

## The Work Environment of Hospitals and the Difficulty of Dealing with Patients and Its Reflection on the Psychology of Hospital Workers

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### ABSTRACT

**Introduction:** Hospitals and other healthcare settings represent very intricate and complicated spaces that simultaneously serve as locations to treat sick or injured patients while also functioning as work environments for medical staff, hospital employees, and visitors among many other essential roles. The intricate combination of factors such as cleanliness, design, lighting, noise levels, temperature variations, and odors contribute significantly to the overall hospital physical environment (HPE) present in these healthcare settings. These various components can exert either positive or negative influences on psychological outcomes and the mental well-being of the individuals working within healthcare environments, with the final effects often depending on aspects like the type of hospital involved, personal characteristics and traits of the individuals, along with the specific medical specialty's particular requirements. For instance, inadequate control of noise levels and temperature settings can play a substantial role in influencing patient healing rates and overall moods. Furthermore, the physical environmental conditions can have a profound impact on healthcare providers themselves, as challenges such as persistent noise in the workplace can lead to emotional distress, complications in effectively monitoring patients, and an increase in unsafe actions, all of which can adversely affect job satisfaction among healthcare staff. This intricate interplay makes the field of HPE extraordinarily important and multifaceted, underlining its implications for enhancing staff well-being, and ultimately leading to improved workplace conditions that contribute to better patient care outcomes.

**Methods:** Labour conditions in hospitals are well known to be one of the most stressful work environments. Nonetheless, work environment studies are still in their early stages, especially studies on the impact of the hospital work environment on workers' mental health. This study measures the relationships between the hospital work environment and workers' mental health. We focus on collective working conditions and analyze not only the objective work environment but also the subjective work environment, using workers' well-being perception and giving special attention to the organization of work. We define the hospital work environment through four concepts: work content, work context, workload, and spillover, and we consider the interrelationship between work and non-work life. We try to answer if collective working conditions are important determinants of hospital health workers' well-being, job perception, satisfaction, fatigue, and self-reported mental health. The social desirability perception of a health worker is obtained and disentangled from real collective working conditions.

**Conclusion:** The impact of hospital work environments on healthcare workers has been explored in this study. The results obtained were the result of a combination of the social exchange and the job demand-control models. It shows that stressors and job strain are associated with psychological outcomes, such as burnout, depression, and psychological distress. When workplace support, time control, and decision control do not buffer the effect of high demand, interaction job strain occurs. The psychological impacts on healthcare workers are largely due to the work content and the work context. These findings suggest that improvements in the work content and the work context of healthcare workers, which are largely determined by the work conditions, not only can improve

job satisfaction, psychological well-being, and health of healthcare workers, but also can contribute to addressing acute issues, like the shortage of healthcare workers, and chronic issues, such as healthcare quality and safety. In conclusion, health policy developers and healthcare management professionals need to pay more attention to the health and well-being of healthcare workers. They should take into consideration the needs and wishes of healthcare workers. Since improving the work environment, which is largely determined by the work conditions, is costly, it may not only be possible to reduce the costs of poor health, such as absenteeism, turnover, and presenteeism, by investing in the work content and the work context of healthcare employees, but by providing a healthy work environment, hospital performance in the broadest sense also improves.

### 1.1. Background and Context

The evolution of healthcare settings, from sterile medical staff-dominated spaces to current patient-centered sanctuaries, is part of wider social transformation towards experiential and service-free time. Beyond this change, new risks and hazards for healthcare staff appeared, coming from both emerging infections and an increasing number of disabled patients with difficulties in controlling their impulsive aggressions. Such patients frequently recognize their delusional nature and trigger suicidal attempts; hospital emergency departments are usually the scene of consequential ultimatums and self-harm gestures. Working in emergency departments (ED) requires the ability to cope with agitative and manipulative behaviors, added to the management of clinical urgencies. Since a significant amount of time is spent in close physical contact with patients, daily exposure to life-threatening violent events becomes screwing and stressful. Understanding these factors and their psychological implications is the prerequisite to planning and effectively implementing preventive and supportive programs (Lupo et al., 2021). To work is stress, job is synonymous with effort, work is a social, family, and cultural duty; people are paid in exchange for their job, so they should bear what is indigestible and thank their company. This widespread frame of mind, historically rooted to the twentieth century welfare state, did not slacken with the arrival of the post-industrial society. However, employees have been struck by an increasing number of occupational disorders, and some tiresome activities began to emerge. Following Freudenberger's first report, job burnout was individually experienced and observed among peers. Such observation created the opportunity for the concept to be collectively defined. Known as "brownout", it was early identified as a unique form of stress illness, clearly distinguishable from depression and anxiety.

