work, with the tasks adding up faster than they can complete them. As well, they feel burdened by working too hard and have a growing sense of inability to do more. There is concern that staff, being asked to "do too much in a day," may be providing stressful care filled with mistakes, rather than the high-quality or person-focused care the organization hopes to deliver. With the need to rely on staff to help ensure that they are protected, kept safe, and provided with the knowledge and tools to reduce risks, work demands are antithetical to creating a protective environment for good care and safety.

One of the most prevalent forms of occupational stress in healthcare workers involves the effects of work overload as a result of staff shortages resulting from inadequate nurse staffing levels. Staffing levels of registered nurses have emerged as the single most important professional nurse variable that influences patient outcomes and safety in acute care hospitals. High patient-to-nurse ratios and insufficient nurse staffing have clear implications for nurse exposure to work overload and, in turn, physical and emotional adverse effects. The quality of patient care is particularly vulnerable in the presence of these work pressures. Not only does work overload contribute to insufficient staffing levels, but also high staff turnover. Unfortunately, high levels of staff turnover themselves contribute to the existence of chronic staff shortages.

2.1. Types of Work Pressures

The most 'pressured' working environments are those involving healthcare staff. The onset of stress in healthcare workplaces, associated with workload and resource issues, may result in the turnover of valuable resources. However, the productivity and healthy contribution of workers are crucially important, also for the entire health and quality of the patients in the care situation. To obtain insight into the impact of

the levels of work pressure on different groups of healthcare workers, information about the factors contributing to the onset of stress and burnout is needed. A recent search regarding the concepts of 'work pressure' resulted in distinctions in concepts about work pressure which are of value to handle questions and problems resulting from high levels of work pressure in healthcare work environments. Examples of different types of work pressure are emotional dissonance, ethical issues, overcommitment, time pressure, and peer pressure.

Emotional Dissonance. The concept of 'emotional dissonance' is defined as the requirements from organization-directed emotions to exceed the requirements of naturally felt emotions. Emotional labor is the 'effort that workers in personal service work have to do to display appropriate emotions in their job and be able to express genuine emotions in order to adequately respond to a customer's request.' In healthcare work, emotional labor involves the personal handling of emotionally charged issues and the display of emotions. Emotional labor is required to perform the customer service function to present a public facade for a manicured representation of the organizational character which is soothing and joyful. In frontline work, such as in healthcare work, the requirement of emotional labor has constantly been connected to the frequency of patient interactions characterized by particular demands. Emotionally demanding healthcare professionals frequently have the experience of emotional dissonance. For example, hospital-based nursing staff tend to experience emotional dissonance in different degrees. Women dominate the group of healthcare workers; thus, it is important to realize the consequence of expressing and managing emotions, as females are more at ease than males.

3. Effects of Work Pressures on Healthcare Workers

Work pressures experienced in the healthcare industry have a significant effect on the health and well-being of workers. In recent decades, many studies have shown that the health and well-being of healthcare workers face serious risks, such as work-related stress, burnout, job dissatisfaction, increased absenteeism, work-family conflicts, dissonance, decreased psychological well-being, mental health, and physical health problems. Given that work pressure occurs in healthcare jobs and causes negative work outcomes, many studies have focused on the psychological and physiological mechanisms invoked or the protective factors promoted for healthcare employees to adapt to high work demands, such as work resources and job demands. High intellectual work, the emotional dissonance of the professionals involved in the professions, and job demands have prompted healthcare workers to interact with patients and their families. Work-family conflict expresses disputes, tensions, and negative emotions toward the interface between two domains.

With the advent of the concept of work pressure, a surge in research on work pressure has emerged. However, the research has shown that there are still a large number of healthcare professionals who are experiencing and being constantly affected by adverse stressors. The healthcare industry is considered a symbolic knowledge occupation and an emotional work environment. The workplace pressure of healthcare workers mainly comes from complex communication and contact with patients, their family members, and colleagues. In reality, healthcare workers are

increasingly unable and often need to function in the situation of demand for care and compassion despite scarce resources of time and skills. Frustration, leading to patient dissatisfaction, has become increasingly important with economic austerity. Therefore, this has led to a consistent increase in pressure, as well as in the occurrence of chronic stress in healthcare workers.

