

STRESS AT WORK AMONG HEALTH PROFESSIONALS IN PRIMARY AND SECONDARY HEALTH CARE IN GJAKOVA

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ABSTRACT

The purpose of the research was to present the level of stress at work, to analyze the knowledge of health professionals about the ways of dealing with stress at work and to find out and analyze the factors causing stress among healthcare workers in primary and secondary health care in Gjakova city. The research was conducted in the Main Center for Family Medicine and the Regional Hospital in Gjakova, in the period from February to June 2015. The respondents were 300 professionals (216 females and 84 males), by 150 professionals from both levels of health care. 216 of them were females, while 84 were males. Data collection was conducted through "questionnaire on stress at work" (Job Stress Questionnaire -JSQ). The data are calculated by statistical analysis: frequency, percentage, arithmetic mean and significance level. It is a very worrying situation, since professionals of both health levels are overwhelmed and do not have adequate support from supervisors. 53.2% of professionals state that have emotional problems, until 63.3% of professionals stated that they experience stress during working hours. From their perspective, the main reasons are: non-support, non-security, low wages, and the nature of work overload. Our main recommendations are that continuously monitored, studied and apply modern achievements in the field of stress management, and health policy makers should be engage in extraction strategies to prevent and manage stress.

Keywords: Stress, stress at work, health professionals, management, Dealing.

INTRODUCTION

The first written traces of the impact of working conditions on human health have been listed since the papyri (papers) in Ancient Egypt, before 4000 years. With the development of medical discipline, the Labor Medicine, whose application began in XVII century, to develop later alongside modern industry and technology, was created following the possibilities of pests and ill health factors in workers. The team of specialists of occupational medicine, psychologists, technologists, engineers and lawyers, held a series of activities, analyzing the tasks and conditions of employment, for first exposures and risks, in order to study the psychological factors, physical and stretching. Forms of behavior in social interactions, when we fight for our rights, involves expression of desires, our feelings and refusing requests nonsense, in order not to inflict physical or psychological harm other people (Zarevskie, 1998).

To understand the stress at work and its impact on the health of workers are done and done research on this issue, which is as old as the remains current. The impact of working conditions, welfare psycho-physical workers is taken early and the European Union therefore, the conditions for the assessment of working conditions (EWCS, 2002) that apply in the countries of the EU, included the following points: Opening; The organization of work; Wages and health risks associated with the workplace, along with their impact on human health; and employee training. Stress in the modern world is known as an important factor affecting the health status. Even when a situation is hopeless and a happy ending is out of the

question, people often say that they have developed the skills in the new sources of coping and may have experienced a spiritual transformation or religious group as a result of stress (Folkman & Moskowitz, 2000). But if the stress lasts more in a longer period, it can cause physical and psychological problems (Tosevski et al., 2006).

The challenge of psychologists' health is to find ways to facilitate adaptation to stress and coping with easy in order to mitigate and hindered its effects on human health including health workers (Baum, Revenson & Singer, 2001). Known theoretical model of stress has given American psychologist Richard Lazarus, where he designed some psychological measuring instruments for diagnosing the quality and intensity of stress, known as the strategy of confrontation (Lazarus, 1966). According to him, a man goes through three processes when stress is involved: a) a type of threat perception; b) Notification of all possible reactions to threat; and 3. reactions - different ways of dealing. Thus, the event itself is only a potential source of stress or stressor, and the announcement of the stress intensity is adjusted subjectively. In addition, changes in experience, there are individual differences in the form of dealing with stress. From this theory, today released the measuring instrument for the measurement of dealing with stress (Folkman & Lazarus, 1980). The questionnaire is called "Ways of Dealing" (ang. Ways of Coping) and is based on two basic strategies of dealing with stress, these are: a) The confrontation led to problems - has to do with trying to change the situation and to eliminate sources of stress; and b) dealing directed emotion - is based on mitigating the effects of negative emotions that causes stressor.

It concluded that adaptive strategies of dealing with stress are associated with positive personality qualities, and low adaptive strategies are associated with lower quality of personality. In what way a person will be faced with the stress on the concrete situation, it is determined primarily by the characteristics of the situation itself. Election strategy of dealing with stress is important the perception of the possibility to change the situation. Strategies for dealing pose specific efforts, like those of behavior, as well as psychological, that people take to control, tolerated, reduce or minimize stressful events. This study focused on the materialization of data by analyzing the theoretical and knowledge of health professionals to stress, since there is very little research done on stress in health professionals in Kosovo. The purpose of this research is to know the proper ways of dealing with stress at work and analyzing the knowledge of health professionals about the factors causing stress to them.