### 1.2. Purpose of the Study

As healthcare systems strive to offer care of high quality, healthcare organizations in developing nations like El Salvador must address the linked issue of the psychological well-being of their tens of thousands of professionals. To do that, realistically, they also need to address the topic of the nature and quality of those professionals' work environments. This study reports on efforts to evaluate the work environment found in 18 large, public hospitals in El Salvador, as assessed by 1,153 individuals employed full-time in those hospitals. The vast majority of those employees are practicing health professionals, in a range of professions. The work environment assessment combines 6 specific aspects of healthcare work environments, exploring a possible relationship between the assessment of the work environment and professionals' mental health measured as a combination of anxiety, depression, and stress. Here and throughout, "mental health" will be used as shorthand to refer to that particular dependent variable. The assessment of the work environment was adapted to the context of a middle-income country and is, we believe, the first such evaluation of the work environment in hospital settings. The data were collected in the context of a large and complex doctoral project and prospective cross-sectional study that anticipated conducting the research largely through collaboration between two doctoral students. As will become clear, this plan did not come to fruition, raising challenges.

### 1.3. Scope and Significance

The hospital work environment includes several aspects, such as workload and competency, solidarity among colleagues, work environment and resource, incivility behaviour by patient/ patient family, multidimensional care and communication, passion in work, training suitability, management, and compensation. This study tends to examine how these aspects affect the psychology of healthcare workers. The healthcare workers consist of doctor, nurse, and pharmacist. What they carry out, how they treat, and which condition be in at work arise different experiences and psychology. Thus, the phenomenon that each aspect brings about is explained and analyzed by the type of experience (doctor, nurse, pharmacist).

In addition, nurses and pharmacists, not just doctors, are also important to the hospital work environment. Referrals from pharmacists, nurses, and doctors, whose medical appointments were considered, were found to be similar. However, services such as clear instruction and listening communication have been different. In a different service or job, there is the possibility of having different experiences. They have different experiences when they treat the same patient regardless of the patient's medical appointment. On the other hand, the patient is different, but it also brings different experiences to the doctor, nurse, pharmacist, depending on the kind of treatment (surgery, medicine, physical therapy). It's like and dislike, where and by whom the service is good,

where and why it is bad. Because of such things, it is difficult to say that the experience felt by the patient he or she meets is common and equal to the doctor, nurse, and pharmacist (Lupo et al., 2021).

## **2. Understanding Hospital Work Environment**

Healthcare facilities are unique work environments that require attention to a combination of components to ensure the health, safety, and wellbeing of staff as well as patients and visitors. There is interest in work environments and the related burnout levels felt by healthcare professionals. The hospital work environment is multi-faceted, encompassing the physical, social, and organizational aspects of the hospital facilities where healthcare is provided. The physical environment, including the design, layout, and functional aspects of hospitals, has been shown to greatly influence a myriad of outcomes, one of which is the psychological health of healthcare workers (Lupo et al., 2021).

The social hospital environment, including professional relationships among healthcare providers, the teamwork setting, and the relationships between healthcare workers with their managers, has been documented as a significant factor in staff morale, motivation, stress levels, turnover rates, and job satisfaction. Many of these outcomes are important for employee well-being, which in turn can be influential on the quality and safety of care provided. Finally, a hospital work environment is shaped by its organizational culture, or taken for granted as aspects of culture that influence the behavior and experiences of organizational members. This definition includes shared values, beliefs, expectations, and practices. An equivocation in the definition of culture among previous studies is that the hospital work environment is an essential part of organizational culture and serves as an important socializing agent to healthcare professionals. By delving into these multifaceted organizational qualities that shape healthcare worker experiences, there is a better opportunity to assess their positive and negative impacts. As the front-line of the healthcare provider industry, a supportive hospital work environment is vital to face the burden of the workload and maintain good psychological well-being. There are not many academic reports about the hospital working environment and the related psychological well-being of the staff. With a tight background in nursing, the distressing working conditions faced by healthcare staff during this pandemic contribute to the interest in this topic.

