e-ISSN: 0974-4614 p-ISSN: 0972-0448

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

Ali Hassan Ali Otaifi¹, Hanan mousa mafia², Itimad Hassan Ali Muawwadh³, Mohammed abdu deifallah sharji⁴, Mhammed Ibrahim Ahmed Duraibi⁵, Ibtihaj Hamoud Mohammed Nams⁶, Nora Hamoud Mohammed Nams⁷, Faygh Yahya Hassan Albahri⁸, Zahra Yahya Mohammed Barut⁹, Layla Yehya Ahmad Hatani¹⁰, Khadijah Nashi Ibrahim Almahawra¹¹, Hind mohammed Awidi¹²

¹Nursing technician Baish general hospital

²Health Assistant Sabya General Hospital Jazan

³Nursing Sabya General Hospital

⁴Doctor General practitioner Sabya general hospital

⁵Nursing Sabya General Hospital

⁶Nursing technician Centers Northern Sector Al-Khalawiyah Health Center

⁷Nursing technician Centers Northern Sector Al Salamah Health Center

⁸Health assistant Centers Northern Sector Al-Khalawiyah Health Center

⁹Technician Nursing Phc aleishh

¹⁰Specialist Nursing Meslea phcc

¹¹Technician Nursing Meslea phcc

¹²Technician Nursing Northern Sector Al-Khalawiyah Health Center

Received: 11.08.2024 Revised: 16.09.2024 Accepted: 20.10.2024

ABSTRACT

Work pressures in the healthcare sector have attracted attention as mobilization activity and protest over them grow. At the heart of this is the well-being of workers, regarded as being under threat in the face of increased service demands and high work intensity. The scarce existing literature on these seemingly different sectors and levels of healthcare identifies health outcomes such as more accidents, increased stress, anxiety, and poorer mental health. The arguments often seem to be based on the assumption that higher levels of work pressure are bad for our performance because workers who are more stressed are less productive and more prone to errors. The NHS does not just want a strong workforce so that health services can be delivered at the lowest cost and without harming patients or users of the system. Rather, the goal is to foster staff health and well-being in itself; as a good in itself rather than just an instrumental means to economic ends. These twin effects of work pressures are visible in rising levels of sickness absence, high employee turnover, a number of complaints, and a declining service to patients. As flimsy a handle as we have for these supposedly intuitive and often asserted claims, we are ill-informed about the exact nature of work pressures and the pressures they may exert.

Keywords: higher, exact, complaints, mental, exert.

1. INTRODUCTION

Work pressures in the healthcare sector have attracted attention as mobilization activity and protest over them grow. At the heart of this is the well-being of workers, regarded as being under threat in the face of increased service demands and high work intensity. The scarce existing literature on these seemingly different sectors and levels of healthcare identifies health outcomes such as more accidents, increased stress, anxiety, and poorer mental health. The arguments often seem to be based on the assumption that higher levels of work pressure are bad for our performance because workers who are more stressed are less productive and more prone to errors. The NHS does not just want a strong workforce so that health services can be delivered at the lowest cost and without harming patients or users of the system. Rather, the goal is to foster staff health and well-being in itself; as a good in itself rather than just an instrumental means to economic ends. These twin effects of work pressures are visible in rising levels of sickness absence, high employee turnover, a number of complaints, and a declining service to patients. As flimsy a handle as we have for these supposedly intuitive and often asserted claims, we are ill-informed about the exact nature of work pressures and the pressures they may exert. Notions such as publications per individual worker or patients per nurse cannot stand in for understanding what the intensity and

dynamics of these pressures are like at the point of work. Understanding work pressure is important, not just for workers themselves but for patient outcomes, as plain prudential sense dictates that low staff morale and high turnover are bad for clinical care and disruptive for the efficient running of agencies.

1.1. Background and Significance

Background and Significance: Over the last few decades, the healthcare industry has evolved, with advancements in treatments, medications, technology, and those it serves. Patients placed in acute care settings tend to be sicker than they once were and often present with comorbid mental health issues, which increases the complexity of not only care but often the risks associated with care. The care and treatment of this population result in complex workloads and intense work demands for healthcare professionals. Studies have noted increasing patient acuity, high patient-to-nurse ratios, and, as a result, high doctor-to-patient ratios. These different factors contribute to intensifying the care and workload on staff and help explain why healthcare work is so intense. These issues are reflected globally. A significant percentage of employees have indicated that they feel they have too many tasks to complete daily, while a majority of respondents said they find their work stressful. Over one-third of American workers also agree that they feel tense or stressed because of pressures, as do a notable percentage of workers in Great Britain and Germany. European studies have demonstrated that work stress contributes to the loss of millions of working days across multiple countries, translating into an economic impact of billions.

