

Occupational Stress versus job satisfaction in the healthcare arena

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ABSTRACT

Purpose: The main aim of this critical review is to cite, analyze and evaluate the core theoretical models on occupational stress with particular reference to the nursing profession.

Materials and methods: A systematic literature search was undertaken in Medline, Google Scholar and Cinhal databases with the keywords 'nursing', 'occupational stress', 'job satisfaction', and 'burnout', from 1980 to 2021 which yielded 121 articles that were finally reduced to 72. Furthermore, the results were elaborated upon further to form a concise table on theoretical models for occupational stress in the nursing profession. The nine theoretical models were elaborated further in chronological date order.

Results: There are 8 main theoretical models that explore emotional exhaustion as characterized by a marked lack of physical energy, and a feeling that there are no further reserves or resources from which to

renew his energy. In general, the individual feels that he or she is no longer in the mood required to make an emotional investment in his or her work and is further suffering from the demands of his or her clients and/or the wider working environment. Perhaps the most unpleasant thing is that he cannot foresee a solution to such problems and loses perspective on what the next day may hold.

Conclusions: Emotional exhaustion and depersonalization are the two stages that preceded professional incapacitation and a worker's sense of diminished personal achievements where hope is lacking. Therefore, active measures need to be taken by management and other coworkers who might identify such a problem in order to take steps to protect and ease the stress so that much needed staff can be retained.

Keywords: Occupational Stress, nursing profession

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INTRODUCTION

The concept of 'Occupational Stress' or 'burnout' is a progressive consumption of available personal resources up to the point of emotional exhaustion, i.e., 'burnout' indicates the progressive consumption of a worker's physical and mental reserves to the point of total fatigue and loss of will to work [1].

The term 'professional disempowerment' was used for the first time in the mid-1970s by Freudenberg (1974) to describe a series of symptoms of physical and mental fatigue in mental health professionals and more generally in places where close relationships are established between professionals and people in need [2]. However, according to some studies [3,4,5], the occupational syndrome is more common in certain professions, such as doctors and nurses, which was initially seen as a result of daily contact with human suffering. Hence, the use of the term has been most prevalent within the professions providing health, care, and social services, such as doctors, dentists, nurses, physiotherapists, and social workers [6, 7].

Therefore, healthcare professionals who experience emotional exhaustion seem to feel emotionally 'void' and frustrated because of the complexity of the incidents they manage routinely. In general, they feel fatigued and may be unable to help their patients or communicate with them other than in a rudimentary manner. Thus, instead of job satisfaction, they may feel that their profession is a necessary evil from which they cannot escape [8]. Moreover, they are more at risk of developing distant human relations with people who need professional and emotional support. Unfortunately, these professionals are in a state where they try to keep a safe distance from other people (e.g., patients) who are considered as sources of their exhaustion [9, 10].

Over time, various scholars have attempted to define the phenomenon of Occupational Stress, but a definition formulated by Maslach (1999) is considered the most acceptable as it includes physical, mental, and mental dimensions [11]. So, according to this definition, the term 'loss of interest in the people work with' is characterized by emotional exhaustion, where the professional no longer has any positive feelings of sympathy or respect for clients or patients.

In the 1980s, another definition of Occupational Stress was formulated, this time by Edelwich & Brodsky (1980), who spoke of a progressive process of de-idealization of reality, which can be described in four stages: enthusiasm, doubt and inaction, frustration and thwarting, and finally, that of apathy [12]. Finally, pines and Aronson provided a

further definition of occupational stress, which constitutes 'a state of physical, emotional and mental exhaustion caused by the long-term involvement of a person in emotionally demanding situations' [13].

In addition, a definition of Occupational Stress was provided by Cherniss (1980), who stated that it is a process in which the worker's behavior develops negatively, when he feels pressurized or wronged', while the whole process is completed in three stages: work stress, exhaustion and, finally, defensive behavior [14].

Along these lines, a Greek scholar also provided a definition which focuses on the health sector, which is a mixture of definitions by previous authors and refers to 'a syndrome of professional and emotional exhaustion, in which the worker loses interest in his or her patients, ceases to be satisfied with his or her work and portrays a negative image of himself [15].