### **2.1. Physical Environment**

The physical environment is composed of the tangible aspects of the location in which you are interacting: the county, the city, the weather, the room's heater and lighting, the constellation of surfaces that let noise bounce, etc. The physical hospital environment and its characteristics that have an impact on healthcare staff are different based on the role of the staff. It is a widely accepted notion that the physical environment significantly affects healthcare providers' performance. Therefore, a well-formulated physical environment causes staff to work more efficiently. This issue is of critical importance in hospital areas where efficiency is more sensitive and often vital. In most hospital intensive care units (ICUs), the importance of the physical environment is better understood. An increased number of studies have been carried out to determine how the physical environment affects not only patients but also health personnel. Physical environment ergonomics is also effective in reducing stress levels in health personnel. For this purpose, the physical environment of nursing stations of the ICUs in two public hospitals and the rooms of nurses in these service units were evaluated. Comparisons were made on the sufficiency of the workspace, cleanliness level, accessibility of the necessary equipment, staff satisfaction with their own work area, and their thoughts about the ventilation sufficiency of the work area (Lupo et al., 2021). In physical terms, the healthcare environment refers to the layout, the building design elements, and the facilities available inside. The first two influence teamwork and communication between workers and therefore patient safety. The hospital's facilities are also relevant for the psychology of the workers. In particular, the space adequacy and the organization of the facilities can be crucial for staff fatigue and frustration. Satisfaction with the physical environment represents an important indicator of the performance and well-being of employees. Environmental factors, such as the noise level, the temperature, and the spatial design of the work setting, as well as the quality of the working station, are crucial determinants of the performance and well-being of workers (Petigrow, 2017). In addition to environmental factors, the physical health of workers is also affected by physical factors, mental factors, and social factors. However, concerns regarding the mental well-being of healthcare workers, the poor conditions of the hospital settings and the left facilities have emerged following interviews with a speech therapist and a clinical physiologist. Given the critical role that healthcare providers play in the emergency settings, it is imperative to investigate the association between the hospital layout and work-related stress issues to foster the implementation of changes that better support staff interactions and enhanced working conditions.

### **2.2. Social Environment**

The environment is above all social because it is the place of all contacts one has been able to have during one's life. The public hospital, because of its statutory vocation and the specific nature of its activities, constitutes an environment par excellence characterized by its social hell (Roland-Lévy et al., 2014). A reflection is thus

undertaken whereby the hospital is considered not only as a place of transport of the sick, but also from the point of view of movement of the sick within its interior and architecture. Those who are at the confluence of these two worlds and participate somewhat in their organization, are the hospital orderlies. Regarding social aggression rather than physical aggression, only one study discusses it, specifying that this concerns essentially patients with pain and the physically confined sick. The hospital orderlies are exposed to malignant, aggressive, or vulnerable patients. When he is involved in the care, he will self-control to better support this violence. The more the actors spend time in the narrow parts, the more the contact is permanent. Until the Second World War, the only hospital staff are orderlies. All of the orderlies are born in and after 1925, that is, after the beginning of the hospital reform of 1924. Thus, the representation of the hospital that emerges from the narratives seems molded by the progressive alienation of all the actors within huge hospital structures (Wei et al., 2018). The bracelets of the patients emitted a jingling sound that evokes a universe of deterioration. The "hospital" smell takes on an homophobic and disgusting connotation. Assistance in corridors or litters is frequent and reveals the heavy nature of the movement of these big hospitals.

### 2.3. Organizational Culture

Organizations work for society but they need human resources to achieve this goal; employees are an integral part of the Organization. Clinics and hospitals exist for the provision of health services to society (Iafi Almutairi et al., 2022). Where a hospital is run in an ethical manner, there is an organizational culture that serves to optimize employee comfort in order to provide better health services. Organizational culture is a collective value, belief, and practice that forms the basis of the work climate of the Organization, and it consists of deeply ingrained norms that have a significant impact on employee behavior. The job satisfaction and performance level of healthcare professionals working in organizations are affected by various ingredients of organizational culture.

The mission, vision, and priorities of the Organization which provide a base for the team's operation, have an important effect on the development of the Organization and the quality of the services provided. The performance level of healthcare professionals working in Organization is significantly influenced by organizational culture that reflects that Services provided to both staff and clients can be well performed by focusing on the organizational culture.

Respect and recognition cultures in facilities that promote positive interpersonal relationships, allow workers to receive justification and praise, have been found to provide empowerment and performance for workers. Thus, workers are found to be more independent in their work. Recognition and respect culture is a trend that influences employee performance positively. Toxic organizational cultures have been found to promote turnover intention rates of employees and burnout potential. Toxic cultures victimize healthcare professionals, causing them to become desensitized and affecting the services they provide.

The fact that the leadership in the Organization performs any practices it has committed to and remains loyal to them is a reflection of the adherence of the organization to these commitments. The leadership has an important responsibility in maintaining a culture that will enable a positive work environment and high service quality in the Organization. This is one of the reasons why many researchers mentioned understanding and shaping organizational culture. Healthcare services are personnel-intensive services in which health professionals interact intensively with patients. Therefore, it is important to make health professionals happy in order to provide high-quality patient care. Thus, it is important for an Organization to adopt a culture that promotes happiness. Promoting a by-nature happiness-producing system should even be one of the design criteria of the system to be built. Policymakers should ensure that the organization adopts a culture that promotes happiness and well-being rather than one that promotes stress. Otherwise, a system that will contribute to the prevalence of harmful phenomena such as burnout may be built.

