

Work Environment and Mental Health of Employees in Health Care

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Short commentary

There are many causes of poor mental health in the healthcare workplace care. These causes include excessive workload [1,2], limited autonomy [3,4], the work in emotionally charged situations [5], the culture of the health professions [6], workplace violence [7], unintentional medical errors [8] and complaints from patients [9]. A qualitative study of well-being, stress and burnout among health care workers found that the factors that affect well-being include, both factors work-related - workload, role ambiguity, job security, relationship with service users and physical work environment - as well as individuals' factors - gender, weak personality and educational level [10].

Workload is one of the most frequently observed factors in studies of mental health of health care workers. The big load work has been shown to be a strong predictor of burnout stress and role conflict of health professionals [11]. In the Model Requirements - Work Control, workload is considered the most important work-related stress factor. The workload is defined as the perception of the job requirements in terms of the amount of work, the available time to complete the work and the speed with which it is necessary to complete the task [12]. The work of employees in one health care environment includes a range of activities for the support patient care and employees often perceive a heavy workload due to lack of staff and time pressure [13].

Workplace violence is also an important issue in healthcare treatment with subsequent effects on the mental health of workers in the sector here. In the research of Bimenyimana, Poggenpoel, Myburgh, & van Niekerk [14], for example, psychi-

atric clinic nurses were shown to experience significant violence and aggression by patients, with contributing factors being lack of staff, the lack of support among multidisciplinary team members and the lack of orientation among new staff.

There is also evidence of significant intimidation among workers in the healthcare sector that can negatively affect the mental health. Study on workplace bullying in intensive care units treatment of newborns in Greece found that 53.5% of workers were victims of bullying, and those who were bullied, as well as those who watched bullying showed lower levels of psychological health [15]. Bullying at workplace in the field of health care affects the mental health of employees. In two American hospitals, workers who experienced instability in the workplace and bullying had a higher number of days they requested leave and required more spending on their mental health care than their unexposed counterparts [16]. While bullying has associated with burnout among healthcare workers care, the relationship between bullying and burnout may be moderated by job autonomy and professional self-efficacy, suggesting that in addition to preventing workplace bullying, increasing autonomy of employee work and self-efficacy at work will could serve as a coping mechanism [17].

Role ambiguity and role conflict are job demands that are often associated with the development of symptoms of anxiety, burnout and stress health professionals thus worsening their mental health [18]. All employees have specific roles within the organization, with expectations for specific behaviors for specific positions. These expectations define behavioral requirements for each role. However, when expectations are ambiguous or conflicting, role stress can occur [19]. The ambiguity of the role

is the extent to which employees are unclear about the role expectations, while role conflict occurs when expectations incompatible with the reality of the role are placed on employees [20]. Both role conflict and role ambiguity are commonly associated with emotional exhaustion and psychological burden in health professionals [20].

Autonomy is another job characteristic associated with mental health. Autonomy allows for self-determination and independent taking decisions about work [21]. In other words, he is the degree to which employees have control over their tasks. Autonomy has been found to be positively related to mental health care workers, is positively related to work engagement and their job satisfaction [22].

Another characteristic of the working environment of professionals' health that has been linked to their mental health is support from their supervisor and colleagues. Within the workplace, social support can take the form of support from the supervisor and support from colleagues. High levels of support can moderate the negative impact of job demands and reduce burnout and stress levels [23]. Support from supervisors can also make a difference positively work engagement [24]. Especially for health professionals, support from supervisors is related to reduced stress at work [25] and higher levels of mental health [26].

Similarly, peer support is a potential source of social support that has not been extensively evaluated. While Othman and Nasurdin [27] did not find no effect of peer support on mental health in nurses, others have found peer support helpful. For example, peer support appears to contribute to good mental health professionals and work engagement [28]. The support from colleagues has played an important role in achieving the daily goals [29]. As can therefore, peer support can be expected to play an important role in the mental well-being of health professionals.

There are also new and emerging causes of mental health in the workplace of health care. It is interesting that, with the presence of media social media and online public forums, the new policies that allow patients to voice their dissatisfaction with the quality of care in a public forum were seen as a threat to their well-being workers [30]. Similarly, reflecting the effect of the common opinions and perceptions in the mental health of health workers, a study of physicians found that public trust and respect for their job was the third highest factor affecting satisfaction with work, after income distribution and job security environment [31]. The increased time spent on administration electronic health records also places additional time pressures on the personal patient care [32].

Gender is recognized as a key factor in mental health [33], with women at greater risk for mental disorders than men. In addition, women and men face different types of mental health problems, with women generally having significantly higher rates of anxiety and mood disorders, while men have significantly higher rates of externalizing and substance use disorders. Given the fact that the women occupy up to 70% of jobs related to health, a gender inclusive approach is essential for dealing with mental health problems in the healthcare workplace care. Already, a racial approach to professional mental health has been recognized health. For example, a study of 63 workplaces in Quebec, Canada, which examined gender as a factor in burnout, found that gender shapes the environmental and individual channels for a professional appearance burnout, mainly caused

by the conflict between work and family [34].

From these data it follows that the working environment is important predictive factor of the occurrence of mental disorders in health professionals. The occurrence of mental disorder in health professionals can cause according to the literature poor quality of service, medical errors, low level patients' satisfaction with the services they receive while the staff themselves who experiences mental disorder is likely to leave the job or take sick leaves resulting in a reduction in available staff.

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