Finally, the World Health Organization (WHO) has also given its version of occupational stress syndrome, describing it as an inherent occupational phenomenon. More importantly, its content has changed relatively recently and is included in the International Classification of Diseases (11th edition, ICD11), thus providing credibility in the symptoms experienced by the employee [16].

For WHO, Occupational Stress derives from chronic work stress, which has not been adequately managed and characterized in three dimensions: feelings of overflow or exhaustion, increased mental distance from work, or feelings of denial or even cynicism towards it, and finally, reduced work efficiency [17].

The main aim of this critical review is to elaborate on the relationship between occupational stress versus job satisfaction in the healthcare arena.

METHODS

A systematic literature search was performed in Medline, Google Scholar, and Cinhal databases for this critical review's needs. Key search terms included combinations of the following keywords 'nursing', 'occupational stress', 'job satisfaction', and 'burnout' from 1980 to 2021.

The reasoning behind the broad period is that professional burnout was first described in the late '70s where several scholars first introduced this notion to the international literature.

The search was limited to adult populations, English language but was extended to all cultures. As a result, the search yielded 121 articles which were reduced to 72, as shown in figure 1.

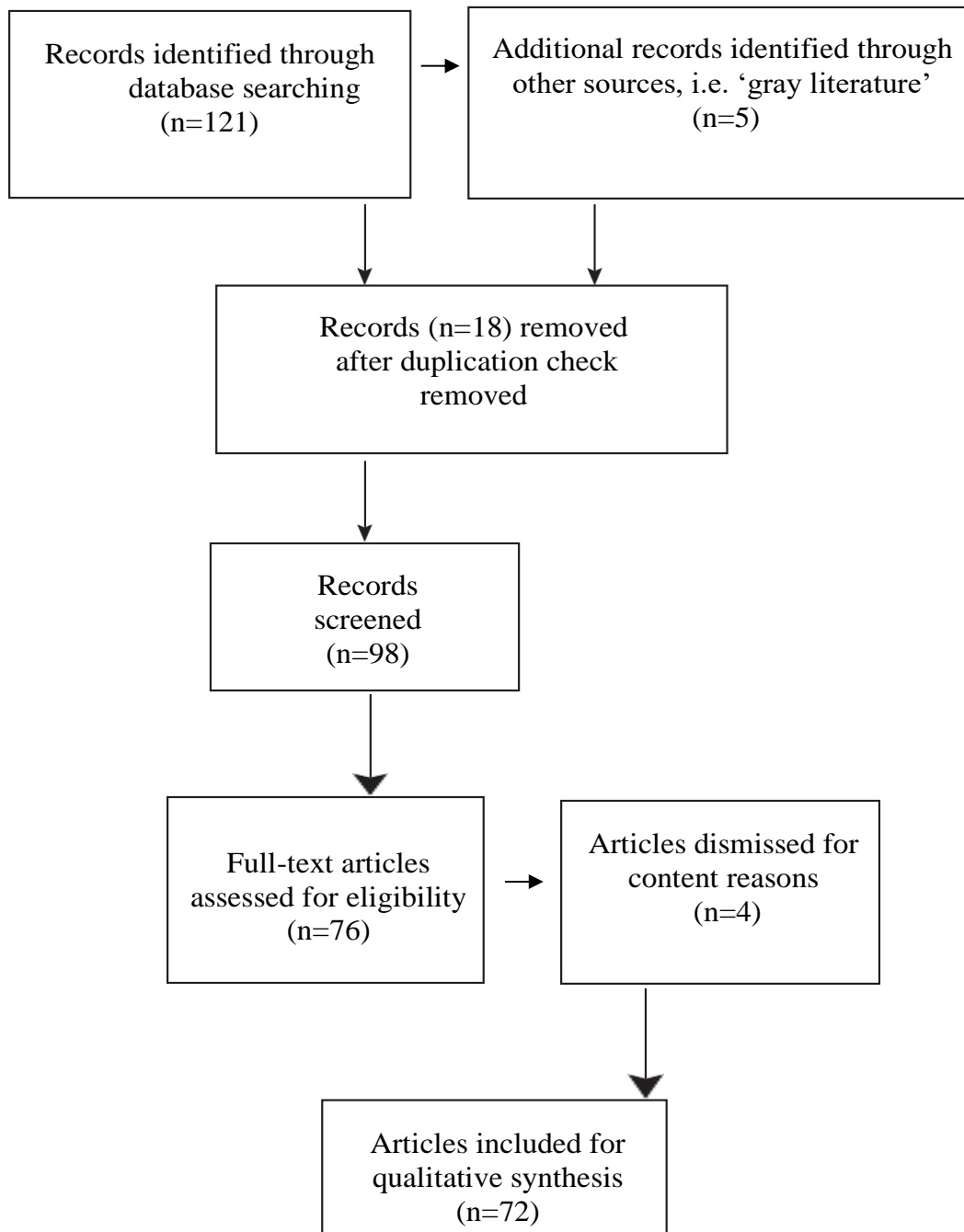


Figure 1. Systematic Literature Search Flowchart

RESULTS

The results revealed that occupational stress, nursing burnout, and professional empowerment are interlinked aspects of the complex interactions in the workplace.

After close perusal, results were grouped in meaningful domains with six main subheadings, as shown in table 1 with the corresponding references.

Table 1. Domains of occupational stress and nursing burnout

Theoretical Domains	Refs
The Phases of Occupational Stress	8
Symptoms of a worker suffering from Occupational Stress	10
Causes of Occupational Stress	13
Occupational Stress and worker demographics	10
The role of work satisfaction in preventing professional burnout	7
Variables affecting a worker's satisfaction	7
Total	55

The Phases of Occupational Stress

As noted by Holdren, Paul & Goustasse (2015), when reference is made to Occupational Stress, the phenomenon is described as evolving through four distinct and successive stages [18]:

- 1) The first of these reflect an idealistic enthusiasm since it is the stage at which the worker starts to engage in the profession and is distinguished by his enthusiasm and passion in the first part. The high level of enthusiasm results in the worker setting relatively high (perhaps unrealistic) targets and trying to achieve them in every way possible. Such a professional attitude means that the worker is committed to his profession and has very high expectations regarding the recognition and remuneration he would like to receive on a personal and moral level [19, 20].
