
UNIT 1 OVERVIEW

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1.0 INTRODUCTION

Psychosocial hazards are defined in terms of the interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and the employees' competencies and needs on the other. As such, they refer to those interactions that prove to have a hazardous influence over employees' health through their perceptions and experience (ILO,

1986)¹. More simple definition is psycho-social hazards are those that have a potential to cause psychological or physical harm to a person. Workplace and stress go hand in hand. This includes stress due to various reasons. You have already dealt with stress at workplace in an earlier unit. In this block you shall look into the factors that cause undue stress on Health Care Workers (HCW) in particular.

As discussed in the earlier unit, stress is required to a certain extent to enable good performance, and this is referred to as eustress. If stress goes to a point where it becomes difficult to control and the stress begins to control us, it becomes distress. This distress causes the negative effects in a person disturbing his or her ability to reason.

The health care has rapidly evolved over the past decade which made it necessary for the HCW to adapt to such advances. The HCW has to take care of not just patients but a wide variety of administrative tasks including health audits, achieving health targets with deadlines, knowledge updating, coping with advancements in medical technology among others to name a few. This development has made the present generation of HCW exposed to newer psycho-social hazards which their predecessors were not exposed to.

As such, health services by itself is a source of extreme stress and these additional documentation and administrative responsibilities have further augmented the stressors for health care personnel. This very reason has made the topic of psycho-social hazards among health care workers an area worth investigating. It has become important to understand stress, the causes and the contributory factors.

In this unit we will be discussing the chief causative factors of stress and its effects on HCW which will help you to understand topics on prevention and management of psychosocial hazards dealt with in the next units.

Healthcare sector is going through rapid changes globally. There are a series of factors influencing these changes, mainly privatization of healthcare. Privatization has meant competition and financial impacts increasing the cost of healthcare. This has further led to increased expectations from consumers of these healthcare facilities.

Gone are the days when the doctors and other healthcare personnel were revered and considered as demigods. We live in a world where healthcare has been commercialized and healthcare is viewed as just another industry which must deliver what the customer wants.

The response of a normal human being to these psycho-social exposures is best described as 'flight, fight or freeze'. This natural response deters people from thinking reasonably and induces them to take rash and undesirable decisions which may be harmful to themselves or their surroundings and environment.

1.1 OBJECTIVES

After studying this unit, you should be able to:

- describe the causes of psychosocial hazards;
- discuss the effects of these hazards;

- recognise the extent of the problem in healthcare workers;
- Appreciate the role of OHS; and
- Relate behaviour with the exposed hazards.

1.2 CURRENT GLOBAL STATUS IN HEALTHCARE SECTOR

Psycho-social hazards and resulting stress is common among all occupations, the personnel working in healthcare are exposed to significantly higher levels of these. This was reported in a health and safety research study conducted by T. Cox in early 21st century (HSE Contract Research Report 2002:435/2002)². It is a common belief that HCWs since they manage patients are better equipped to manage stress, but the contrary is true.

The reason for this is that healthcare personnel are reasonably well-educated with qualification courses being longer than in other occupations and hence expect to work in a field that is considered white-colored. The younger healthcare personnel expect more flexible hierarchy and organizations that encourage skill-development and suitable deployment with higher pay-scales. But unfortunately that is not the case in reality, owing to increased privatization and healthcare now being considered on par with any other commercial set-up.

Further, healthcare personnel are socially disadvantaged as their major responsibility is to care for other human beings, which is the core of their jobs. This tendency of partly bearing the cross of others sufferings throughout their career often tends to make them neglect their own social needs resulting in adverse effects. Another recent study in Sweden has pointed out that though healthcare personnel are comparatively better with regard to their physical health, their mental health takes a beating.

1.2.1 State of Affairs in India

With occupational health services as such at its grassroots in India, for the entire workforce both in organized and unorganized sector it is needless to say that the psycho-social hazards management among HCW is totally neglected.

Most developed countries have been addressing the notoriety of psycho-social hazards among healthcare personnel. This has been in the form of studies and research papers being published with recommendations to manage the problem. Separate occupational health services departments are set-up purely to deal with the occupational health issues of healthcare personnel. However, in our country steps are yet to be taken to identify them compounding the issue to huge magnitudes.

The problem needs to be addressed on war-footing, as India is already short of healthcare personnel and persistent increased stressors such as workload can cause early retirements or burn-outs among the workforce. It is important that healthcare personnel in India have access to competent occupational health services

1.3 PATHOPHYSIOLOGY

The inability to manage the psycho-social hazards leads to stress. Among HCW type of psycho-social hazard maybe in the form of a patient, patient's relative or

a professional colleague. The feeling of stress causes release of adrenaline and cortisol. These are released at any time a person panics or is under pressure to perform to the best of his or her ability. Adrenaline release is a basic inbuilt mechanism to manage stress for a short while.

