Coping
with Stress
at Work

Over the past few years there have been a growing number of stories and examples of how stressful work has become for many RDs. These stories are told in calls and reports to the College, in round table discussions across the province, and in confidence to the staff and Council members of the College.

"The current work environment in hospitals is such that it is very difficult to 'protect the health of the public'. ... As a dietitian who wrote all the TPN and enteral feeding orders, I came to realize that what I was doing was very risky business, and that, if God forbid, I made an error, no one would support me and, worst of all, another human being would suffer."

PRACTICING RISK MANAGEMENT

How RDs manage stress is a key element in responsible professional practice.[1] As regulated professionals, RDs have a number of professional responsibilities. Fulfilling them requires awareness of their duty to clients, the profession, society (legal obligations) and to oneself. Being professional means making choices and accepting responsibilities related to our duty to care for our own health and wellbeing and to maximize personal and organizational performance and effectiveness. Practicing good risk management requires professionals to have a certain level of self-awareness to recognize:

> **Practicing good risk management requires professionals to have a certain level of self-awareness to recognize the "stressed self"...**

✔ the "stressed self";

✔ the risks of becoming stressed;

✔ the consequences of unchecked stress; and

✔ situations where poorly managed stress leads to poor performance and has a negative impacts on clients.

DEFINING WORKPLACE STRESS

Although definitions of stress vary, it is widely accepted that stress is the body's physiological and psychological response to a "dangerous situation". What is perceived as "dangerous" in the work place is very individual. It is a process that includes factors that cause some individuals to think that they are unable to cope with the situation facing them. Feelings such as anxiety, tension, frustration and anger arise from the recognition that we are failing in some way and that things are out of control.[3]

The concept of 'workplace stress' is relatively modern. The term has found a place in the media where it is given currency by labour unions, academics and some researchers. The *United States National Institute for Occupational Health and Safety* offers this definition:

> "Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, the resources, or needs of the worker."

After over 20 years research, fundamental issues of definition and causal effects linking workplace stress and disease still remain unclear. Even less is known about the impact of health professionals' stress on clients or how stress affects performance, quality of care, patient safety or professional practice.

continued …

Workplace Stress a Given

There is ample evidence showing that, as a group, health professionals experience occupational stress and personal stress that can lead to burnout, mental health disorders, and relationship problems. Yet health professions often fail to seek services for themselves during times of need. It may be difficult to admit that the pressure of work is getting to us.

Do you know?

● **Statistics Canada National Population Health (1998/1999) found that 17% of men and 37% women reported high levels of job stress.**

● **10% of the population will experience burnout or significant stress related disorders over their lifetime. The observed rate for women is 4 -5 %.**

● **MDs experience the same overall prevalence of stress as the general population.**

Individual and organizational health are interdependent in the sense that organizational hazards can create substantial ill-health amongst employees and distressed employees can cause substantial organizational dysfunction. Workplace restrictions, information overload, interruptions and overwork all contribute to the amount of stress we feel.[4]

Individuals and organizations react to stress in different ways. Some researchers use a systems approach to understand the differences in how we approach individual and organizational health to manage workplace stress. Along with personal system factors, such as job and work roles, sociodemographic factors and personal resources, the workplace system factors listed below are also work stressors :

✓ Lack of choice: staff who have more opportunities for control and decision-making have higher job satisfaction even when the workload is high.

✓ Ambiguity: clearly articulated expectations and responsibilities are associated with less depression in senior medical residents.[5]

✓ Constant interruptions; there is a readiness to accept interuptions without looking for strategies to deal with them more effectively or assertively.[6]

✓ Overwork is not acknowledged: acceptance and expectation of long hours is widespread. (See chart below for more examples of stressors on the job)

One survey of health professionals in leadership roles found that they did not recognize working extra hours to be a stressor and yet there is good evidence that working more than 40 hours a week results in increasingly unproductive work. These health care managers were poor delegators, admitting that they needed to check up on work they had assigned to others instead of letting them do it. They wasted time trying to do everything and were less free to deal with tasks that had greater stress inducing potential.[6]

Australian researchers are now exploring how stress affects professional practice. The first findings from their Internet based research have been posted and suggest that the stressors across different professional groups are similar but weighted differently by each discipline. Their sample is still small, and there were not enough dietitian responses to be presented independently. However, workplace bullying and harassment, staffing disruptions, shortages and time pressures, and work encroaching on personal time, are all reported in the diaries the health professionals kept last year for this study.[7]

Work Environment Stressors in Health Care

● inadequate staffing

● role ambiguity

● critical and unappreciative or disruptive clients

● verbally abusive clients or coworkers

● unresponsive agency (organization) leadership

● conflict among health care providers

● inflexibility or lack of choice

● having no voice in issues of personal importance

● lack of support when dealing with ethical issues

● physical demands

● Interruptions

● Overwork

● Time constraints

● Conflicts between tasks

● Isolation from other workers

Professional Practice

DETECTING STRESS

Feelings are probably the most powerful indicators of stress. Of course most, if not all RDs, face stress almost constantly, especially in today's competitive workplace. As early as internship, the ability to tolerate stress is recognized as a job requirement.[8]

Family and friends are usually the first to notice persistent changes in behaviour. Everyone has "bad days", occasional forgetfulness, fatigue or short temper. When these events become more frequent and are no longer isolated episodes, detection may go unnoticed except by those most familiar with our usual behaviours.

"I thought I was coping with this heavy workload but I was not…I felt so responsible. My mind raced with a number of scenarios. If only I had checked…Perhaps I should have…I told myself that I should have…I felt my guilt and stress and frustration about this patient and the ones who had come before her bubbling up within me."