- 2) In the second stage, there is a feeling of doubt and inertia, since this is a stage in which the worker - if he continues to be committed to his work - understands that his expectations are not easy to achieve and his efforts are not recognized as he would have liked. This situation concerns the ability of the worker and leads him to take even more initiatives to achieve even greater efficiency. Over time, however, the worker becomes aware that this is a situation (non-recognition of his efforts) that is not related to his own personal effort but to the environment in which he works and possibly the mentality of his superiors [21, 22].
- 3) The third stage reflects a feeling of frustration and demoralization since at this stage; the worker finds that the stress and pressure he receives from his work are many times greater than the benefits he receives, with the result that he feels extreme disappointment. Thus, because of the emotional situation that has arisen and the emotional uneasiness felt by the worker, he is urged to rethink his attitude to work and to adopt a more passive attitude, which involves withdrawing from taking initiatives and decreases the competitiveness and effectiveness of a worker [23, 24].

- 4) Finally, the fourth stage reflects a position of apathy since this is when the worker has changed his behavior because of the frustration he now feels about his work. The productivity of his work is now of lower quality as he is no longer making any significant effort. The last two stages accurately reflect, according to scholars, the characteristics of a worker who is in a professional incapacity [25].

Symptoms of a worker suffering from Occupational Stress

Concerning the symptoms of Occupational Stress, these are manifested in its last two stages (third and fourth, as noted in the previous sub-section) i.e., at the stage where feelings of frustration and demoralization occur and then at the stage where apathy for work is set in place [26]. According to Gasparino (2014), the symptoms of professional disempowerment can affect the worker at a physical, mental, and social level [27].

Starting with the physical symptoms, these are concerned with health problems that may be particularly mild (such as mild headaches and some minor gastrointestinal disorders) but may also be more serious health problems such as hypertension, chronic migraines, ulcers, and other stress-induced psychosomatic disorders [28]. On a mental level, professional exhaustion leads primarily to emotional exhaustion, i.e., a feeling that is inextricably linked to high levels of anxiety and symptoms of depression. This is accompanied by a partial or complete lack of productivity, a 'cold' approach in dealing with job-related situations, or even a sign of misunderstanding certain situations in the workplace, accompanied by a sense of fatigue due to impaired work-related emotions [29].