Release of adrenaline (*adrenaline rush*) causes the flight, fight or freeze response. Imagine being chased by a tiger. The effects on your body in such a situation are due to the release of adrenaline. Your pupils will dilate to absorb more light for you to see different passages to run, there will be increased blood circulation to your limbs to enable you to run faster, the cardiac output of blood will increase to supply the brain, the pain senses will become partially numb to make you not feel the pain as you are running for your life, there will be an increase release of glucose into your blood stream to feed the brain and limbs. You will not feel twinges of hunger or sleep. This is the flight response. To fight is to try to manage the stress by better performance. A sports person is under stress whilst competing in a tournament. He or she exhibits his or her best performance under the influence of adrenaline. The other extreme of the adrenaline rush is the freeze response. This is where the thought process is grossly affected and the body freezes and refuses to act. For example, we get confused when we are crossing a road busy with heavy traffic and sometimes just stop moving. Commonly seen among animals such as the rabbits and gazelles which are crossing roads, freezing on staring at headlights of vehicles and stop running.

Under normal circumstances the adrenaline is released to enhance the performance of the person for a brief period. However, if these effects last for days and months together, the high levels of adrenaline cause psychological and physical problems. The prolonged exposure to adrenaline can cause disruption of the thought process and hence resulting in errors in decision making.

1.4 CAUSES OF PSYCHO-SOCIAL HAZARDS AMONG HCW

1.4.1 Decision Making & Human Errors

Human errors are a part of every occupation. Errors in decision making are due to compromised physical and psychological status. When demands increase the chances of human error proportionately increase. Among health care personnel this is even more complex as unlike other professions in these personnel work on the human body which is highly complicated. This is because the human body is not man-made unlike other operating equipment handled by people from other fields of work.

Though human errors and faulty decisions occur in every occupation, the consequences of such errors may not affect the human being directly or immediately like in the medical field. The consequences of such errors will never go down well with the affected patients or their relatives. This is all the more significant in the present day and age as common people are becoming more and more aware of health conditions and treatment by way of various sources such as the media and internet.

These adverse or untoward incidents arising due to errors by HCW are termed *iatrogenic conditions*.

The constant concern of the possibility of making an error is an enormous cause for pressure and stress among HCW.

1.4.2 Apprehension of Causing Harm to the Patient and its Consequence

The fear of causing harm to a patient is the most prevalent stressor among all cadres of HCW. These personnel are entrusted with the job of preventing and curing pain, illnesses and diseases. But due to their actions if suffering of the patients increases, it causes a massive emotional drain on the concerned personnel.

In other fields this is called 'Fear of failure'. But again, unlike the other fields of work where you have an option to commit or omit, the healthcare personnel don't not often have this luxury of choice. In most scenarios they have to commit irrespective of the resources available or the consequences.

Example: A patient brought to a small medical clinic in a remote place with a massive myocardial infarction. The doctor working there may not be competent or may not have the necessary resources and equipment to handle the problem. However, it becomes a moral responsibility of the doctor to receive the patient, administer immediate treatment possible till he is able to shift the patient to a higher centre for cardiac management.

The factors that will bear heavily on the doctor's mind are:

1. Is he sure he made the right diagnosis of myocardial infarction
2. Will the medicine he has given keep the patient alive till he reaches the higher centre
3. Will the ambulance arrive on time to shift the patient?
4. What will happen to his reputation if the patient dies when he is still in his care
5. Will the patient's relatives become violent if the patient dies?
6. What will his professional colleagues think about him if there is any untoward incident following his treatment to the patient
7. Will his own paramedical personnel respect him if the untoward incident occurs
8. What are the possible legal consequences if the patient dies in his care before being shifted?
9. Can he be charged for negligence?
10. Why did he not train himself or equip himself sufficiently to handle such a patient?

These are some of the thoughts that will be running through the doctor's mind. Each one a source of significant psychological discomfort or pressure. But though the doctor is aware of these limitations and he still cannot outright refuse to attend to the patient.

Though the example quoted above is in a small clinical set-up, it doesn't mean that the healthcare personnel in larger tertiary hospitals are devoid of these emotional strains. They will have their quota of pressure along the same lines.

A study has shown that the fear of causing harm to the patients as the single most stressful feeling among healthcare personnel than the other known stressors such as violence, sexual harassment, night shifts to name a few. Being involved in an untoward incident put forth an emotional burden of guilt in the HCW. It gave rise to feelings such as inferiority complex, inadequateness of knowledge, self-depreciation, and generalized uneasiness of the mind. Most HCW had associated negative effects such as sleep disturbances, nightmares and general anxiety. Nearly 88% of the study group blamed themselves for the untoward consequences irrespective of whether they in any control of changing it. This negative mindset is likely to become vicious in deterring their decision making skills in the case of other patients.

The common reasons for errors being missed and unreported are:

1. Embarrassment
2. Fear of informal punishment
3. Effect on career growth
4. Legal sanctions

We know that the almost all the HCW are under pressure of fear of mistakes and error, but these issues never surface significantly. As the cause of a psychological problem cannot be singled out to the fear of errors, we need to attack the hidden part of the ice berg with broader approaches of prevention and management.