### 3. Challenges Faced by Hospital Workers

Complex traumatic care settings lead hospital workers to face numerous challenges, thereby contributing to their psychological deterioration (Barros et al., 2022). Hospital workers who deal with the physical and psychological shortcomings of the patients, complex treatments, and care requirements intended for patients often face serious issues, such as difficulty adhering to the requirements of human rights when necessary, encountering physical violence and curse of patients and their relatives, strong misunderstanding, and an inadequate reaction to their kinds of help, which can develop into trauma. Indeed, hospital workers have to fulfill their common requirements that require significant physical and emotional labor, but they should also respond instantly to the state of patients with serious intuitive accuracy. Besides this, they are expected to experience a more emotional and respectful perspective as if it truly comes out of the heart as it comes to solving ethical and moral problems. In other expressions, they need to give an emotional reaction that opponent. Feeling or showed with great sensitivity and intensity. This kind of labor is a double-edged sword with psychological challenges since those patients do not make more mistakes due to their usually accidental sickness, only without creating "meaning". Among those who criticize the commercialization of healthcare, emotional labor is determined, and the term

"empathy" occupies the practiced position. Empathy is the ability to perceive and grasp emotions by imagining oneself in the place of another and realizing that the individual is in a situation parallel to themselves, and this also appears in translation from English based on the concept of empathy in the original source. The fact that the term empathy and paraphrase is not frequently encountered in dictionaries, glossaries or thesauruses, on the other hand, is an additional excuse that Bosnia and Herzegovina seek distance from the practices of developed capitalist countries. It indicates that it is intended to encourage. Nonetheless, in its own way, the description of clichés such as "presence", "understanding", "sensitivity" in the elaboration of empathy in the original English text is problematic. Always get a smiley face (however forced) given to a grieving and spiteful mother in the relatives' guarantee. Just laugh as the exposure to the violence intended, The requiring to respond gently in various forms immediately after the trauma-inducing accident.

### 3.1. Dealing with Difficult Patients

Fluctuation in the psychology of healthcare workers can affect their job performance as a whole. Workers who have this profession usually encounter patients who exhibit behavior that can develop their psychological disorder. One example of nursing staff is hospital nurses. There are several things that can outweigh on the psychology of hospital nurses. Prior to the COVID-19 pandemic, violence was one of the most common concerns of inpatient nurses. This concern has significantly increased in significance since the pandemic, and inpatient violence is linked to substantial threats to sustainability of hospital workers' health and safety. There are several reasons why hospital nurses who receive inpatient assault cases develop psychosis. One of the most basic reasons is the feeling of being abandoned. Hospital nurses have indicated that health workers cannot deal with violent patients because of the minimal cooperation and lack of support from the patient's administration. Other reasons are insufficient knowledge and skills regarding security and patient care, attributing inpatient violence to mental health patients' volatile behavior and hospital-delivered treatment, blaming aggressive patients, and inability to recognize and prevent physical and personality changes in the patient (Bellman et al., 2022). However, it is pointed out that inpatient violence should not develop only in terms of psychiatric nurses and hospitals. The capacity of private hospitals remains inadequate in the treatment of severe mental health conditions, and several private inpatient programs turn down challenging psychiatric cases. On the other hand, there is no option for community-based inpatient mental health facilities but to accept these patients. This raises concerns about how these problematic patients' access to mental health care services is influenced in underserved areas (Berlanda et al., 2019). Healthcare workers are acutely aware of the problem of boarding as more and more patients remain in the psychiatric ward of the emergency department. An increased prevalence of boarding can lead to a patient's HCAHPS score decreasing and, as a consequence, the nurse could experience threats of job termination, financial loss, and damage to the reputation of customer service.

### 3.2. Emotional Labor

Work in hospitals is results-oriented and stressful. From countless medical errors that may compromise patient well-being to workplace violence, healthcare workers are faced with major challenges every day. On top of that, they are required to perform emotional labor due to the interaction-heavy nature of the work. "Emotional labor involves both, surface acting and deep acting" (King Safo Lartey et al., 2020). Since hospital staff have considerable interaction with patients, family members of patients, health workers, vendors, and managers, they are frequently adopting the mask of the ideal worker as per emotional labor requirements.

Health workers interact with patients; therefore, they must suppress negative emotions while displaying largely socially accepted emotions. Not only do health workers need to suppress negative emotions to avoid unnecessary personal conflicts or misdiagnosis, but they need to provide patients with a sense of safety and security so that patients can trust them and comply with their cure in these emotionally heavy scenarios. Many times health workers feel unjustly criticized by fellow workers, but if they challenge them personal adversities may emerge. They also face problems in dealing with superiors and family members in patient care. Asked explicitly or implicitly, they should make sure to please these people, which is a double, or even a triple burden to carry. Simply put, emotional labor is masked work designed to help co-workers, patients, and superiors have harmonious relationships between different classes. To that end, professional identities are created and workers are asked to act in accordance with these identities.