Emotional exhaustion is also associated with depersonalization. The worker is gradually distanced from the core subject of his/her work and other parties directly involved with it. This is essentially a means the worker uses with negative work experiences to protect his mental health from the factors that may push him to breaking point [24]. In addition, professional disempowerment can negatively affect a person's

degree of self-esteem, significantly affecting their mental balance and behavior [30].

Finally, as has already been noted above, professional disempowerment also has a significant impact on the worker's social life. In essence, the worker—due to pressures at work and the strong effects this has on his mental health—also distances himself from his social circle, turning him into an indifferent and distant person, transferring his problems into a vicious circle, causing constant tensions in all his interpersonal relationships [31]. Occupational Stress experienced by a healthcare worker significantly affects even his or her desire to engage in close relationships with his or her partner [32].

In general, the effects of Occupational Stress are not difficult to distinguish from a worker's environment and can cause serious problems for him [33]. In addition to the effects of physical manifestations, which are similar to most healthcare workers (the most characteristic of these being elevated stress, symptoms of depression, overworking mania, abuse of medicines, alcohol, and tobacco). The emergence of professional disempowerment can also have a significant impact on their interpersonal relationships. This is evident that a worker who is undergoing professional training is very likely to behave aggressively towards his colleagues and thus to reduce, to a significant extent, his willingness to cooperate [34]. Consequently, such an attitude will also cause problems for the proper functioning of the healthcare organization. Furthermore, since the worker will no longer make a substantial effort to achieve the organization's collective objectives, his work will ultimately be of lower quality [35].

Causes of Occupational Stress

A variety of factors causes occupational stress, the main one being the stress caused by the type of work itself [36]. Work stress is common in western societies, as working conditions are becoming increasingly demanding, with increasing pressure on workers. A common cause for increasing levels of stress among workers is the increased demand for skill updates, inadequate resources needed to cope with the demands of their work, and the inability to successfully address the various daily challenges and problems arising in the workplace [37].

Work stress is not always associated with certain demographic characteristics. However, its relationship with the factors causing it can manifest in all workers, regardless of their particular demographic features [38]. By describing the term in a little more detail, work stress can also be defined as a situation in which there is no balance between work and common life [39].

Another reason which may lead to Occupational Stress is the low level of job satisfaction that a person receives from his or her employment [40]. According to Halm (2017), through the conduct and study of surveys carried out over time, it has become clear that work satisfaction and the reasons behind it (such as economic rewards, personal achievements, material, and moral rewards) are directly related to the development of professional recognition [41].

Several studies lead to the same conclusion, i.e., research shows a strong link between work satisfaction and professional empowerment and improved levels of workers' health. Furthermore, studies focusing on the healthcare sector showed that increased levels of work satisfaction had prevented the emergence of the phenomenon of Occupational Stress. In contrast, low levels of work satisfaction seem to lead to its manifestation [42]. However, it should be noted that there are also studies that do not support this position, namely that there is not a sufficiently strong link between job satisfaction and Occupational Stress [43].

Poor working conditions can also lead to professional disempowerment, yet it can also prevent it [44]. In particular, relationships developed within a working environment and the support received by the worker from his colleagues or his manager are some of the important issues that may lead to the emergence of professional empowerment and all-around protection from burnout [45].

Costa et al. state that relations established between colleagues of a department/organization and the director (i.e., his stance and attitudes towards his subordinates) are key aspects of the phenomenon's occurrence or prevention [46]. It should also be noted that the economic benefits and low social recognition of a profession can be additional causes in a working environment for the emergence of Occupational Stress [47].

In addition, within the list of the causes of professional stress, one should not ignore controversies between family and work, which are likely to be a serious cause of professional stress. A lack of realistic distinctive roles and responsibilities in a workplace also gives a strong cause for the emergence of conditions that lead to burnout [48].