Trivia

Healthcare personnel who specialize in invasive procedures of treatment such as surgeons are believed have lesser extent of fear and have higher risk taking abilities than their non-invasive counter parts.

1.4.3 Dealing with the Sick

The first and foremost hazard is constant exposure to people who are suffering or dying from tertiary illnesses. HCW make a living from attending on these unfortunate people. Though the HCW are sufficiently prepared through their training to deal with sick people, the actual constant exposure to them day-in and day-out can lead to significant psychological problems resulting in what we call “*brown out*”. This is just a predecessor of the term “*burn out*”. Though not as severe as burn out which is total lack of interest in the work, brown out is explained as the feeling of continuous draining of mental strength. This occurs among healthcare personnel due to continuously using themselves as a tool to alleviate suffering of others. This includes owning up responsibilities for any deterioration in the health of patients. This feature was extensively dealt in the previous section.

Unlike certain other hazards which can be eliminated or substituted the exposure to this hazard can neither be eliminated or substituted. It just has to be managed appropriately.

HCW involved in rescue operations and handling mass casualties are prone to suffer from nervous breakdown due to high intensity and continuous workload.

1.4.4 Fear of Legal Suits

The psycho-social pressures due to legal suits and malpractice claims are an important hazard. In the current set-up of healthcare services, malpractice claims have become very common. Doctors and even paramedical personnel are sued on issues such as negligence and faulty treatment. These legal issues have forced many doctors to change their method of medical practice and even specialties. The constant threat of being sued for any inadvertent harm they may cause whilst diagnosing and treating a patient always hangs as the mythical sword of Damocles over the doctor's head. Patients and their relatives are willing to go to the media and press if they are not satisfied with the doctor's treatment which could result in irreversible damage to the reputation of the doctor and also the medical institution. Whatever be the outcome of such malpractice suits the healthcare personnel take a lot of time to mentally come out of the mishap.

1.4.5 More Knowledgeable and Aware Patients

With the advent of the internet, patients are better informed about their disease and treatment options. With information being readily available they have become more demanding of the services of healthcare personnel. Though perceived as a development for the non-medical man's knowledge, this recent development has become a major stress factor for the conventional healthcare personnel.

1.4.6 Competition

With increasing privatization of healthcare services, healthcare personnel face stiff competition from their peers. With the fear of errors looming large on one side, some healthcare personnel are forced to take risky decisions for their patients to ensure they do not lose out on their clientele. This compounds the stress due to fear of errors.

1.4.7 Health audits

HCW facing audits has become the norm in the recent times. Audits are exercises to check if the healthcare delivery has reached the intended people at the intended time. This is measured against the existing morbidity index in the society or population. Healthcare personnel in government service and industrial set-ups are particularly subjected to this type of stress.

The government has established some benchmarks such as vaccination targets and disease eradication programmes. Healthcare personnel are expected to meet the target of number of immunizations per month and ensure there is no outbreak of the diseases covered under eradication programme. These activities are checked under health audits.

Similarly, health status delivery to employees in an industry is audited to scrutinize the efficiency of the performance of the industrial health teams.

Preparing records, check-lists and maintaining them with regular updating and further producing them when required is a substantial source of stress.

1.4.8 Quality Management and Certifications

Healthcare has become as commercial as other industries. This has led to hospitals and medical institutions vying for certifications on standards, quality and excellence.

This has become important both to increase clientele and as a matter of pride. This introduction of quality has direct effect on working culture, hierarchy, and skill development. Documentation to the greatest precision is the basic requirement to ensure quality management. Hence what earlier used to be a formal communication of medical information has become a matter of strict compliance. This has added to the existing stress among HCW.

Medical field is one of the areas where there is a need to keep up with the latest development globally. In the absence of timely knowledge improvement, it is likely that the personnel will be left behind by their peers. Gaining knowledge involves extensive reading, attending medical seminars and other continuing medical education programmes. The fact that there is no point of time where HCW can put up their legs and say that they have completed their education is obviously a perpetual stressor.

1.4.9 Skill Utilization

Apart from skill development, the other area which causes concern among HCW is adequate utilization of such skills gained. For example, an ICU trained nurse being made to work in the general ward can cause subsequent job dissatisfaction over a period of time. This is true though the responsibilities of a ward nurse are comparatively less taxing than an ICU nurse.

1.4.10 Technological Development

Needless to say, medical technology has been developing in a brisk phase. A few decades ago CT Scans and MRIs were practically unheard. Healthcare personnel relied only on X Rays to make radiological diagnoses. With increase in competition, personnel who are unable to read CT scans and MRI films are fast losing out in the race. Similarly, open surgeries in the abdomen and joints are being replaced by minimally invasive laparoscopic and arthroscopic surgeries. If a surgeon from two decades back who had learnt to perform surgeries the conventional way does not learn to use the newer technology, he will be out of business. But again we have not reached the summit of technological development. In another couple of decades another new technology will surface requiring the present day laparoscopic surgical experts change their techniques. Keeping abreast with technological growth has become inevitable for healthcare personnel.