### 3.3. Workload and Burnout

One of the risks associated with working in healthcare is the long hours and high demands experienced in this industry. Excessive workloads greatly increase the likelihood of adverse consequences and are regarded as a major occupational stressor for healthcare professionals. High demands and workloads can erode personal resources, leading to physical and emotional exhaustion. Among healthcare workers (HCWs), burnout is a commonly observed consequence of workload burden as it affects a sequential chain of cognitive, physiological and emotional disturbances as well as impairing the professional competence (Batanda, 2024). Three components of burnout have been identified as emotional exhaustion, depersonalization and a perceived lack of

personal accomplishment. Burnout is reported to negatively impact employee health in the form of chronic fatigue, irritability and increased anxiety which is not only bound to affect HCWs but patient outcomes as well (Dagar Maglalang et al., 2021).

The signs and symptoms of burnout can be pervasive and harmful to employees and the patient care quality. Smoldering under the surface, burnout has been linked to various physiological diseases as well as decreasing the immune system, effectively increasing risk of infections. Cognitive impairments such as short term memory difficulties have been commonly reported. It can also increase vulnerability to mental attritions like anxiety and depression which are closely linked with long working hours. To tackle the workload related distress, optimum staffing levels need to be maintained while prioritizing the workload in terms of its critical nature can be quite effective in managing better work-life balance. Distribution of the workload should be regarded as prime importance; to sustaining workload equity allocation of duties must be done carefully to ensure that workload is balanced effectively. This is easier said than done though; careful consideration is required to effectively balance the workload as it is a double-edged sword. An equitable distribution although key to reducing stress and burnout, can be challenging due to insufficient staffing. Further, a change in the circumstances such as illness and absenteeism of other healthcare workers may void all the prior efforts. Recognizing that work environment is fast-paced and high-stress more effective strategies to improve self-care of seemingly overlooked HCWs need to be implemented. Mutual support among the work environment and compassion felt by leadership and managerial level workers can go a long way in easing the healthcare work environment. On the organizational level, it is important for a team leader or a higher rank authority to recognize the signs of burnout among its members and take the appropriate actions swiftly; as addressing burnout will lead to more satisfying work environment, more effective job performance and beneficial for the patient outcome in the long run.

#### **4. Psychological Effects on Hospital Workers**

The work in a hospital environment is challenging and involves high stress levels. The psychological repercussions of these work environments to healthcare workers and the likely causes are explained here. There are commonly mental health issues such as stress and anxiety due to the demanding work conditions at the clinical setting (Barros et al., 2022). Healthcare workers have to perform their job efficiently, within over pitched hours and often under high pressure or poor physical conditions, in a work environment where suffering and death are publicly exposed. In addition, they are concerned with the physical and psychological aspects of their patients, so the intensity of work often creates personal and professional embarrassment. High levels of stress and anxiety among hospital workers who encountered newly confirmed COVID-19 cases diagnosed and advised to hospitalize or transfer to other designated wards. There is a high prevalence of compassion fatigue, a condition where caregivers become emotionally drained from extended exposure to suffering, leaving them unable to provide any sort of empathic, constructive support to their patients. Literature also reports there is a high prevalence of moral distress among healthcare professionals due to the fact that they sometimes face ethical dilemmas which are incompatible with their moral views, yet are compelled to act accordingly. Moral distress is found to generate frustration and inner conflict, contributing to emotional fatigue and to a negative view of healthcare scenarios. Both situations are liable to deteriorate the quality of the healthcare being offered, not just fostering hostile work scenarios but also exposing the patients to worse conditions. Given this, the importance of monitoring and actively intervening in facing these psychological choruses inside healthcare institutions cannot be stressed enough. There is a necessity for comprehensive mental health support within healthcare environments, including individual care for professionals, constant blameless for care practices, companionship, and professional support programs for both collective and units, which may encourage exchanges, discussions and preventive interventions. The pressing need to address them as a means to develop a better overall environment both for workers and for patient care is underlined.

##### **4.1. Stress and Anxiety**

Healthcare worker's work pressures can sometimes lead to symptoms of physical and mental conditions. One of the most common is stress. Most people have known stress at some point in life, ranging from very mild to severe. Stress is deemed to be a response observed wherever individuals are exposed to tasks, duties, and social settings that they consider difficult to manage or where the expectations perceived are not satisfied. When an incidence evolves into frequent and chronic events, this can lead to a stress reaction, ultimately resulting in the chronic stress illness.

