Education and Learning: Crucial For Sustained Improvement Title: Occupational Stress of Health Care Workers

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Brief outline of context:

Setting was clinical hospital. All staff with high school, junior college, and college/medical degree worked in hospital at the time of the study were invited to participate (N=875). All departments and units were included (N=14). Data were collected in 2006.

Brief outline of problem:

The analyses of the medical practice in hospitals showed that hospitals are one of the most stressful workplaces. It has been found that occupational stress can have harmful consequences on the quality of health care and patients' safety



Assessment of problem and analysis of its causes:

Median of Work Ability Index (WAI) was 38.5 (range 34-45) for physicians. Median WAI of nurses was 37.7 (range 37-39). There was no differences between WAI medians of nurses and physicians, but between WAI medians of different specialists there was significant difference (P<0.05).

At that moment, the hospital had a building under construction. That could be the reason that one of the stressor was "inadequate working environment".

Croatia is a transition country and resources to work with, and workers income is a topic in a public health care sector. Organisational changes could improve work condition caused by the lack of co-workers and workload, and the education could decrease the fear of infection among nurses.







of its causes:

Data were collected by :

- Occupational Stress Assessment Questionnaire
- ·Work Ability Index (WAI) Questionnaire

Total response rate was 30% (263/875).

Physicians (N=82) recognised as a main stressors:

- •inadequate working environment (90%)
- •inadequate resources to work with (90%)
- •inadequate income (85%)
- ·workload (70%)
- misinformed patients (85%)
- ·lack of co-workers (65%)

Nurses (N=181) recognised as a main stressors:

- •inadequate income (65%)
- resources to work with (65%)
- inadequate working environment (65%)
- •incurable patients (60%)
- ·lack of co-workers (60%)
- ·workload (50%)
- •fear of infections (50%)



Strategy for change:

The meting was organised with the management of the hospital and with all of heads of the departments (physicians and nurses). The lectures and workshops for health care workers about stress at work will be organised by the management. Menagement will implement the proposed changes and invite us to repet the study in two or three years.



Measurement of improvement:

Improvements will be measured with the same methods.

Lessons learnt:

Communications between physicians, nurses, occupational health specialists and management is important for the improvement of the quality of care they provide in hospitals.

Education of the staff about stress at work, and its consequences on work ability and quality of health care is important.

Message for others:

Healthy and satisfied health care workers are an important for providing quality and safety at work.