EMOTION-BASED & PROBLEM-FOCUSED COPING

In our present workplace culture, health professionals are often expected to manage their stress and get back into "control" on their own. For the most part, this emotion-based coping is aimed at managing the negative emotions that accompany stressful events.[6]

Emotion-based coping is personal and relies on many proven stress relief techniques like visualization (picturing yourself in a relaxed setting), conscious muscle relaxation and deep breathing. Sports, leisure and recreation, time off and spirituality are other examples.

In addition to emotion-based coping, many health professionals may want to consider the possibility of using problem-focussed strategies to alleviate stress in their work place. Taking responsibility for reducing stress at work may often be the most productive approach. Effective problem-focused strategies are listed in the box.

ORGANIZATIONAL COMMITMENT

Management can also play a critical role in relieving work-related stress. Proactive management recognizes the benefits of addressing stress at the level of the stressor using a more productive problem-focused approached.[6] It can

PROBLEM-FOCUSED COPING IN THE WORKPLACE

☞ Raise issues of concern with supervisor or HR in the first instance.

☞ Accept opportunities for counselling when recommended.

☞ Assist in the identification of causes of stress and report to Head of Section or Personnel.

☞ Be courteous and helpful towards colleagues and provide support during pressure/stressful periods.

☞ Reporting areas where stress management could be improved.

☞ Reporting incidents of bullying/harassment. etc.

☞ Ensuring ones own individual behaviour is appropriate.

offer valuable support through coping strategies such as staff meetings, supervision, talking, working as a team, training and having time off. This kind of problem-focused coping is seen as more adaptive in the work-place than emotion-based coping.[5]

The workplace must be committed to providing a working environment and management practices that promote the best health of all employees. Part of the commitment is to minimize the risk of the harmful effects of stress by:

● Introducing workable policies and procedures.

● Increasing awareness and understanding of stress-related issues through training.

● Investigating all incidents of potential or actual work-related stress.

● Providing access to confidential counselling services for staff who may have been injured by stress.

RDs as Employers & Workplace Control Measures

Work related stress is a health and safety issue. Risks to health can be minimized by the implementation of good management procedures. As employers, RDs also have a duty to protect their employee's health and safety regardless of whether the employee willingly puts themselves in harm's way. Denial about the impact of work stress is common but RDs in leadership roles need to be mindful of not taking a stressed employee's denial at face value.

Employers need to create an environment where colleagues and employees find it easy to be honest. When dealing with poor performance, employers need to monitor the situation and take into account matters outside the work setting that contribute to stress (divorce, money worries, etc). They are also responsible for taking reasonable measures to alleviate stress-causing situations in the workplace. They also have a responsibility to assist in their employees' rehabilitations when they return from a stress-related leave.

Professional Practice

ASK YOURSELF, "WHERE DO I STAND?"

Workloads and performance expectations are at an all-time high. Changing models of health care delivery have resulted in more part-time and contract jobs that isolate RDs from work teams and support networks. People are working longer hours and newer technologies have others bringing their work home. Ethical practices that sustain RDs in times of stress reflect the following:

- how we come to know ourselves and what we need to do to be professional;
- the capacity to balance competing pressures and responsibilities;
- the capacity to access and act upon a wealth of health promotion resources available to us;
- the capacity for self reflection; and
- the development of a sense of responsibility for individual and institutional health and well being.

Each RD has the responsibility to be watchful that stress does not negatively affect their health, their work performance and client care. They have a duty to work with employers (or employees) to create work environments that help manage stressors, and to seek help when needed.

STRESS AND INCAPACITY

Excessive and prolonged stress leads to a state of mental and physical exhaustion that defines burnout.[2] Negative coping strategies can lead to incapacity. In an upcoming article on stress, *résumé* will explore the link between workplace stress, incapacity and fitness to practice.

NOTE: This article is posted on the College website with live web links. It is a result of work done by the College's Fitness to Practice Committee building an earlier "Fitness to Practice" article that appeared in *résumé* (Spring 2002, vol. 7 no. 5).

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8. See Resources on the Dietitians of Canada Website: http://www.dietitians.ca/

PRACTICE ASSESSMENT SPRING 2006
Districts 3, 5 & 6

The next administration of Practice Assessment will be in Spring of 2005 in Districts 3, 5 & 6. Members who have requested a deferral from the Spring 2005 administration are also required to participate as well as any member who was non-compliant with the SDL Tool Submission requirement.

Members selected for practice assessment will be notified in January; and will receive information on how to prepare.

RECORDS RELATING TO MEMBERS' PRACTICES

Answers to your questions

The College invited your feedback about a proposed regulation concerning *Records Relating to Members' Practices*. We thank you for your support and suggestions. In your feedback, many of you asked for clarification about individual RD and employer responsibilities. Here are answers to your most popular questions.

Who is responsible for confidentiality, privacy, retention and destruction of records, access and correction of records?

To answer this question, one has to refer to the *Ontario Personal Health Information Protection Act* (PHIPA) that distinguishes between a *health information custodian* (HIC) and an *agent*. A HIC has the custody and control of personal health information and, in law, is responsible for the establishment and oversight of the policies and procedures related to health information in keeping with the provisions of PHIPA. Examples of HICs are:

- Health care facilities and health care delivery agencies such as hospitals, nursing homes, CCACs and public health units;
- A self-employed RD in private practice;
- RDs in group practices can choose to be the HIC for the health records in their personal custody and control or