The impact of work intensity on healthcare work, due to the chronic nature of the workplace stressors, affects not only healthcare worker stress and well-being but also the broader issues of teamwork, patient care, safety, and satisfaction. From a physical perspective, a portion of healthcare workers experience back pain in any 12-month period, and a percentage of hospital nurses can be expected to experience a percutaneous injury to a biohazard in any 12-month period. This has implications for patient well-being in terms of missed days from work due to injury or stress, but also in terms of cost. Staff turnover in nursing costs a significant amount to replace each individual nurse, while total costs for all nurses leaving their posts on a non-retirement basis are substantial. For a job that offers a salary, replacing a nurse in this way costs a considerable percentage of the yearly salary. Based on research, the average cost of replacing a single aged care worker is notable, with a portion of the costs incorporating area advertising and selection. These demonstrate the need to address the work pressures experienced by healthcare workers. In a time when shortages in the healthcare professions are increasingly a problem, it is essential that we ensure those workers have not only the physical resilience but also the psychological resilience to continue working.

2. The Nature of Work Pressures in Healthcare

Work pressure is a chronic concern for staff, and this is associated with higher stress and burnout rates. This section analyzes why work pressures can be high in healthcare and the types of pressures that may be relevant within this context. The term 'work pressure' is used in this discussion to describe job 'stressors' that are related to PCI-specific job characteristics such as intensity, threat to personal integrity, challenging values and beliefs, conditions of direct learner care, and so on. It may include aspects such as decision-making responsibilities, the nature of the working environment, and so on.

High work pressures have been associated with a range of negative consequences for those who experience them, particularly in terms of health and well-being. Work pressures of one type or another are a fact of life for many employees in any industrialized country and may be associated with poorer well-being and working lives. In healthcare, everyone experiences work pressures to some degree, and one of the destinations of workplace learning is in a stressful or demanding environment. Many factors contribute to a stressful working environment in healthcare, from organizational culture and administrative burdens to the nature and complexity of healthcare work, which involves a high degree of direct patient contact and feedback and can necessitate close monitoring of health and the emotional challenge of dealing with the responsibility for other people's lives. It is not only the working situation but also the wider organizational context of PCI work that often piles on extra work pressure, for example, having to work to tight budgets with restricted resources. In short, this demanding working context is a fundamental feature of the working life of healthcare workers. (Serrão et al.2021)(Çelmeçe & Menekay, 2020)(Labrague, 2021)

2.1. Types of Work Pressures

Healthcare is faced with a specific set of operational pressures. Medical personnel have massive caseloads compared to other industries, often work understaffed, face time constraints, and need to make quick and complex decisions based on large amounts of data. Therefore, it is not surprising that doctors planned to quit their jobs based on operational pressures more than anything else and more than other clinician groups. In addition, nurses and physicians have been found to experience high emotional labor, which is considered to be a significant work pressure, involving the act of engaging in work that requires feeling emotions contrary to one's actual feelings. For instance, healthcare workers are constantly exposed to people's suffering and need to

convey warmth and support to patients and families, yet as human beings, they do not leave their problems at the door and can find their jobs emotionally difficult.

Pressure comes from the effort of interacting with others. As well as pressure from dealing with patients, there are a number of reasons why healthcare staff working in teams are also exposed to additional sources of pressure. These include the role ambiguity that staff in teams may feel, as not only do they provide clinical care to their patients, but they also work in teams that aim to develop standard procedures that all staff follow in an attempt to standardize services. It is thought that attempts to standardize the way work is done in teams may lead to the formulation of roles that involve providing knowledge to be shared with the rest of the team. Healthcare staff exposed to high levels of role ambiguity, as well as having masculine role pressure, have been found to have lower health functioning. In the context of this research, terms such as "masculine" and "role" pressure are considered interchangeable. Masculine role pressure asks us to consider whether an individual's self-esteem as a typical member of his or her social groups is linked in some fundamental way. The answer to this question appears to be yes. When people feel that they are not living up to social expectations and that they are different from their group, this in turn can affect feelings of self-worth, generating a deep level of concern and dissatisfaction. These pressures are likely to be explained by the everyday experiences of a group member in socialization rather than theories based on personality. Having a feminine role identification or less role ambiguity could counteract the negative effects of high masculine role stress. Each of these types of work pressure is explained in the next section.

