

A REVIEW OF RECENT PAPERS ON ORGANISATION CULTURE AND STRESS AMONG HEALTH CARE PROFESSIONALS

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I. INTRODUCTION

The healthcare industry is one of the world's largest and fastest-growing industries. Consuming over 10 percent of gross domestic product (GDP) of most developed nations, health care can form an enormous part of a country's economy. Many healthcare workers place the well-being of others before self. On the surface, this dedication to patients may seem admirable. However, it can ultimately be harmful if it delays or prevents workers from getting the help that they need for their own health and well-being.

The study focuses on the effect of organisation culture on stress levels of health care professionals (HCP). HCP are subjected to considerable levels of stress such as work overload, excessive working hours, sleep deprivation, repeated exposure to emotionally charged situations, and dealing with difficult patients and conflicts with other staffs. Occupational stress (OS) refers to the harmful physical and emotional effects when job requirements do not match workers' resources or needs. It can lead to poor mental and physical health. Mental health includes a person's psychological, emotional, and social well-being and affects how we feel, think, and act. Management of such stress should be given due importance, right from the days of training in medical sciences. Often this is because healthcare workers face high expectations, and they may not have enough time, skills and social support at work. This can lead to severe distress, burnout or physical illness. In the end, healthcare workers may be unable to provide high quality healthcare services. Stress and burnout can also be costly because affected healthcare workers take sick leave and may even change jobs.

THE REVIEW

1. **Aim:** The aim of this paper was exploring the relationship of OC to stress among HCP.

2.2. **Search Methods:** A search of computerized databases Elsevier, Taylor & Francis, Sage pub, Wiley were accessed with keywords 'organization culture', 'stress', 'organization culture and

stress’, ‘stress among health care professionals’ and ‘organization culture and stress among health care professional’s’. Papers were selected for inclusion if they met the aims of the review, were available in English, and published between 2017 and 2021.

Additional papers that did not come to light in the initial literature search were obtained through an examination of reference lists of published papers. Each paper was read, and key ideas identified.

2.3. Search outcome: The initial literature search generated 50 papers, with a further six included from the examination of reference lists.

2.4. Quality appraisal: Papers were appraised for suitability, relevance and trustworthiness of material by the authors who subsequently included 31 papers in the review.

2.5. Results: Exploring the concepts of Organization Culture and Stress

Organization Culture:

The concept of culture in the field of management was introduced for the first time in 1951 by Elliott Jaques in his book named “Bir Fabrikanın Kültürünü Değiştirmek” (Changing the Culture of a Factory) (Kaya, 2008). According to Schein's definition, one of the most accepted definitions of organizational culture; defined as the basic assumptions that a particular group learns and accepts correctly while solving and overcoming external cohesion and internal integration problems and can pass on to new members (Schein, 1984).

As a result of many studies, it is concluded that each organization has its own culture as well as the influence of national culture on the organizations (Eroğlu and Özkan 2009). In today's globalizing world, organizational culture is of great importance for organizations to gain competitive advantage. Employees in companies with a strong organizational culture know how to behave in the events they face or in the process of doing business. In companies with weak OC, employees lose time because they do not know what to do and how to do it.

In a study by (Mannion & Davies, 2018), an exploration of how notions of culture relate to service performance, quality, safety and improvement was conducted. OC in this context can be interpreted as the softer, less visible, aspects of health service organizations and how these become manifest in patterns of care.

Table 1. Definitions of Organization Culture Source: (Galdikiene, 2016)

| Author | Definition |
|------------------------|--|
| Siehl and Martin, 1983 | Normative glue and a set of values, social ideals or beliefs that organization members share. |
| Hofstede et al., 1990 | Cultures manifest themselves, from superficial to deep, in symbols, heroes, rituals, and values. Organizational cultures differ mainly at the levels of symbols, heroes and rituals, together labelled as “practices”. |
| Schein, 1991 | A pattern of shared basic assumptions, invented, discovered, or developed by a given group as it learns to cope with its problems of |

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| | external adaptation and internal integration that has worked well enough to be considered valid, and, therefore, is to be taught to new members of the group as the correct way to perceive, think, and feel in relation to reframing these problems. |
| Verbeke et al., 1998 | The way things are done in an organizational unit. An organizational-level construct assessed as the behavioural expectations that members of an organization are required to meet in their work environment. |
| Alvesson, 2002 | Culture is regarded as a more or less cohesive system of meanings and symbols, in terms of which social interaction takes place. Social structure is regarded as the behavioural patterns which the social interaction itself gives rise to. |
| Glisson and James, 2002 | The organizational norms and how things are expected to be done within an organization. |

The number of studies on OC and its effect on individual and organizational outcomes has increased during the last decade. Researchers have found that culture has been associated with a multiplicity of outcome criteria, such as service quality, innovation, employee work attitudes, organizational growth, and performance (Glisson & Williams, 2015). The summary of literature analysis about organizational culture shows that culture-based behavioral norms and expectations within an organization guide individual behavior, and a variation between an organizations' norms and expectations can explain differences in organizational innovation, performance and outcomes (Glisson & Williams, 2015). Del Bueno and Vincent (1986) were the first researchers to use the term 'organizational culture' in the nursing context.