1.5 SEXUAL HARASSMENT

Definition: Sexual harassment is defined as making unwanted, unpleasant, inappropriate or obscene sexual gestures and/or remarks at another person. This may happen at the workplace, public places, public transport or anywhere.

Under the Sexual Harassment at The Workplace (Prevention, Prohibition and Redressal) Act, 2013 sexual harassment includes: a) Physical contact and advances, b) A demand or request for sexual favours, c) Making sexually coloured remarks (so, no sexist jokes or misogynist humour), d) Showing pornography, e) Any other unwelcome physical, verbal or non-verbal conduct of sexual nature., Under the Act, the below five also count as sexual harassment:., a) Implied or explicit promise of preferential treatment in her employment., b) Implied or explicit threat of detrimental treatment in her employment, c) Implied or explicit threat about her present or future employment status, d) Interference with her work or creating an

intimidating or offensive work environment for her (for eg., the St. Stephen's College sexual harassment case) and e) Humiliating treatment likely to affect her health or safety.

Though the intensity of such unwanted behaviour is usually to a person of the opposite sex, it is not always the case. And again though the members of the female gender are the most common victims, male gender is also affected by sexual harassment. Statistical reports reveal that of all reported cases of workplace sexual harassment, 79% the victims are women and 21% the victims are men. In 51% of the cases, harassment was by a superior ranked person.

With social media being in vogue in the present day, 25% of women and 13% of men have reported of being sexually harassed online.

In India, sexual harassment and sexual violence needs to be curtailed at any cost. The government has strict legal enforcements are in place to put an end to this menace. Cyber police division has been set up to control online sexual harassment crimes.

The HCW' scenario

About 75% of the HCW are women. Though the gender division among doctors is 50:50, the paramedical jobs are dominated by women workers. This gender bias by itself makes the HCW moresusceptible to sexual harassment.

HCW can be subjected to sexual harassment from three sources

1. Patients and their relatives
2. Co-workers and superiors
3. External factors

Patients and their relatives

The very essence of healthcare is to be kind and caring to the sick and compassionate to the relatives of the sick. This feeling of concern towards the ill patients and attending to their needs and similarly being a source of emotional support to the relatives is often misinterpreted by the receivers.

The patients and their relatives are already emotionally challenged and are in a vulnerable state themselves. In this state when someone gives them attention, they tend to get attached to them. This is where the HCW set themselves as easy prey.

For example, a young man who has been severely injured following a road traffic accident is gradually nursed back to health by a female nurse. Though the nurse would have been doing this as a part of her job without any ulterior motive, the man develops an attraction towards her. He interprets the nursing service as a sign of acceptance and not as professional conduct. This may result in him trying to keep in touch with the female nurse even after his period in the hospital. In the event of lack of reciprocation from the female nurse, his approach may take the form of mild to severe harassment such as texting messages, calling over telephone and stalking.

In another situation, a young teenage girl who has been consulting a dentist regularly may develop an infatuation towards the unsuspecting dentist. Due to this the dentist puts himself in a position to be harassed by the girl. What may start innocently with probably unnecessary visits to the dental clinic, it may progress to

obsession towards the dentist. If this unwanted attention from the girl is not managed at the early stages effectively it may lead to dire circumstances. It may even result in the name of the dentist being tarnished and him losing his clientele.

Apart from the above the direct accusation that the sex of the treating healthcare personnel being responsible for the deterioration of the patient's health is a severe form of harassment. Common statements such as, "the patient would have improved if it was a male doctor" are commonly made by frustrated relatives of patients. This gives to a very unpleasant feeling to the treating female doctor.

With home care nursing being followed now-a-days, these home nurses are always at the treat of sexual harassment from the patients and relatives in the secluded settings of the private place.

The sad part is that most incidences of sexual harassment go unreported owing to feeling of shame and stigmatization of the victim.

Co-workers and superiors

Like in all other occupations the sexual harassment from co-workers and superiors is prevalent among HCW. Harassment in all forms from snide remarks to sexual favours exist in the healthcare industry. Demanding sexual favours in return for jobs, transfers, promotions, providing more clientele and cross referrals among others are not unheard of among healthcare professionals.

Close proximity of work at times of stressful assignments such as natural disaster relief operations or managing mass trauma makes the HCW emotionally unstable and vulnerable, clarity in thought is affected prompting harassment from co-workers.

External factors

Healthcare is expected to be provided round the clock with no regard to time. This makes the healthcare personnel work at odd hours. In socially unsteady societies it becomes risky for especially women workers to reach and leave work late into the night. The chances of sexual harassment in public places during these hours of the day are highly possible.