3. Effects of Work Pressures on Health Workers

3.1. Physical Health Impacts

Work pressures in the healthcare industry can have significant impacts on the physical health of healthcare workers, leading to increased stress levels and potential long-term health issues.

3.2. Mental Health Impacts

Mental health impacts are a significant concern for healthcare workers, as the demanding nature of their work can lead to high levels of stress and burnout.

4. Strategies to Mitigate Work Pressures

Various strategies have been suggested to alleviate the pressures experienced at work. Organizational interventions are often seen as the first line of action and have included policy changes and modifications, increasing the availability of resources, and effectively managing workloads. Accordingly, simply providing individuals with training, albeit in stress management strategies, may simply be considered a reactive strategy for addressing a symptom of the problem. Indeed, there is considerable evidence that tapping into the existing culture of a workplace, where employees feel supported and valued as part of the work family, can be highly effective in disease risk reduction and supporting comorbid chronic diseases. Consequently, it is important for employers and their representatives to be involved in the development of the research and its context so they can improve staff health, which in turn is likely to have a cost impact for the employer. Interventions are more likely to be successful if changes in work policy are made alongside programs that educate individuals about how to enhance their own coping skills. (Ogbu et al.2024)(Taylor, 2024)(Fitts et al.2020)

Various coping methods are likely to be just as good as each other. It is simply a case of what is needed in that particular situation. If physical action is not possible, adjusting our own thinking and situations may be sufficient to control and pass the issue. When we bring control back to ourselves, we can be sure that this is a way of taking charge and making sure that the stressful situation does not control us. The individuals who can block out all the negative things and do not dwell on stress tend to handle it better. That said, being able to clear the mind as if nothing has happened is not easy, so not dwelling tends to make things have a more minimal effect. Mindfulness is a therapeutic technique that helps to calm the mind and refocus on the things that matter. Being mindful not only relaxes the mind but also calms the heart rate and can make for a more relaxing and better sleep, and can be a treatment for people who find it hard to sleep as well as helping a person with chronic pain. Good time management is also a good way to help reduce stress. Co-workers can help each other out by building a strong relationship, which means they can help elevate the stress each person faces as people will feel as though they can express their feelings and issues to their co-workers.

4.1. Organizational Interventions

Organizational-level interventions are focused on reducing work pressures and, therefore, reducing the health and well-being impact on the employee. In healthcare, it is vital for organizational leaders to show their commitment to the health of their workforce. The workforce will then be more inclined to work with them to provide the safest possible care while looking after their own health and well-being. Staff who are more experienced and involved with the organization also make the culture more resilient to bullying and harassment and reduce the potential for conflict. One organizational aspect commonly stated is effective leadership and

introducing a supportive culture. An intervention reported included conducting leadership training programs that have a main component of caring for staff as valuable resources. Other organizational interventions include improving the working conditions that, in turn, will reduce work pressures. For example, addressing staffing levels and skill mix, having a very effective training practice that includes training in and around bullying culture, and the misinterpretation of attitudes and actions. Problems arose within the team mentioned because of the lack of knowledge around language barriers and an understanding of cultural differences. The problem was identified, and training was delivered that also focused on communication within the team and validation of actions that could be misunderstood through misunderstanding the inflection of conversations. Treatments delivered reduced the fear of misconstruction and readdressed team productivity.

They could be prevented if organizations had young people from an earlier age trained in the concept of stress release and having a work-life balance. It is agreed that having work-life and work-career balance is important in providing an environment for job satisfaction. Effective policies may affect the stress levels of the employee, providing support for their care at home. Also, a public duty is an effective stress reliever resulting from public job evaluation. Organizational interventions change the physical and/or structure of the work in order to reduce the level of work experience stress. They are most commonly used in a number of sectors to try to resolve the amount of work that has to be performed. Staffing levels vary due to workload. Feedback from staff surveys should be through a systematic process, with an automatic analysis being made of free text comments. These are analyzed quantitatively using qualitative research techniques in order to provide themes that are further validated with the appropriate demographic group. Flexibility is used, and feedback is provided as a further survey, which gives staff the opportunity to leave feedback on the results of the first within a chat environment. This intervention technique is ongoing and highly effective, providing high response rates. The key is to be able to analyze and act quickly. The support of human resource departments should be used in analyzing large-scale surveys. This also provides further validation of findings.