Loss of coping skills in hard conditions raises the likelihood of medical workers developing chronic anxiety disorders. Both fear and stress responses occur in healthcare professionals. This can range from 18% to 67%, with a later response to horizontal sources. Moving concerning the aggravating pressure of medical security and high-risk status. There are a number of problems, including difficulties, expectations, and coercions from colleagues. The workplace design, atmosphere, and mood, the standard operation procedures, and the obstructive actions started by the bystander are added to the stressors that are encountered for patient handling.

The facts demonstrate the aspiration to hasten the handling and perform the next job on the part of the interviewer, to compromise an important aspect of the handling operation, and to overreach the departmental principles. Long-term pressure may lead to HW awakening with worry and concern during the night. In this specific group, the average hours of patients managed are increased in comparison with the remaining groups. They must take on the additional workload than deal with the COVID-19 patient. On the sanction side, HWCC seems to have reduced the feasibility of contact. DHCO sidesteps responsibility at work. A medico-legal task was even discovered. Here, though, we don't blame a single individual. So it's hard for staff to spot, especially CBA. Recipients can complain or report umbrage on how the company is being managed. The reality of the resulting skirmish can be quite serious. It is critical to start intruded feelings in any disorder. Early attention and administration by managers through a counseling organization can be important in circumvention. A number of successful strategies were created in order to address these symptoms, including sauna, Chinese medication, relaxation treatment, and KMC therapy, alongside anxiety medications and cognitive behavior treatment.

#### 4.2. Compassion Fatigue

Compassion fatigue is a psychological response experienced by health-care workers when faced with patient suffering (Xie et al., 2020). It is a profound emotional drain that arrives from continuous exposure to the suffering of others. This section elucidates the concept of compassion fatigue and identifies the antecedents and emotional, psychological, spiritual, and professional attributes. It offers recommendations for addressing compassion fatigue throughout health professions.

The symptoms of compassion fatigue often mirror those of burnout; however, compassion fatigue is distinctly tied to the empathetic engagement at the core of nursing and allied health discourses (M. Chachula, 2022). Work-related stressors such as long hours, intense workloads, and high emotional involvement contribute to an emotional exhaustion characterized by feeling overwhelmed, depleted, fatigued, and unable to cope. Compassion fatigue is insidious in that initially, practitioners who care deeply for their patients can become less engaged and develop negative, unsympathetic attitudes. As a result, perseverance in caring to the utmost, even in the face of suffering and death, diminishes the healthcare worker's ability to provide effective patient care. Over time, these patterns dissipate and the healthcare worker becomes apathetic to therapeutic results or the emotional states of the patient. Moreover, this can inhibit the practitioner from engaging with new clients or adjusting patient care plans. There are a number of ensuing maladaptive behaviors: high rates of absenteeism, impaired attention to detail, being accident prone, and an increase in the number of missed appointments. There is also an increased risk for professional misconduct or patient care errors. Addiction and substance abuse are common and insomnia is rampant, as healthcare workers relive their experiences unable to rest or find relaxation. Dependency waxes and wanes throughout the development of compassion fatigue; increased substance use can lead to a compulsion to leave the field or withdrawal from therapeutic encounters altogether. Burnout rates in caregivers with compassion fatigue are high. Staff turnover due to compassion fatigue results in increased adverse health outcomes in clients due to a lack of consistency of care and a loss of rapport and trust. Societally, there is a loss in respect for the profession, as well as rising health care costs due to more frequent medical errors and malpractice suits. The behavior and care provided by healthcare workers suffering from compassion fatigue has been described as a "co-morbidity," worsening the prognosis for a patient. In sum, a crisis in compassion fatigue training would create a quasi-apocalyptic deleterious effect on the health care system. Thus, early installations of self-care and peer support would help to ameliorate not only the personal anguish of health professions students, but also the unfolding conditions for their future care recipients. Automated trainings in compassion fatigue maintenance and on qualitative reporting of maladaptive behaviors should be made more widely available throughout health education.

#### 4.3. Moral Distress

It is widely acknowledged that hospital work environment can have a profound impact on the psychological health of healthcare workers. One of the key factors affecting the psychology of healthcare workers is moral distress, which also has a negative effect on job performance. Moral distress is a complex issue caused by the discrepancy between the ideal professional ethical belief and the actual pathological limitation of institutional policy or circumstance. It refers to the internal turmoil that arises in healthcare workers when they are constrained by institutional policies or induced by other patients or family members to act in ways that are inconsistent with their professional, clinical, ethical beliefs (Silva, 2015). This turmoil leads to feelings of frustration, helplessness, and chronic dissatisfaction, facets of moral distress that are not only deeply rooted but also are highly prevalent. The reason why distress is complex is that it is a multifaceted and multi-level phenomenon that escapes individual analysis and easy definition. A clear and widely accepted definition of moral distress does not exist yet, but what is overlooked is the humanistic perspective the patients experience of ethics, precisely seen in front of the anguish of healthcare workers (Rego et al., 2022).