3.1. Physical Health

The health impacts of work pressures are well documented and have been a major focus for researchers as well as practitioners in the field of occupational health. There is now an extensive body of evidence that shows work can have an adverse impact on workers' physical health. The converse is also true: ill health among employees and occupational diseases can have major social and financial consequences for the enterprise and can lead to absenteeism, productivity losses, early retirement, and an increase in the number of disabilities. Work-related accidents are an extension of work pressures and include those that take place at workplaces outside of an individual's home. (Oakman et al.2020)(Sudjono, 2022)(Abbas et al.2022)(Yu et al.2021)

Work-related accidents can be defined as accidents occurring at work that lead to physical or psychological injury. These come in two main forms: traumatic accidents caused by slips, trips, and falls, handling machinery, lifting heavy objects, and burns, or chronic accidents caused by, for example, exposure to dangerous substances, hazardous manual handling, and noise or vibrations from the use of machinery. These can result in peripheral nerve problems leading to tingling, numbness, or loss of strength, as well as more general complaints about physical health.

3.2. Mental Health

Workplace stress may contribute to the development of mental health problems. Colleague or line management support can make a difference to a healthcare worker's mental health. A cohort study assessed the association of low decision latitude job stress with depression among medical and surgical house officers and registrars working in teaching hospitals. Shift work, long hours of work, and higher nighttime temperatures were significant risk factors for doctors' depression. Moderate to severe depression was twice as common among registrars and house officers as among the general community. These young male and female doctors had significant levels of self-diagnosed depressive symptoms and alcohol-related problems. The nature of in-patient nurses' emotional labor in acute psychiatric care involved situational coping with patient aggression and threats during unpredictable, short episodes. This mode of emotional work, with an absence of routine contact with patients, may be more stressful and provide fewer opportunities for staff support than the type of emotional labor reported in general nursing.

It was found that between 20% and 50% of healthcare workers suffer from some severe emotional stress, while an estimated 50% of health personnel are exposed to work-related stress, and only 5–9% appear to be uninvolved in it. A variety of causes and effects determine severe burnout in health professionals. The numerous stress factors reported clearly reveal a complicated relationship between the caregiver and the job and provide an extensive view of dangerous issues related to work-related

stress. The occupational factors significantly associated with positive attitudes were: perception of the work environment that values efforts in the management procedures for the elderly and that care plans are based on the best professional judgment, excellent cooperation with colleagues, admiration by the patient, and the possibility of working in most departments. The results indicate that doctors, nurses, and caregivers who are more gratified by their job also reported better mental health.

4. Strategies for Mitigating Work Pressures

Strategies for addressing and mitigating a range of workplace pressures and work organization challenges have been identified across the social, occupational health, and health services literature. In particular, the central role of improvement interventions addressing the wider organizational system within which employees are working is a central theme of current approaches developed to support healthcare. Ensuring effective feedback loops between demand and capacity across the healthcare provision system, adequate resourcing decisions concerning staffing and working time management, and the development of supportive supervisory and teamwork styles have formed the core elements of successful work, stress, and mental health interventions. Within healthcare settings, some teams are reporting particularly high work pressures, with increased illness absence and turnover. A wide range of strategies for addressing these issues have been reported, many of which fall into the following key areas: changes to the working environment, managing the implications of change, professional and personal development of staff, development and leadership of healthcare teams, supportive human resources management, job or team modification, and specific psychological interventions. Dimensions of the impact of work pressure on healthcare providers.

