

Working with people Threats and challenges

**Niva course on
Work environment in the health care sector
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What is (so special about)
people work?

Working with people:

The three c's:

1. *Clients:* Patients, students, children, inmates, etc.
(Professional relationship).
2. *Customers:* Trade, service, tourism, entertainment etc.
(Commercial relationship).
3. *Colleagues:* All workplaces with several employees, but leadership in particular.
(Collegial relationship).

Specific challenges in client work

1. You are "never finished"
2. Unclear goals: When is it "good enough"?
3. The process has great significance: "It is *how* you do it"
4. Difficult to separate the professional, personal, and private
5. Troublesome, aggressive, or helpless clients

(With "clients" we mean patients, pupils, inmates, and other recipients)

Work environment in hospitals

Basic conditions today:

- Many employees
- Many professions and specialities
- Unsocial working hours
- Short patient stays
- Complex tasks

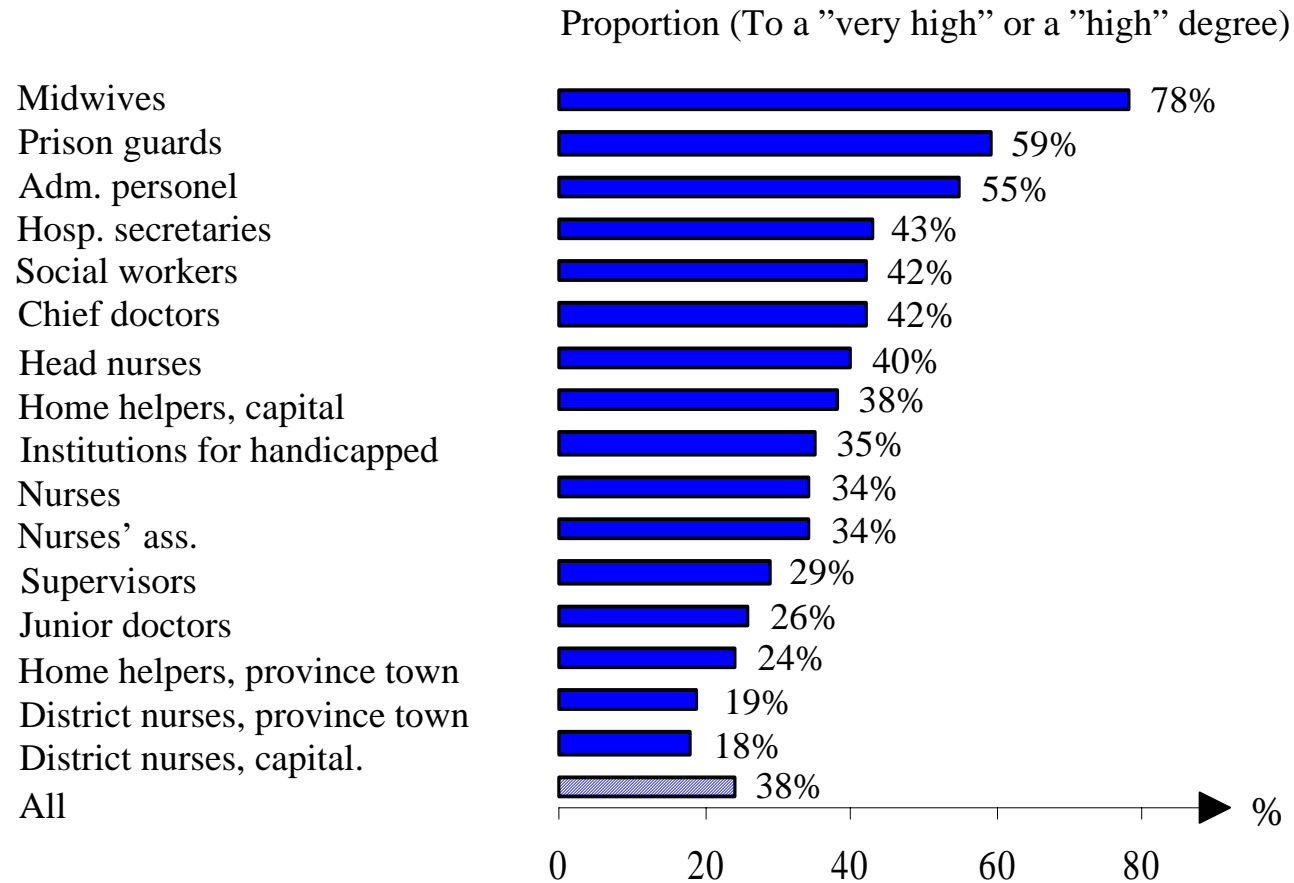


Work environment in hospitals

- High demands for coordination, teamwork, communication
- High emotional and quantitative demands
- High demands for flexibility and ability to adapt
- Increasing demands for documentation, control, planning, evaluation, quality, etc
- Less and less time for the core activity

Demanding clients?

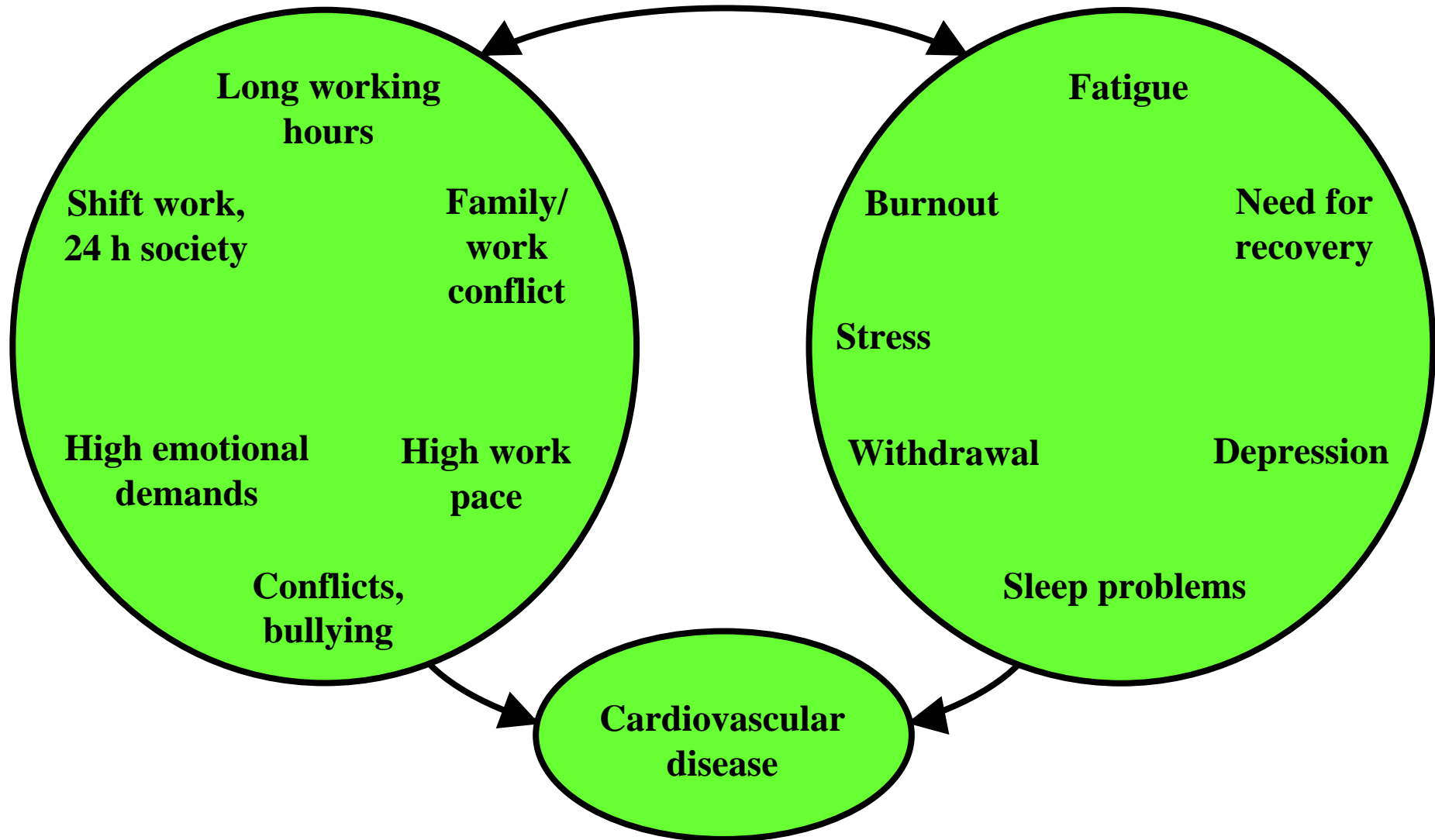
How many think that the clients "in general have become more demanding during later years?"