Occupational Stress and worker demographics

Ahola et al. (2008) studied specific demographic characteristics of 20,000 workers in Finland, and their study reveals that some of them are directly linked to the manifestation of Occupational Stress [49]. In particular, age in both male and female employees seems to sometimes play an essential role in the manifestation of Occupational Stress. In particular, it appears that the older the age, the more

the sense of professional disempowerment, especially within female healthcare workgroups. Moreover, in the case of males, there is a greater correlation in middle age, where the issue of age has varying results, depending on the particular work subject of the participants. However, it should be noted that rarely do there appear to be significant links between other demographic factors and professional development, such as the level of education or the family situation [50, 51, 52].

More generally, however, the age factor appears to be a significant cause for the development of Occupational Stress when personal achievements are not yet recognized. However, age is often linked to the personal achievement dimension, which is also mentioned in the earlier placement of Maslach [11].

In particular, it is stated that burnout occurs more often in younger age groups and less often in older workers. Along these lines, Kış suggested that age is shown to play a key role in emotional exhaustion, with younger workers having higher scores [53].

Gender, as a factor of professional disempowerment, has been associated with both positive and negative results [54, 55, 56].

Unmarried workers are reported to present less Occupational Stress, as unmarried workers have a more accessible professional capacity than married workers [57]. On the other hand, Woo et al. (2020) suggest a meaningful relationship between marital status and professional burnout. There are, however, studies which reflect a link between the work experience of workers and the manifestation of Occupational Stress [58].

The role of work satisfaction in preventing professional burnout

Job satisfaction can reduce the working pressure experienced by a worker and thus absorb the 'deconstructing vibrations' of unpleasant incidents, as the person feels happy with what he is doing. Thus, it is essentially a 'natural defense' against the phenomenon of work-related disempowerment, which, as has been noted, maybe physical but also primarily psychological. At times, there have been several definitions of the concept of professional satisfaction, for example, setting out satisfaction only in its positive direction. However, there are also those who define it based on an axis that contains both positive and negative values, i.e., the scale of discontent is evolving in one direction and the other of satisfaction [59].

Some researchers consider satisfaction to be a unified attitude of the worker, while others view it as a series of sub-divisions but leading to a single outcome [55]. In general, professional satisfaction is considered one of the key goals for both administrative and

organizational fulfillment. It has been extensively explored, and its achievement is considered extremely important, both from a humanitarian and an economic point of view. Therefore, professional satisfaction has been - in all its dimensions – an extensively researched topic. As Creedy et al. note, it is adversely affected by various organizational factors, such as labor stress, stress caused by specific roles in a task, professional expertise, and occupational inadequacy [60].

A general definition of work satisfaction includes an assessment of the situation a person is experiencing at work, demonstrating kindness, and how much he likes the tasks assigned. The most widespread and perhaps the most complete definition of labor satisfaction has been provided by Locke (1976) more than five decades ago and defines it as 'a positive emotional response by a worker to the work that he is doing and which stems from the assessment that this work provides him with the fulfillment or enables him to fulfill his work values' [61].

It is, therefore, a feeling, and for the researcher, the notion of the values of a person has to do with his or her ways of doing things, to achieve or maintain a situation. This satisfaction caused by achieving or maintaining it 'gives the power to the worker to withstand the pressures of work and not to feel burden by work to the same extent as is experienced by a person who is not feeling achievement. In general, the values of individuals are a subjective issue and remain constant in their conscious or unconscious state and are acquired and ranked in order of importance as they represent the prioritization of these values [62].

Other definitions of work satisfaction state that it stems from a subjective assessment of the individual's work and whether specific professional values are satisfied with it or that work satisfaction is a function of the worker's subjective perception and feeling content with the work in question [63]. Job satisfaction has also been defined more simply, as the feelings created within a worker for his work or the experiences he acquires in his job, but compared with previous experiences, his current expectations, and possibly accepting approaches.

Along these lines, Hossain and Clatty, (2021) point out that the capability of a profession or a certain working environment to build job satisfaction depends not only on the characteristics of the profession per se but also on the coexistence of the role of the worker in his profession on the one hand and the relevant roles in his life on the other [64].