Moral distress refers to the inner conflict that results from the inability to carry out morally correct acts and behaviors due to external restraints operating mostly in the job environment. Since those restraints operate in a

routine life based on ethical dilemmas, moral distress has broader implications preventing the accommodation of morally desirable attitudes that healthcare workers might otherwise pursue. Building on this definition, a measure of moral distress could assess the frequency and the intensity of various situations that pose potential constraints to ethical practices. This would help improve respondents' understanding of the phenomenon they are called to narrate. Besides, such a monitoring tool could lead to more targeted preventive interventions that might address specific sources of institutional constraints to ethical behavior. But despite the increase in the literature on moral distress, the debate about its nature and on its prevention and removal is still open, hence revealing the need for more comprehensive studies. The consequence of moral distress is detrimental. It negatively influences mental health and performance at work, which is significant for healthcare workers in the clinical setting. However, healthcare workers have hardly been made aware of moral distress. In order to increase quality care for patients and prevent legal disputes, burnout, or turnover among them, moral distress should be more widely discussed and strategies to relieve it planned. Health institutions should make more effort to foster an ethical work environment. Proper prevention or adequate ways of dealing with moral distress are essential.

### **5. Strategies for Improving Hospital Work Environment**

Nurses and other healthcare workers have to provide holistic care under the cloud of continual stress, and the negative impact on their psychology has led to medical disputes and impacts the quality and safety of care services. In recognition, hospitals in charge have taken actions to improve the hospital work environment. This article assesses the impacts of the hospital work environment on the psychology of healthcare workers, presents the findings of the current situations in hospital work environments and the psychology of healthcare workers in China, and finds a significantly positive correlation between the two. Then, based on the perspective of healthcare workers, effective strategies for enhancing hospital work environments are provided to raise their professional quality and personal ability to resist stress in current healthcare reforms and the age of the knowledge-based economy. Besides, healthcare workers are also suggested to get more mental support services for making full use of the strategies (Wei et al., 2018). Considering the changes of healthcare technologies, strategies are emphasized on training and education initiatives to keep up with the latest hospital procedures and practices. A healthy work environment has been suggested to be a possible way to influence recruitment, retention, satisfaction, and organizational commitment of hospital employees. From the perspective of healthcare providers, it is known a poor working environment gives rise to the discontent of healthcare workers, quickens personnel outflow, increases cost, decreases the hospital performances, etc. To date, the majority of existing work environment studies, however, concentrated on nursing environments in western countries, empirical evidence for contemporary Chinese hospital work environments is scant, and results vary across regions and cultures. Furthermore, patients and their care safety will be endangered as is evidence that a poor work environment can lead to medical errors and nurse burnouts. For these reasons, here aims to assess the impacts of the work environments on the psychology of healthcare workers in a developing country – China.

### **6. CONCLUSION**

Hospital work environments have a profound impact on the psychological wellbeing of healthcare workers and warrant comprehensive investigations and strategic solutions. The pervasiveness of nursing shortages and high turnover rates in the healthcare sector has been well-documented. With mounting emphasis placed on the quality of patient care, nurse staffing levels are increasingly recognized as being crucial to both patient and nurse outcomes.

With strong implications for the delivery of quality patient care, a safe and healthy work environment for hospital staff should be a worldwide institutional responsibility. Nevertheless, similar to the conditions worldwide, workplace related problems in health facilities have been frequently reported in many developing countries. International comparative studies show a greater severity of these problems in developing countries than in economically advanced nations. Against this general backdrop, patient care must continue in settings afflicted by a dearth of resources in terms of skilled personnel and infrastructure, by increased staff workloads, by social instability, or by long-term underdevelopment. Clearly, the development of achievable and effective strategies to address these challenges in specific hospital settings is the focus of intense research and policy attention.

Amidst these scenarios, this research attention on hospital work environments draws on studies examining the psychology of healthcare workers, driven by inherent interest in the sector's pivotal role in the hospital system, as well as reflections on the healthcare environment experienced in both industrialized and developing countries. With the aforementioned goals in mind, the multi-faceted findings of interest to health sector strategists are reviewed, underscored, however, by a real sense that substantive new research, alongside a deeper knowledge of existing studies, can significantly contribute to the shaping of effective, targeted responses. Ultimately, given the inevitability of the hospital sector's pivotal role in healthcare delivery, an increased focus on the welfare of healthcare workers assumes considerable importance.