4.2. Individual Coping Mechanisms

Individuals inherently have a responsibility for managing their own health, and indeed their own stress. A number of individual coping strategies have been proposed in the literature. For example, mindfulness and other meditation techniques are considered powerful tools for reducing stress. Exercise and taking breaks and time off have also been endorsed as ways of preventing burnout in healthcare professionals. Formal and informal support outside of the workplace, such as through networks, family, faith, and personal commitments, have been identified as healthy outlets for stress. Additionally, social and professional supports have been identified as helpful tools for stress reduction. Several works in the healthcare sector highlight the importance of these informal support networks outside the workplace in cooperating and managing the occupational injuries that arise.

Benefits of individual coping with work-related stress can also assist the employer, with the idea that learning how to develop resilience can help employees maintain wellness in a stressful environment. A fundamental point in staying well and remaining resilient emerges from the principle of 'wellness is an inside job', arguing that if organizations have managed structural well-being, then individuals still need to manage their personal lives and life experiences. They recommend that people get the tools and inner strengths to manage yourself and your life on your terms. Alternatively, however, there is a report of a lack of individual willingness for longterm stress-reducing activities, suggesting that employees might be unwilling to employ long-term strategies given their high workload and time constraints. Work-related stress in healthcare is a matter of increasing concern. For individuals in healthcare, the success of the commitment of 'do no harm' relies on the nurse's or doctor's face-to-face interactions with patients. When health professionals talk about the way they work with others, they describe a genuine concern with close engagement with patients. It is not difficult to imagine how common and ongoing stressors in their work could lead healthcare professionals to burnout because of the very nature of the interpersonal aspects of their work. While there are preventive strategies that organizations can put in place, there are also many things that the individual can do to reduce stress. Healthcare workers would benefit if they knew how to do this and practiced these skills. One of the consequences of developing these work-based strategies is that they enhance the sense that an individual is, in general, in charge of their own health.

5. CONCLUSION AND FUTURE DIRECTIONS

To conclude, healthcare is a high-pressure occupation, and the stress that results can have negative consequences for the health, safety, and well-being of healthcare workers. The hazardous nature of healthcare work has been shown to produce increased rates of musculoskeletal injuries, disease, and psychological problems when compared to the general working population. These increases may be in part a consequence of less tangible negative outcomes of work pressures that can lead to poorer job satisfaction and work performance and a desire to leave the job or the profession. Strategies to prevent and ameliorate work pressures are important, and research has shown that they can have positive effects—especially when implemented concurrently in a healthcare setting rather than as a standalone activity. Also crucial is recognizing that

preventing and ameliorating the negative effects of work pressures in the first place is a better outcome for all concerned rather than waiting until it becomes too late and possible long-term illness is involved.

The healthcare system has challenges itself, and governments and healthcare settings are not always willing or able to implement management strategies or develop policies necessary to lead to better health, safety, and well-being outcomes as determinants of better patient outcomes. One of the recommendations resulting from a health and well-being in the workplace stakeholder consultative process was the continuation and expansion of research in this important area; and as the world evolves, so do the pressures on healthcare workers and the nature of that work, and the subsequent negative outcomes.

REFERENCES

- 1. Serrão, C., Duarte, I., Castro, L., & Teixeira, A. (2021). Burnout and depression in portuguese healthcare workers during the covid-19 pandemic—the mediating role of psychological resilience. International journal of environmental research and public health, 18(2), 636. mdpi.com
- 2. Çelmeçe, N. & Menekay, M. (2020). The effect of stress, anxiety and burnout levels of healthcare professionals caring for COVID-19 patients on their quality of life. Frontiers in psychology. frontiers in.org
- 3. Labrague, L. J. (2021). Psychological resilience, coping behaviours and social support among health care workers during the COVID-19 pandemic: A systematic review of quantitative Journal of nursing management. nih.gov
- 4. Ogbu, A. D., Ozowe, W., & Ikevuje, A. H. (2024). Remote work in the oil and gas sector: An organizational culture perspective. GSC Advanced Research and Reviews, 20(1), 188-207. gsconlinepress.com
- 5. Taylor, W. C. (2024). Guidelines to conduct research in computer-prompt software studies to decrease sedentary behaviors and increase physical activity in the workplace. Work. sagepub.com
- 6. Fitts, M. S., Russell, D., Mathew, S., Liddle, Z., Mulholland, E., Comerford, C., & Wakerman, J. (2020). Remote health service vulnerabilities and responses to the COVID-19 pandemic. Australian Journal of Rural Health, 28(6), 613-617. nih.gov