In addition, as noted by Kim and Yeom (2018), satisfaction with work, stability in work, and potential for development within it are key functions together with the type of worker's personality and overall working environment [65].

What variables affect a worker's satisfaction - what is the relationship with preventing professional empowerment?

The degree of impact of the parameters associated with vocational satisfaction is studied in almost all of the studies that can be encountered. Geuens et al. (2017) consider the diversity of skills available, the importance of the work carried out, the degree of job identification, autonomy and feedback, the relationships developed within the work, the absence or type of conflict, the sense of supply, the workload and the role of positive or negative emotional predisposition [66].

As research has shown, increased work satisfaction can be due to several factors. Including genetic, i.e., associated with overall personality, the system the person or organization operates, the wider social environment, and specific demographic characteristics such as age, gender, and educational level. Additional factors are the prestige conferred by the profession, professional advancement opportunities, and a sense of contribution to the overall population, as with healthcare professions. All of this seems to give the right impetus for a worker to primarily tackle the psychological part of the commitment since when he enjoys what he does and feels good about what he offers, his performance improves [67].

In addition, many personality traits such as emotional stability, predisposition for domination/prevalence, excitement, and extroversion seem to be associated with increased job satisfaction. Fair pay and overall fairness in the working environment also affect it, as well-paid workers often feel that it is 'worthwhile, while fair treatment helps create a good working climate, which is crucial in attaining work satisfaction [68]. It is usually combined with worker participation in decision-making, i.e., contributing to issues related to the organization and its functioning. When we look at the causes of professional redress, we see the objectives on which we must focus in order to prevent the phenomenon of professional burnout [69, 70].

Finally, working hours –especially rotation working as in the case of nursing work- is a variable that can negatively affect the professional status, as suggested in relevant studies with health workers [71, 72].

DISCUSSION

From all of the above, it can be seen that work satisfaction depends on a number of factors, but a key contribution to its levels is the working environment and the roles which the worker is called upon to perform. However, the working environment and the nature of the work have already been noted as being

capable of influencing an individual's work capacity. Therefore, since work satisfaction depends to a certain extent on labor resourcing, it is also influenced by it.

In the modern management of healthcare enterprises and organizations, one of the objectives of achieving optimum personnel or human resources goals is to maintain high levels of work satisfaction. Moreover, it is desirable to identify situations that please workers and their needs, since these will motivate them to continue providing quality work and dealing with the psychological pressures they face. It is therefore easy to understand that work satisfaction and work-related stress are two interlinked aspects. Hence, since the worker is in a position to deal with psychological fatigue and feels that he is achieving personal and work-related goals, he addresses the core dimensions of work demands and avoids professional burnout.

Emotional exhaustion and depersonalization are the two stages that preceded professional incapacitation and a worker's sense of diminished personal achievements where hope is lacking. This is how the 'Occupational Exhaustion Syndrome' or burnout comes about. The workers consider themselves incapable of fulfilling the obligations arising in their working environment, and any responsibility they are delegated is difficult or insurmountable. In the end, there is a loss of self-confidence and the ability to achieve targets, thus reducing their efficiency resulting in long-term incapacitation.

The negativity a worker is in response to these burdens and results in burnout, which prevails in a vicious circle affecting both work confidence and attitude. It is particularly noticeable in the case where the work involves the care and management of patients. In this context, the healthcare professional seems unable to cope with the mounting pressure of his work and, from a critical point, may resign from the effort required to manage any issues his clients have. In addition, to the resulting work dissatisfaction, he also feels that he can no longer deliver to the maximum of his skills and hence lose self-esteem.

CONCLUSIONS

Understanding the link between occupational stress - work satisfaction and what is suitable for workers and managers is a critical element of any effort to minimize the former and maximize the latter. Therefore, parameters that affect job satisfaction are indirect factors that also affect occupational stress, so attention should be paid to prevent extreme manifestations of the phenomenon.

This critical review has shown substantial evidence that occupational stress and, by proxy,

nursing burnout predicts staff's intentions to leave their jobs. In addition, however, there are reports that burnout is associated with low job performance, missed patient care, and job dissatisfaction.

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Conflict of Interests

Authors have declared that no competing interests exist.

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