### 6.1. Summary of Findings

The main findings of the study have been summarized, including the relationships between selected environmental factors and the psychological welfare of healthcare professionals (HCPs). First and foremost, conscious attention to environmental factors in hospitals can have a significant impact on staff satisfaction and patient outcomes (Batanda, 2024). Workplace stress, work-to-family conflict and lack of adequate staffing are significantly associated with heightened emotional exhaustion among HCPs. In turn, emotional exhaustion is the strongest predictor of HCP burnout, more so than other environmental or personal factors. Additional factors that significantly contribute to burnout propensity are emotional labor required at work, work satisfaction, lack of work role clarity and perceived risk of infection. In terms of proposed strategies for improvement, the majority of these focus on practical changes to the hospital work environment. While it is recognized that the improvement of factors such as HCP wellbeing, satisfaction with work and patient outcomes depends on interaction between numerous personal and environmental issues, the most attention and resources should be allocated to alterations in the hospital work environment. The most critical factors that are open to modification form a hospital management perspective, and suggestions about how these might be addressed, are workplace stress, role clarity, emotional labor, work-to-family conflict and rule changes regarding emotional labor during pandemics (Barros et al., 2022). This presents further evidence that, consistent with previous research, factors such as work stress, lack of necessary staffing, lack of work satisfaction and substantial work-to-family conflict can have a significant effect on the mental health of HCPs. These environmental issues have the most notable impact on emotional exhaustion, which is pervasive among HCPs in different roles and contexts. Models demonstrate that emotional exhaustion is the most robust predictor of other dimensions of burnout and further important psychophysiological outcomes that can critically affect HCP work ability and patient safety, such as diminished work performance and personal accomplishment. Emotional exhaustion is also the most sensitive to change in these environmental issues and areas in which waste the persistent actuation is likely to have the most beneficial effects on HCP. Given this, there is an impelling need for ongoing inquiry analyzing how environmental factors can be improved or modified to ameliorate the psychological welfare of HCPs.

### REFERENCES

1. Wei, H., A. Sewell, K., Woody, G., & Ann Rose, M. (2018). The state of the science of nurse work environments in the United States: A systematic review. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
2. lafi Almutairi, R., Surya Aditya, R., Kodriyah, L., Yusuf, A., Kurniasari Solikhah, F., M. Al Razeeni, D., & Kotijah, S. (2022). Analysis of organizational culture factors that influence the performance of health care professionals: A literature review. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
3. Bellman, V., Thai, D., Chinthalapally, A., Russell, N., & Saleem, S. (2022). Inpatient violence in a psychiatric hospital in the middle of the pandemic: clinical and community health aspects. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
4. Berlanda, S., Pedrazza, M., Fraizzoli, M., & de Cordova, F. (2019). Addressing Risks of Violence against Healthcare Staff in Emergency Departments: The Effects of Job Satisfaction and Attachment Style. [PDF]
5. King Safo Lartey, J., Osafo, J., Andoh-Arthur, J., & Oppong Asante, K. (2020). Emotional experiences and coping strategies of nursing and midwifery practitioners in Ghana: a qualitative study. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
6. Batanda, I. (2024). Prevalence of burnout among healthcare professionals: a survey at fort portal regional referral hospital. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
7. Dagar Maglalang, D., Sorensen, G., Hopcia, K., M. Hashimoto, D., Katigbak, C., Pandey, S., Takeuchi, D., & L. Sabbath, E. (2021). Job and family demands and burnout among healthcare workers: The moderating role of workplace flexibility. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
8. Xie, W., Wang, J., T. C. Okoli, C., He, H., Feng, F., Zhuang, L., Tang, P., Zeng, L., & Jin, M. (2020). Prevalence and factors of compassion fatigue among Chinese psychiatric nurses: A cross-sectional study. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
9. M. Chachula, K. (2022). A comprehensive review of compassion fatigue in pre-licensure health students: antecedents, attributes, and consequences. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
10. Silva, M. (2015). Moral Distress. [PDF]
11. Rego, F., Sommovigo, V., Setti, I., Giardini, A., Alves, E., Morgado, J., & Maffoni, M. (2022). How Supportive Ethical Relationships Are Negatively Related to Palliative Care Professionals' Negative Affectivity and Moral Distress: A Portuguese Sample. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
12. Simms, L., E. Ottman, K., L. Griffith, J., G. Knight, M., Norris, L., Karakcheyeva, V., & A. Kohrt, B. (2023). Psychosocial Peer Support to Address Mental Health and Burnout of Health Care Workers Affected by COVID-19: A Qualitative Evaluation. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)
13. Collett, G., Korszun, A., & K. Gupta, A. (2024). Potential strategies for supporting mental health and mitigating the risk of burnout among healthcare professionals: insights from the COVID-19 pandemic. [ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov)

14. M Maassen, S., Marie J W Weggelaar Jansen, A., Brekelmans, G., Vermeulen, H., & J van Oostveen, C. (2020). Psychometric evaluation of instruments measuring the work environment of healthcare professionals in hospitals: a systematic literature review. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)