Developing and enhancing healthcare provider training and education concerning resilience and clinical decision-making will be beneficial in preparing future healthcare workers for the anticipated workplace pressures. Strategies to increase the resilience or self-efficacy of employees have been widely recommended in relation to work pressures in both ongoing development and future education, and development programs that strengthen and enhance active problem-solving processes and coping strategies have been shown to play a key role in the reduction of stressors and improvement of both task and role stressors in a wide range of human services sectors, including those who work in particularly demanding industries such as firefighters and police. In research on employee resilience in acute healthcare, it has been shown that those who received psychological training to support the development of resilience maintained significantly higher levels of job-related well-being than those who did not receive the training, and importantly, this benefit was maintained up to a year post-intervention. (Townesley et al., 2023)(Bogaerts et al.2021)(Golparvar and Parsakia2023)(Schneider et al.2022)

4.1. Organizational Interventions

Addressing the work environment and organizational factors becomes fundamental, especially in providing a sustainable method of maintaining healthcare workers' health and well-being in the workplace. Interventions focused on job demands and

the working environment, targeted at reducing adverse effects at the source, should include elements such as a fair workload and shift system, as well as managing and reducing emotional load experienced. Different national approaches have been developed to combat the effects of work-related stress. It is emphasized that the significance of adopting targeted activities that involve both individual and organization-level preventive interventions. This paper shows that the outcome of an organizational and integrated approach may positively affect the relations between stressful conditions and the well-being and performance of healthcare activities, also using company data for public accreditation purposes. Ensuring good working conditions and job quality is essential. In recent years, public service workers have faced a series of attacks on essential rights such as pay, conditions of service, and job security. Research shows that motivation decreases when employees perceive their employer as unfair or lacking adequate management skills.

4.2. Individual Coping Mechanisms

Health workers use a range of strategies to meet the demands of their jobs. Salient examples include support from peers and employers, developing good self and time management skills, maintaining good health through regular exercise and other healthy lifestyle habits, setting clear boundaries relating to work and personal life, participating in hobbies and leisure activities, and for some employees, circulating between part-time and permanent roles to reduce workload associated with shift work and working with critical or vulnerable patients. Culturally competent health organizations based on humanistic practices are considered the most desirable, as they can create healthy organizational systems. Using humor has been found to be an effective way to reduce stress and burnout, despite the fact that health professionals have difficulty using it due to the nature of their profession.

Having a "best friend" at work is considered a variable that has a positive effect on overall burnout, depersonalization, and personal accomplishment. A study compared different professional categories in relation to coping mechanisms with stress and concluded that doctors and paramedical assistants are more interested in using medication to deal with stress, while nurses are more likely to talk to friends and seek help from religion. The use of psychoactive drugs does not reflect the need to seek professional help when the situation is related to levels of stress that can lead to burnout. Finally, in a systematic review on shifting work, the outcomes show that the results obtained in the analyzed articles revealed that the 12-hour shift work system had a positive impact, although some workers reported stress and difficulties associated with the workload.

5. Conclusion and Future Directions

To conclude, working in healthcare is becoming increasingly challenging due to the rising and rapidly changing demand for healthcare, caused by factors including the aging global population, advances in medical care, and more healthcare being delivered at home, which need to be balanced with the need to develop sustainable workforce models for the future. Employees are the most valuable resource in the healthcare industry, especially because they deliver the care that impacts the health

of their patients. Many healthcare employees face high levels of intrinsic motivation and commitment, despite the increased burdens and growing complexity of their work. However, these paradoxically high levels of motivation can lead to employees ignoring their health and personal well-being. Although unhealthy workplaces are not unique to the healthcare sector, this sector has some specific features that reinforce this paradox, leading to conflicting results in the research.

To better understand the relationship between the increasing work demands of healthcare employees and their health and well-being, this research provided an analysis of their efforts on the mental and physical health of professionals in the healthcare industry and the mediating role of production, consumption, and investment. Furthermore, different results for separate professional healthcare groups were found. The findings underlined the importance of considering positions and individual differences in the analysis of the impact of work pressures on the health of employees. Although some employee groups do not face additional health effects, important production-driven regulatory roles are identified, leading to implications for human resource management. This research contributes to the paradoxical perspective and has practical implications for promoting well-being at work for professionals active in the healthcare industry. It is necessary that the identified potential differences in the relationships will be explored in future research in healthcare settings in depth. Future research should focus on the positive aspects of health, such as mental and physical well-being as key indicators. Moreover, research should identify solutions to manage work pressures and cope with management.

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