Further healthcare personnel work in an environment with co-workers of both sexes. Their professional relationships cannot be understood by the common man and hence they may be struck down as one with a loose character.

1.6 BULLYING AND VIOLENCE AT WORKPLACE

Traditionally violence against HCW was existent only in psychiatric and geriatric wards. Since most patients in these wards are psychologically challenged, it was accepted to an extent where it was even considered as part of the job. But over the years it has moved to prevalence of violence from patient relatives (or attenders) and even co-workers.

A report published in British Medical Journal³ states that, "Workplace bullying has been estimated to affect up to 50% of the United Kingdom's workforce at some time in their working lives, with annual prevalences of up to 38%, and is becoming increasingly identified as a major occupational stressor. In the United Kingdom costs have been estimated at £2-30bn (\$3-48bn; €3-44bn) per annum, although research indicates figures closer to the lower end of the range. Of particular concern is the growing evidence of bullying among healthcare workers. A 1996

questionnaire survey of 1100 employees of an NHS community trust found 38% reported being subjected to bullying in the workplace in the previous year, and 42% had witnessed the bullying of others. Staff who had been bullied had lower levels of job satisfaction and higher levels of job induced stress, depression, anxiety, and intention to leave. Similar rates were found in a recent survey of 1000 junior hospital doctors in the UK."Violence can range from verbal abuse to causing physical injury.

Violent incidents especially in psychiatric and geriatric wards often go unnoticed as it is expected due to the nature of the patients in the wards.

1.6.1 External Violence

HCW are prone to be subjected to violence from external sources such as patients' relatives and attenders. Among the HCW, the ones working in an emotionally volatile environment such as the casualty wards, emergency wards and intensive care units are likely to be subjected to violence more often.

Most illnesses and injuries which require hospital care occur unexpectedly. The most common causes of violence erupting are because clash of two emotionally charged groups. One the hot-blooded patients' attenders and the other being the highly stressed HCW.

Imagine the situation when a popular politician or actor is injured or falls acutely ill and is brought to the emergency ward. A huge number of followers and fans are likely to besiege the hospital. They expect minute on minute updates on the progress of their icons. This creates two emotionally charged groups. At the same time, certain procedures and investigations do take time, which is not understood by the non-medical fans and followers. Every passing minute they get restless and in most cases resulting in the HCW being verbally attacked and then physically assaulted. Further the ongoing 24/7 media coverage further increases the stress.

It need not be only in the case of a popular personality being brought to the hospital in a critical state, any person brought to the emergency is accompanied by an emotionally charged attendant. Thus the risk of being subjected to violence looms large over HCW.

The other instance of aHCW being subjected to violence can happen during home nursing or similar lone working.

Sometimes there is a possibility of violence to occur in out-patient clinics due to waiting for long hours or certain procedural delays.

1.6.2 Internal Violence

Internal violence can happen because of disagreement between two departments. Though this is only in an extreme condition, it still is possible. Here again it is to be understood, that healthcare works in an emotionally charged environment and it is easy for violence to break at any time.

An example that can be given is when treatment schedule is planned by a senior doctor with his team. The senior doctor is himself under pressure and will want the entire team to follow his instruction. If one member of the team fails to follow instruction the senior doctor could verbally abuse the physician.

Another common example of internal violence is the surgeon throwing faulty surgical equipment at the theatre nurse during a stressful surgical procedure.

It has to be understood that violence in a healthcare setting does not often involve any personal vendetta in both internal or external types. It usually breaks loose at the spur of the moment.

1.7 NIGHT DUTIES AND SHIFT WORK

Human being is provided with an inbuilt biological clock. The biological clock is controlled by the circadian rhythm assigns time to the body to do various daily activities in a clockwise manner. The body is thus programmed to do certain activities and demand certain habits. One such major demands from the body is sleep.

An average adult human being requires a minimum of 6 – 7 hours of sleep a day. Deprivation of sleep leads to systemic as well as psychological health problems.

1.7.1 Types of Shifts

Shift work can be defined as work gone at any unusual time of the day. Healthcare has to be provided 24 hours a day. That cannot be changed. To ensure healthcare is provided HCW are required to work around the clock in shifts.

Shifts can be classified as follows

Flexibility based

1. Regular shift – A fixed roster is repeatedly followed. People work at during the same hours every day
2. Irregular shift – No fixed roster schedule is followed. People's preferences are not considered before drafting this
3. Flexible shift – This is the same as irregular shift except the workers are consulted before drawing up the roster schedule.

Rotation based

1. Permanent – A group of nurses work only night shifts.
2. Fast rotation – A group of nurses work in the day and for a few nights a month
3. Slow rotation – A group of nurses work in the day and a few months a year they work at night.

1.8 ADVERSE EFFECTS PSYCHOSOCIAL HAZARDS

The reason we are specifically discussing psycho-social hazards is because of their negative effects. Unlike other clinical diseases which can be detected early, health effects due to psycho-social hazards take a longer time and effort for detection. The adverse effects of psychological hazards is classified into two broad groups namely (1) psychological and (2) physical.