METHODOLOGY

The study sample

In the research participated voluntarily 300 professionals (doctors and nurses) of primary and secondary health care in the region of Gjakova. 150 (50%) professionals were the Main Center for Family Medicine and 150 (50%) professionals Regional Hospital "Isa Grezda". From the total number of them, 216 were females, while 84 were males. The largest percentage of female shows us that it is in proportion to the number of women employed in public health at all levels of health in Kosovo.

Instruments and data collection

Before the survey data collection was consulted literature and standardization measures in accordance with the instructions set out by questionnaire on stress at work. Questionnaire was translated and informed staff after leading standardization of primary and secondary health care, which is seeking permission for implementation. During February - May 2015, the

research team conducted interviews in the Main Family Medicine and Regional Hospital "Isa Grezda" in town. Data collection was conducted through "questionnaire on stress at work" (Job Stress Questionnaire (JSQ)]. The questionnaire applied was anonymous and consisted of two parts: Instrument 1 "The support and what satisfaction have health professionals at the institution where they work" that was 6 questions, and Instrument 2 "What are the ways of dealing and the level of stress in health professionals" who had 40 questions. Collection and analysis of data was carried out by a team composed of 6 people, who were previously trained on the content of the questionnaires. Interviewers were provided with written instructions and questionnaires for implementation.

The procedure of data analysis

The data are grouped according to the questions posed and statistical processing is done with the program: Microsoft Word, Microsoft Excel and SPSS. They are calculated by statistical analysis: frequency, percentage, arithmetic mean and significance level. Presentation of data is done through tables and graphics.

RESULTS

Statement reflects the results of 300 professionals regarding their satisfaction in working and institution and their ways of dealing with stress.

Table 1: *Support of Primary Health Care Institution*

Support of primary health care institution	Disagree		Partly agree		Totally agree	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Real pleasure in my work.	-	-	109	73	41	27
I am totally disappointed that I got this job	-	-	113	75	37	25
The institution offers me whenever I need annual leave	7	5	21	14	122	81
The institution where I work gives the Sick leave	-	-	42	28	108	72
I notified my management structure of the organization / leadership line	3	2	116	77	31	21
I notified my mission management results and challenges of the organization	3	2	110	73	37	25

Reference: *f* - frequency; % - Percentage

Table 2: *Support from Secondary Health Care Institution*

Support from secondary health care institution	Disagree		Partly agree		Totally agree	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Real pleasure in my work.	-	-	104	69	46	31
I am totally disappointed that I got this job.	-	-	108	72	42	28
Institution of work offers me whenever I need annual leave	5	3	20	13	125	84
The institution where I work gives the Sick	-	-	35	23	115	77
I notified my management structure of the organization / leadership line	6	4	115	77	29	19
I notified my mission management results and challenges of the organization	5	3	118	79	27	18

Reference: *f* - frequency; % - Percentage

Based on the findings (Table 1 & 2) in conjunction with the support of the institution they work health workers, we note that 42.3% of professionals at both completely agree, 56% disagree and 1.7% partially disagree. From this we see that about 57.7% of health professionals have no institutional support level.

Table 3: *Level of Stress to Professionals in Primary and Secondary Health Care*

Stress Level	Not		Enough		Too		Little	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
I feel / tired early in the morning, when you have to face another day at work	70	23.3	226	75.3	4	1.3	-	-
I feel / frustrated with my work	64	21.3	230	76.6	6	2	-	-
Working with people all day is really weighing on me	76	25.3	192	64	14	4.6	18	6
I am concerned that this work is an emotional strain for me	68	22.6	214	71.3	18	6	-	-
I feel / consumed by my job	44	14.6	234	78	22	7.3	-	-
I feel / the crushed emotionally by my job	46	15.3	228	76	26	8.6	-	-
I feel / I finished at the end of a working day	46	15.3	228	76	26	8.6	-	-
In my job, I get very quiet emotional problems	66	22	94	31.3	44	14.6	96	32
Workload is very high	40	13.3	170	56.6	80	26.6	10	3.3
I have achieved many things in this valuable work	56	18.6	80	26.6	122	40.6	42	14
I think we have had a positive impact other people's lives through my work	54	18	86	28.6	126	42	34	11.3
I think I'm working hard on my work	38	12.6	82	27.3	166	55.3	14	4.6

Reference: *f* - frequency; % - Percentage

The findings (table 3) with respect to the definition of stress at work and sensitivity to profession in primary care and secondary health care, almost have the same level of stress and workload, as about 81.3% of the professionals face and feel tired, frustrated, they have emotional strain and finished at the end of the day from work overload.