Table 2: Three levels of organisational culture in healthcare

Source: (Mannion & Davies, 2018)

| | |
|----------------------------------|--|
| Visible manifestations | Visible manifestations of culture (sometimes called artefacts) also include the established ways (both formal and informal) of tackling quality improvement and patient safety, the management of risk, and the accepted ways of responding to staff concerns and patient feedback or complaints. |
| Shared ways of thinking | The values and beliefs used to justify and sustain the visible manifestations above and their associated behaviours, as well as the rationales put forward for doing things differently. This might include prevailing views on patient needs, autonomy, and dignity; ideas about evidence for action; and expectations about safety, quality, clinical performance, and service improvement |
| Deeper-shared assumptions | The (largely unconscious and unexamined) underpinnings of day-to-day practice. These might include ideas about appropriate professional roles and delineations; expectations about patients' and carers' knowledge and dispositions; and assumptions about the relative power of healthcare |

The cultural perspective outlined provides an insightful way of thinking and a practical set of tools to support wider quality improvement work in healthcare.

Stress:

In a study by (Davenport & Schein, 2015) an organization’s cultural environment can either increase or reduce employee stress. The term ‘stress’ is commonly used in the contemporary vocabulary of individuals. Its meaning understandably differs in multiple usages and references (Riahi, 2011). Occupation-related stress is a form of stress to which individuals are exposed at the organization or during work, and which impairs their quality of life and often leads to severe diseases or tragedies. There are diverse sources of stress at the workplace such as time pressure, lack of autonomy, role ambiguity, conflicts in cooperation, lack of supervisor’s support, lack of appreciation, and perceived instability and unpredictability of one’s employment with an organization, that is, a high level of perceived job insecurity.(Hafidhah & Martono, 2019)

According to (Katić et al., 2019) an individual with a lower stress level will be more productive, more pleased and more motivated to work as numerous studies have indicated. Siegrist indicates that the model effort–reward imbalance is used in predicting health and in strengthening work-related relationships.

OS creates a lot of undesirable effects at both the individual and organizational levels. The incidents of hypertension and cardiac diseases are the main problems that are closely related to stress. India, China, Turkey, Brazil, Russia, and other Eastern European countries are the emerging countries where the stressful environment is ever-increasing.(Arif et al., 2021)

It is a prevalent problem in hospitals, particularly among house officers and postgraduate residents. Several useful steps can be undertaken to improve the health and safety of hospital employees like alleviating duty hours, working in shifts, focusing on a single task, and motivating the employees in decision-making.(Arif et al., 2021)

Selye published in 1975 a model dividing stress into eustress and distress, where stress enhances function (physical or mental, such as through strength training or challenging work), it may be considered eustress. Persistent stress that is not resolved through coping or adaptation, deemed distress, may lead to anxiety or withdrawal (depression) behaviour.(Kumaravel & Poornima, 2013)

According to a study by (Webb, 2021) HCP such as Certified Nurse Assistants, Registered Nurses, Licensed Vocational Nurses, and Social Workers work tirelessly to facilitate the provision of patient care. During their routine care activities, they experience situations that require physical, emotional, and mental acuity to navigate and provide efficient patient care. Within such scope, Bischoff et al. (2019) and García-Herrero et al. (2017) revealed that healthcare workers experience high OS levels due to their working conditions.

HCP operates in the 24*7*365 manner and mostly are involved in matters of life and death. Their work environment includes an enclosed atmosphere, time pressures, excessive noise or

undue quiet, sudden swings of from intense to mundane tasks, no second chance, unpleasant sights and sounds, and long-standing hours. Earlier, stress was viewed as a personal problem to be tackled at an individual level with palliative or remedial measures. Now, the approach is to be proactive, with emphasis on prevention and elimination rather than treatment. Improving the quality of work life of healthcare employees may go a long way to decrease attrition.(Kumaravel & Poornima, 2013)