1.8.1 Psychological Effects

(i) *Work related exhaustion*

Excess work can negatively affect a person in any occupation and the HCW are no exception. HCW are susceptible to three broadly and intermixed problems due to excess workload. The times HCW are exposed to excess workload are during epidemics, mass trauma (like train accident) and during the aftermath of natural disasters.

1. **Nervous breakdown:** This is a type of acute stress reaction. Where the HCW is unable to work due to anxiety. They may push themselves to work but the quality of work will be very poor.
2. **Brown out:** An intermediate form before turning out to be burn out.. This occurs due to imbalance between demand of work and ability to cope with it . Bearing their emotional burden on a regular basis results in brown out
3. **Burnout:** This is total mental exhaustion with inability to think clearly. This condition often results in faulty decision making. Though not recognized as specific mental disorder it is known type of mental exhaustion. This is again because of constantly feeding the needs of emotional support such as patients and their relatives. People in a state of burn out have poor skill utilization. Increasing patient demands is identified as the chief contributory factor for burn outs.

(ii) *Depression and Suicidal Tendencies*

HCW are more prone for suicides according to a study in Europe and is more common among female doctors, followed by male surgeons and nurses in psychiatric wards. Chronic depression due to working long hours indoors and lack of proper light exposure, limited social friends among others have been listed as the cause for suicidal tendencies among HCW.

Feeling of hopelessness, mental exhaustion, and low self-esteem are manifestations of depression and leads to suicidal tendencies.

(iii) *Behavioural Problems*

The additional contributors include the false sense of relaxation induced by habits such as smoking, alcohol consumption and eating in excess, all lead to cardiovascular problems. These habits with addition of long hours of work in closed confines of the operation theatre performing stressful surgeries have had their toll on surgeons worldwide (more than physicians), according to studies.

Drug Abuse

Abuse of prescription drugs such as anti-anxiety medicines, sedatives and anti-psychotic medicines in the attempt to get stress relief is a very common problem among HCW. Easy access to these drugs and syringes coupled with high tension work environment makes a scary combination. Unhealthy work climate also leads

to the excess use of certain other drugs such as amphetamine and caffeine which in turn again leads to severe mental instability among healthcare personnel.

Increased instances of the problem of smoking and alcoholism is seen among HCW under severe stress. Though aware of the health complications and the temporary effects of their use, they still resort to them.

Personal life

Psycho-social hazards have a huge impact on personal life of HCW. Lack of clear and specific working hours leads to heavy compromises into personal time and time to be spent with family and friends outside work. All the exposures mentioned above contributes to negative effects on personal life. The incidence of divorce and familial discords among HCW is forever increasing at a higher rate than among other occupations.

1.8.2 Physical Effects

These include

Cardiovascular health

Persistent stress with minimal or no recreational activities, is a behavioral problem leading to diseases such as early onset diabetes, hypertension, obesity and subsequently poor cardiac health. Musculoskeletal Disorders (MSD) is one of the most commonly recognized physical manifestation psychosocial health problems.

1.8.3 Adverse Effects Related to Shift Work

Individual differences

The people in general are of two types. Those who wake up early and start the day (morning larks) and those who prefer to work late at nights (night owls). When it comes to shift work, the night owls are more adjustable to work at unusual hours than the morning larks. Similarly, individual characteristics; introverts find it more difficult managing the circadian rhythm than extroverts. Middle aged and elderly suffer more than younger workers. Women are more flexible and can work at odd hours when compared to men. This can be attributed to the fact that women in most countries also run the household. Physically fit individuals are more capable of handling shift work. Regular exercise helps negating problems such as sleep disturbances which are common among shift workers.

Sleep disturbances

Shift workers often suffer from sleep disturbances. Even the number of hours of sleep they get is comparatively less. The quality of sleep is poor among night shift workers. They suffer from problems such as intermittent sleep and early waking up. This poor quality sleep is due to unfavorable bedtime and noisy day-time atmosphere.

Reduced alertness

Speed, accuracy and related decision making is affected towards the end of the shift among night-time workers. They usually have to fight severe sleepiness in the early mornings. This in turn decreases their effective performance at work

Accidents

Lack of sleep and improper sleep which leads to reduced alertness, next makes shift workers prone for accidents towards the end of their shifts and also on their way back from work to home. Extreme sleepiness causes them to fall asleep while driving. In the case of HCW this risk extends to endangering patient safety.

Gastrointestinal problems

Shift workers have commonly reported with gastrointestinal problems such as loss of appetite, acid peptic disease and constipation. The circadian rhythm controls the normal gastrointestinal functions. Untimely meals are not programmed in the circadian rhythm resulting in these problems. Increase in smoking and consumption of coffee are thought to cause shift workers to frequently suffer from acid peptic diseases.