Table 4: *Stressors that Cause Stress in Professional Work in Primary and Secondary Health Care*

Stressors that cause stress in the professional	Not		Enough		Too		Little	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Terrible dreams that repeated overnight	208	69.3	77	25.6	15	5	-	-
The feeling of withdrawal or isolation from people	239	79.6	45	15	16	5.3	-	-
Difficulty in concentration	230	76.6	57	19	13	4.3	-	-
Disturbed sleep	205	68.3	69	23	26	8.6	-	-
I feel like everything in my life is over	225	75	51	17	22	7.3	2	0.6
I feel like customers blame me for some of their problems	213	71	63	21	24	8	-	-
I feel / irritated or have sudden outbursts of anger	189	63	74	24.6	37	12.3	-	-
I eschew activities that remind me of	194	64.6	68	22.6	38	12.6	-	-

painful events or terrible									
Quail or slight fear	188	62.6	71	23.6	41	13.6	-	-	
Feeling the event of painful or terrible is happening again	196	65.3	55	18.3	49	16.3	-	-	
Frequently memories or thoughts happen painful or terrible	193	64.3	31	10.3	76	25.3	-	-	
Very easily understand how my clients feel for different things	-	-	97	32.3	127	42.3	76	25.3	
Working with people, stress is too great for me	46	15.3	13	4.3	238	79.3	3	1	
Feeling that ever should be emergency situations	36	12	4	1.3	242	80.6	18	6	

Reference: f - frequency; % - Percentage

Stressors that mostly cause stress to professionals in primary care and secondary health care according to the findings obtained (table 4) show us clearly the level of stress that causes their work daily, as about 34.6% of professional declared that face quite feelings, memories or thoughts often happen painful or terrible. To the question "Working with people, stress is too great for me," are declared, 'quite' 79.3%, 'more' 1% and 'little' that was 4.3%, it appears that 84.6% of professionals are always on stress due to work overload.

To the feeling that always must be emergency situations, these professionals have stated, quite 80.6%, a little more 6% and 1.3% professional, since it appears that 87.9% of professionals should be on standby. This situation turns out to be very disturbing, since all this happens in the absence of adequate support to the institution, lack of material / working tools and working environmental conditions. The situation clearly shows that health professionals have sensitivity but also readiness to working with individuals, except that should create a relaxing atmosphere for colleagues and patients, about 43.6% of the professionals need to effectively perform their duties and procedures for men in need, so far as lacking institutional support and working conditions.

DISCUSSION AND CONCLUSIONS

Stress to health workers in Gjakova is a widespread phenomenon same as in the other parts of the world. Overload at work is the main cause of stress in our life and health, according to recent research on health in the world. The purpose of this study was to introduce appropriate ways of dealing with stress at work and analyzing the knowledge of health professionals about the factors causing stress to them. Participants reported that their stressful situation significantly related to: non-institutional support, work overload, poor conditions at work, emotional and social problems. Although everyone thinks that their profession is the most difficult, it is making a distinction for professionals who have less or more stress and it is up to specifications and country (service) where he works.

As in many other studies made, our study found that at two levels of health care, professionals face difficult situations by cultural mediation, have institutional support, economic conditions and social weaknesses, feel tired, frustrated / angry lack of patience, and frequent mood swings and have lost faith in society and itself. As a general rule, actions to reduce job stress should give top priority to organizational change to improve working conditions. But even the most conscientious efforts to improve working conditions are unlikely to eliminate stress completely for all workers. For this reason, a combination of

organizational change and stress management is often the most useful approach for preventing stress at work. Our main recommendations are that continuously monitored, studied and apply modern achievements in the field of stress management, and health policy makers should be engage in extraction strategies to prevent and manage stress.

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