Factors contributing to stress in health care professionals

1. The patients' and their relatives' behaviours were experienced as the primary stressor at the private hospital, in addition to excessive work tasks. (Yuwanich et al., 2017)
2. Other important stressors were misunderstanding and conflicts between emergency department nurses and the other health care professionals, presumably related to hierarchy and power relations between health care professions. (Yuwanich et al., 2017)
3. Out of all, death of a patient and the excessive workload are major contributors of stress.(Pai Vernekar & Shah, 2018)
4. The results of the study by (Trifunovic et al., 2017) it was posited that the subjects at Primary health care suffers organizational, emotional and communicational problems and in Secondary Health Care, the little possibility of promotion at work is the intense stressor
5. The most common source of stress in the workplace among study respondents were found to be a conflict with other staffs(Ribeiro et al., 2018)
6. Younger nurses are at a greater risk of developing stress, especially in dealing with the death of a patient.(Pai Vernekar & Shah, 2018)

Types of stress among health care professionals

1. Critical incident stress is a term used to describe the broad and diverse range of responses that occur following a sudden and unexpected event known as a critical incident. (Harvey, 2018)
2. Salazar and Beaton identified four levels of occupational stressors: (1) the microsystem or the immediate environment of the workers; (2) the organizational system that encompasses all aspects of an organization (e.g., physical structure, cultural context, policies, the work); (3) the peri organizational system including societal influences on the worker or the organization such as the economic situation of the surrounding community; and (4) the extra organizational system that encompasses cultures, traditions, customs, and government policies that affect the organization.(Coffey, et al., 2017)

Relationship of Organization culture to Stress

Organizational Culture and Management Style have indirect effects on Work Stress. This study found that better Organizational Culture reduces High Job Demand, increases Job Control for the workers, and improves their perception of Job Reward and Training efficacy, which in return reduces Work Stress.(Syarifudin, 2020)

Working in the emergency department as well as the forensic psychiatry unit from work-related variables and dissatisfaction with one's job were risk factors significantly associated with occupational stress. Early screening of health professional for occupational stress and its risk factors must be given attention. Especially those working in emergency departments and forensic units should be given consideration.(Yuwanich et al., 2017)

(Farzianpour et al., 2016) concluded in their study that some health issues related to the staff health is based on their culture; therefore, the evaluation of organizational culture by managers of hospitals is required in order to achieve success planning for organization by strengthening the organizational culture, preserving personal independence within the work groups, creation of a healthy environment, enhancing their tolerance and risks and individual adjustment, stress management, etc. which it will help employments to be health and reduce their stress.

In another study by (Hafidhah & Martono, 2019) the conclusion was derived on that by reducing the work stress level of the employee, both organizational stressors and individual stressors and improving the existing organizational culture in the company such as giving employees more freedom to innovate, giving direction, motivation, and coordinating with leaders, as well as delivering detailed company goals better job performance in employees can be achieved

II. DISCUSSION

Individuals are facing new challenges for career management and life management arising from the complexity of the current world of work. The goal of an organization is to achieve business targets and intensive development, as well as focus on the interests of its key employees, the achievement of their personal and professional goals, the harmonization of life and work. Organizations can help employees by introducing them to a new concept called Positive Lifelong Management, which contributes to seeing personal and organizational goals together (Katić et al., 2019)

3.1. Coping with OS

At individual level:

Coping with stress is part of a healthcare worker's day. Having a connection session or even a specific person to contact would be beneficial. There are specific areas healthcare providers should be trained in, for example: managing limited resources, handling mass fatalities, coping with high stress demands, conducting mental health screening, and enforcing movement restrictions. It is also recommended that healthcare providers meet with their management or leaders to discuss the importance of stress management. (Nicolas, 2021). (Webb, 2021) Through mindfulness, healthcare workers recognize and learn positive coping skills while purposefully and positively having an open, accepting mindset that focuses their energy on how they breathe and act. Mindfulness intervention will facilitate healthcare providers to increase self-compassion, self-awareness, and reduce stress. In a study on the impact of mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive behavior therapy (MBCT) on the psychological wellness of employees, Janssen et al. (2018) pointed out that of nine studies, eight revealed a

notable reduction in stress levels to post MBSR interventions in employees. In a study by (Rezaei et al., 2018), considering the relationship between emotional intelligence and organizational culture and the influence of some of the components of emotional intelligence on organizational culture, education of all indicators of emotional intelligence is recommended for the growth and enhancement of individual and professional capabilities of individuals. Creating a better working environment and a balance between the number of patients and nurses would reduce workload and stress, encourage emergency department nurses to stay in the profession and ultimately maintain patient safety (Yuwanich et al., 2017)

At organizational level:

According to a study by (Galdikiene et al., 2019; Hafidhah & Martono, 2019) a team-friendly organizational environment is closely connected to the incidence of less stressful situations for nurses. Efforts should be made to establish a relation-oriented organizational culture that values positive relationships while enhancing their community spirit at the organization level(Choi & Kim, 2020). Organizations can work in agreement on the values and beliefs in the organization, that is, the organization's culture, in order to coordinate individual and organizational goals in order to increase the organization's performance. (Rezaei et al., 2018). Health-care managers and policy-makers must prevent OS by adopting appropriate strategies such as increasing welfare facilities, reconsidering job descriptions for different nursing levels, providing support, increasing nurses' involvement in the decision-making process, improving communication between managers and nurses, and teaching problem-solving skills to them(Isfahani et al., 2021). The management of all healthcare institutions should clearly define strategies for reducing stress depending on the size of the institution and the financial resources at its disposal, e.g.: programmes for improving well-being in the workplace, introduction of relaxation techniques as part of job training (autogenic training, yoga), including a list of measures for ensuring proper safety at work and consequently protecting the health of nurses. Health care institutions, and patients, in particular, benefit the most from a healthy and rested nurse because her efficiency and productivity are increased, the number of work-related mistakes is reduced, sick leaves are rarer and shorter, and burnout does not occur. By introducing said strategies, we would not only reduce the stress-related illness rate among nurses but would also significantly raise the quality of their work.(Starc, 2018). In-house activities may need to be restructured in order to reduce the institutional structure of hospitals and stress related to climate. (Eletskiy, 2019). (Rosenstein, 2021)Stress reduction, relaxation, mindfulness, and resiliency may help but most of the problems arise from system issues that need to be addressed. Therefore, we need the organizations to take a more proactive role in helping out. Showing you care, and implementing services to enhance workplace dynamics are the key to promoting satisfaction and engagement. The presence of factors such as Organizational Culture and Management Approach indicate that combating occupational stress for healthcare workers require organizational intervention program rather than person-directed intervention programs. Democratic management style should be adopted, which will help employees to reduce their stress as their perception towards their Job demand,

Job control, training satisfaction and job reward will improve. Also, organizations need to ensure that positive organizational culture is harnessed, as this is imperative in lowering work stress for the employees working in healthcare sector(Syarifudin, 2020). Mindfulness-based stress reduction (MBSR) has been found to improve the psychological health outcomes of Health care professionals by increasing levels of mindfulness and self-compassion. (Kriakous et al., 2021) Among these factors, autonomy-based job satisfaction exerts the greatest effect. Based on the results of a study, the proper development of personal health improvement programs for nurse happiness should be a requirement. In addition, it is necessary to ensure the stable operation and management of the hospitals for organizational safety, as well as the development of roles that support the nurse managers to encourage the performance of nursing tasks with autonomy(Hwang, 2019). Even without formal programs, one of the easiest things is exercise. In a study, only half of the participants exercised. Exercise is known to have the potential to be effective for burnout prevention, so even in harsh clinical works, it is recommended to encourage medical oncologists to engage in regular exercise programs. One study suggested the idea that enhancing professionalism can lower burnout. Professionalism is often used to describe behavioral and value standards of performance that any professional is expected to achieve in their work, and knowledge that professionals need to perform their job efficiently. It is necessary to improve professionalism by reinforcement of expertise and applied rewards.(Lee et al., 2020). Interventions including manager training to favor better staff support and overall safety culture among healthcare workers.(Daouda et al., 2022)

IV. CONCLUSION

The high prevalence of burnout among health care professionals is cause for concern because it appears to be affecting quality, safety, and health care system performance. Efforts are needed to address this growing problem. Progress will require methodologically sound studies, adequate funding, and collaborative efforts(Dyrbye, et al., 2017). HCP are facing various types of stressors, which may affect organizational culture and a factor for low-quality care for patients as well as the individual wellbeing of a staff nurse. These stressors should be handled carefully on a priority basis by proper workload management, availability of facilities, good pay scale, reward system, initiate occupational health education or support to continue education.

V. DIRECTIONS FOR FUTURE RESEARCH

The strengths of the papers discussed in this review lie in their exploratory nature, their focus on organization culture and stress, and their pragmatic consideration of opportunities for and major constraint on HCP, which is OS. However, several areas remain to be addressed by future case studies. Two of the most pressing are described below.

First, apart from OS the concept of burned out, a syndrome characterized by a high degree of emotional exhaustion and high depersonalization (i.e., cynicism), and a low sense of personal

accomplishment from work need be scrutinized for its underlying relation to stress and organization culture (Dyrbye, et al., 2017)

Second, A health care worker who was dissatisfied in their job was at 2.6 times higher risk of occupational stress as compared to professional satisfied with their job and more studies in this direction need to be initiated. (Ribeiro et al., 2018)

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