Cardiovascular problems

Increased instances of smoking and increase in blood pressure due to lack of sleep are two known factors increasing the incidence of heart problems among shift workers. Unhealthy and irregular food habits further intensify this problem.

Mental health

Mental health problems such as depression has shown a tendency to incline towards shift workers. Higher incidences of stress related problems and emotional distress are reported from people who work on irregular shift than on regular shift.

Pregnancy

A relationship has been developed between shift work and low birth weight babies. Other problems include spontaneous abortions and pre mature births. This maybe a direct effect of irregular shifts or indirectly due to increased stress and family conflicts associated with shift work.

Family life

People working on shifts have make a huge compromise on their social and family life. Their private life involving shopping and banking is also dented. The time when these paces are open or when people gather for a social event, the shift workers will usually be on duty. This causes problems not only among the shift workers but also family members, as they have to schedule family get-togethers according to the shift timings. Communication between the worker and his spouse and children is affected. Recreational activities and learning activities become difficult. Among night shift workers the alertness is affected at day-time meaning that they spend very little quality time with their families.

Cancer

Melatonin is the sleep hormone that regulates sleep. Suppression of the release of this nocturnal hormone by working at night, causes increased risk of breast cancer amongst night-time female workers. Reduced melatonin causes increased estrogen release. This is probably the cause of the night shift female employees being at an increased risk to develop breast cancer. In addition to these the gastrointestinal function irregularities due to working at nights can lead to cancers of the gastrointestinal tract such as colorectal cancer.

1.9 ROLE OF OCCUPATIONAL HEALTH SERVICES

An occupational health physician (OHP) should be consulted. The supervisor or co-worker must describe the changes in behaviour of the person needing psychiatric help. At all phases of treatment confidentiality where feasible should be maintained. Clinical details should be shared only on the consent of the worker.

The OHPs responsibility is to facilitate psychiatric treatment of the worker and should co-ordinate with psychiatrist.

Care should be taken to access the if the psychiatric problem is genuine. There are instances where the worker can be labelled as a person with mental illness because of not being liked or popular with the co-workers or management.

Rehabilitation of a mentally ill HCW

After it has been established that a HCW has a psychiatric disorder, care should be taken to rehabilitate the person. Completion of treatment should be ensured.

Duty hours

The duty hours must be gradually increased. To begin with the worker's timing should start with 2 – 4 hours a day and gradually increased to 8 hours a day over 6 weeks. Initial period on return to duty should be under direct supervision.

Job restrictions

The OHP should specify the job restrictions at the time of advising rehabilitation. These may include

1. Light sedentary work such as desk jobs only
2. To avoid night shifts
3. Not be posted in high stress areas such as intensive care units
4. Avoid lone working
5. Not to be posted in wards which stock psycho-active drugs

Job modifications

Job modifications are to utilize a different skill set of the worker such as

1. From patient care to administration
2. Ward nurse to non-clinical ward secretary
3. Surgical nursing to homecare nursing

Return to original duties

This is usually deterred except in very exceptional cases. The stimuli to the earlier psychiatric illness should be prevented to the maximum possible. However, this is still a gray area where highly skilled personnel like surgeons and specialized nurses are concerned. These personnel would have undergone specific training for the job and their skills may be wasted.

Check Your Progress 1

1. What is flight, fight or freeze response?

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2. How is decision making a psycho-social hazard?

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3. What are the types of psycho-social hazards exposures?

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4. List the adverse effects of psycho-social hazards

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5. How can healthcare workers be victims of sexual harassment?

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6. What are the common types of exposure to violence among healthcare workers?

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7. What are types of shifts?

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8. What are the occupational risks associated with shift workers?

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9. What is abuse, dependence and addiction?

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10. What the signs and symptoms of chemical dependence and addiction?

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11. What is the role of occupational health services in mental illness among healthcare workers?

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1.10 KEY WORDS

Burnout : Prolonged and excessive emotional, physical and mental stress results into a psychological condition called burnout. This lead frustration and lower productivity.

Brown out: An intermediate form before turning out to be burn out.. This occurs due to imbalance between demand of work and ability to cope with it. Bearing their emotional burden on a regular basis results in brown out.

Stress: *a perceived substantial imbalance between the demand and response capability under condition where failure to meet demand has important consequences. Stress is also defined as the sequence from stressors to stress reaction and long term consequences.*

Stressors : *These are environmental event or conditions that result in stress.*

Stressful : *Pertaining to an environment that has many stressors.*

Strain (or stress reaction): *Short term physiological or psychological or behavioural manifestations of stress.*

Modifier: *Individual characteristics orenvironmental factors that may add on each stage of stress response to produce individual variations*

Psychosocial Factors: *Factors influencing health services and community well-being stemming from the psychology of an individual and the structure and function of social groups. This includes social characteristics such as patterns of interaction within family or occupational groups, cultural characteristics such as traditional ways of solving conflicts and psychological characteristics such as attitudes, beliefs and personality factors*

Psycho-social Hazards : *Are those that have a potential to cause psychological or physical harm to a person. .*

1.11 LET US SUM UP

Occupational psycho-social hazards are prevalent in all places of work. Healthcare workers are often a neglected workforce as these hazards are expected to be a part of work.

These psycho-social hazards among healthcare workers forms a vicious cycle with one hazard leading to the other. Starting from fear of harming the patient and decision making errors and facing subsequent consequences. These can be exposure to sexual harassment and violence at the work place. They are further subjected to other sources of stress such as peer competition and keeping abreast with technological developments and education.

In an attempt to cope with such pressures, the healthcare workers sacrifice their personal, social and family life. This again becomes detrimental to their mental status, which again leads to lack of clarity in thinking leading to making faulty decisions.

The work environment being challenging, causes emotional strain and makes these workers susceptible to seeking solutions in the way of alcohol and drugs. The habits that start of as recreational use become regular use causing them to become dependent or addicted to these psycho-active drugs and alcohol.

To make matters worse, these psycho-active drugs are easily available to healthcare workers in their work environment.

The cumulative effect of these can result in impaired performance and poor patient care. These hazards have to be addressed accordingly. Prevention and management of psycho-social hazards at both individual level and organizational level is discussed in the following units.

1.12 ANSWERS TO CHECK YOUR PROGRESS

- 1 Flight, fight or freeze is a normal pathophysiological response of the body when the mind is subjected to stress. Stress causes release of adrenaline and cortisol. Adrenaline causes the body to either flee from the stress causing hazard, fight or try to manage the hazard or become motionless (freeze).
2. HCW have an important task of taking a decision which may alter the course of a patient's illness and suffering. If an inadvertent wrong decision is made the patient's condition may become very critical even resulting in death. As the human body is highly complex the decision making is risky. The consequences of a wrong decision either in treatment or choosing a diagnostic procedure may not go down well with the patient, their relatives and the management. This may further cause loss of reputation and clientele with negative publicity and a tarnished image. Being involved in an untoward incident due to faulty decision making, even when unnoticed, may cause feelings of guilt, inferiority complex and sleep disturbances.
3. The types of psycho-social hazards a HCW is exposed to include
 - a. Exposure to the sick
 - b. Legal implications

Psychosocial Hazards

- c. Knowledgeable patients
- d. Peer competition
- e. Health audits
- f. Quality management
- g. Technology development
- h. Skill development and utilization
- i. Shift work

4 The adverse effects of psycho-social hazards are

- a. Work related exhaustion – Brown out and burn out
- b. Suicidal tendencies
- c. Drug abuse
- d. Poor Cardiovascular health
- e. Compromised personal life

5 HCW can become victims of sexual harassment from their patients, their relatives, peers and superiors and due to other external factors such as working at odd hours and lone working or separation from their families.

6 HCW may be subjected to violence from external sources (attenders of patients, police) and internal sources (co-workers).

7 Shifts can be classified as follows

Flexibility based

1. Regular shift – A fixed roster is repeatedly followed. People work at during the same hours every day
2. Irregular shift – No fixed roster schedule is followed. People's preferences are not considered before drafting this
3. Flexible shift - This is the same as irregular shift except the workers are consulted before drawing up the roster schedule.

Rotation based

1. Permanent – A group of nurses work only night shifts.
2. Fast rotation – A group of nurses work in the day and for a few nights a month
3. Slow rotation – A group of nurses work in the day and a few months a year they work at night

8 The risks due to shift work are

- a. Individual differences
- b. Sleep disturbances
- c. Social isolation

- d. Reduced alertness
 - e. Cardiovascular illnesses
 - f. Gastrointestinal illnesses
 - g. Cancer
 - h. Pregnancy related complications
- 9 Abuse, dependency and addiction are often interchanged or used in conjunction. But they all convey a different meaning.
- i. Abuse: This indicates that a particular substance (chemical) is used for a purpose for which the substance is not intended to be used for
 - j. Dependency: This is a psychological compulsion to use the chemical.
 - k. Addiction: Addiction is the next and the person becomes physically attached to the chemical.
- 10 Signs and symptoms may be physical, emotional and social.
1. Physical
 - Deterioration of physical appearance
 - Complaints of vaguely defined illness
 - Chronic medical problems (colds, flu, stomach aches)
 - Sleepiness, exhaustion, fatigue
 - Slurred speech
 2. Emotional/Mental
 - Irritability or argumentative
 - Over reactive to criticism
 - Depression
 3. Social Habits
 - Talking about financial problems; borrowing money excessively
 - Avoidance of family & friends
 - Frequent complaints about problems at home and/or work
 - Arguments or trouble with co-workers, family, and/or friends
- 11 The role of occupational health services in a case of a mentally ill HCW is to:
- a. Facilitate psychiatric treatment
 - b. Decide on rehabilitation
 - c. Advise job modifications
 - d. Evaluate fitness to rejoin duty

1.13 REFERENCES AND SUGGESTED FURTHER READINGS

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