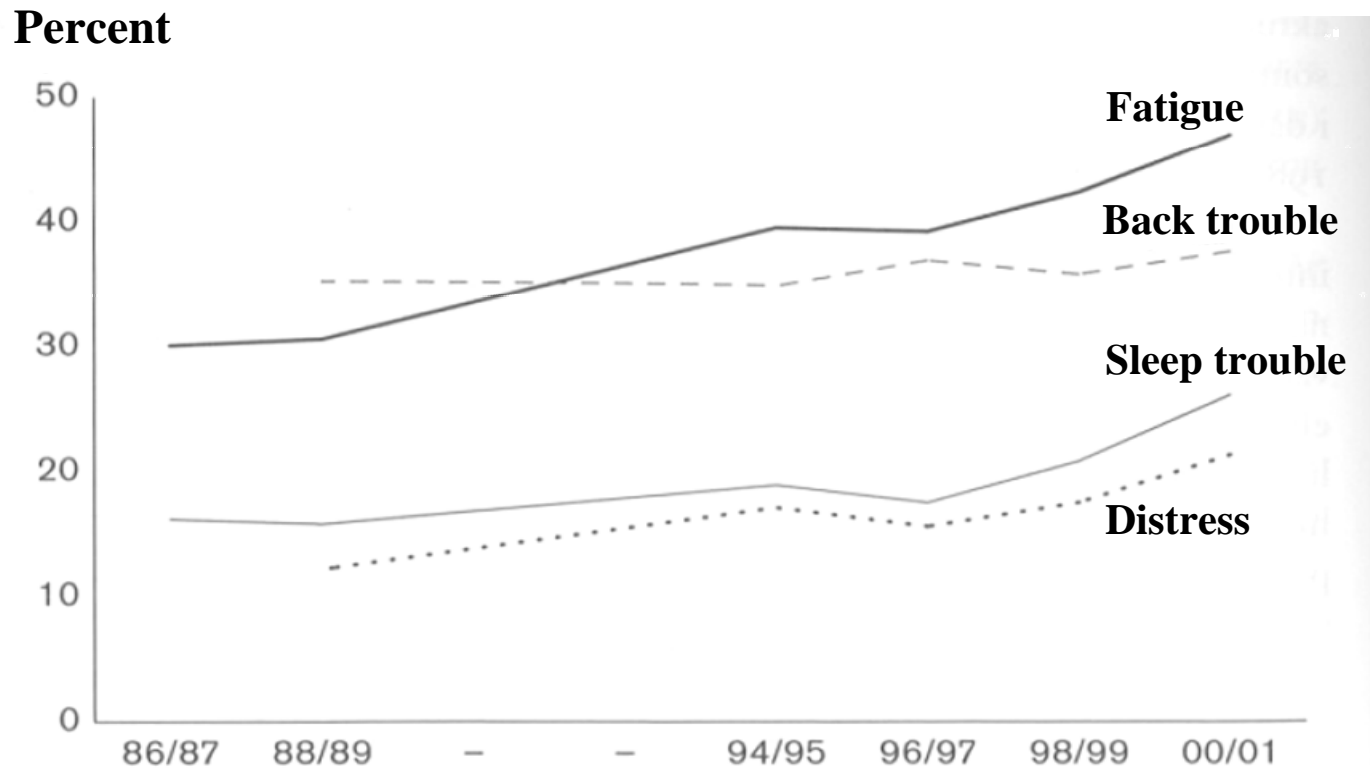
Results from the PUMA study, 2003. N=1534

The new fatigue: You are tired
but you cannot sleep (well)

The new fatigue



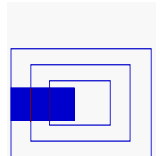
The development of four different symptoms in the adult Swedish population 1986 - 2001



What is personal burnout, work burnout, and client burnout?

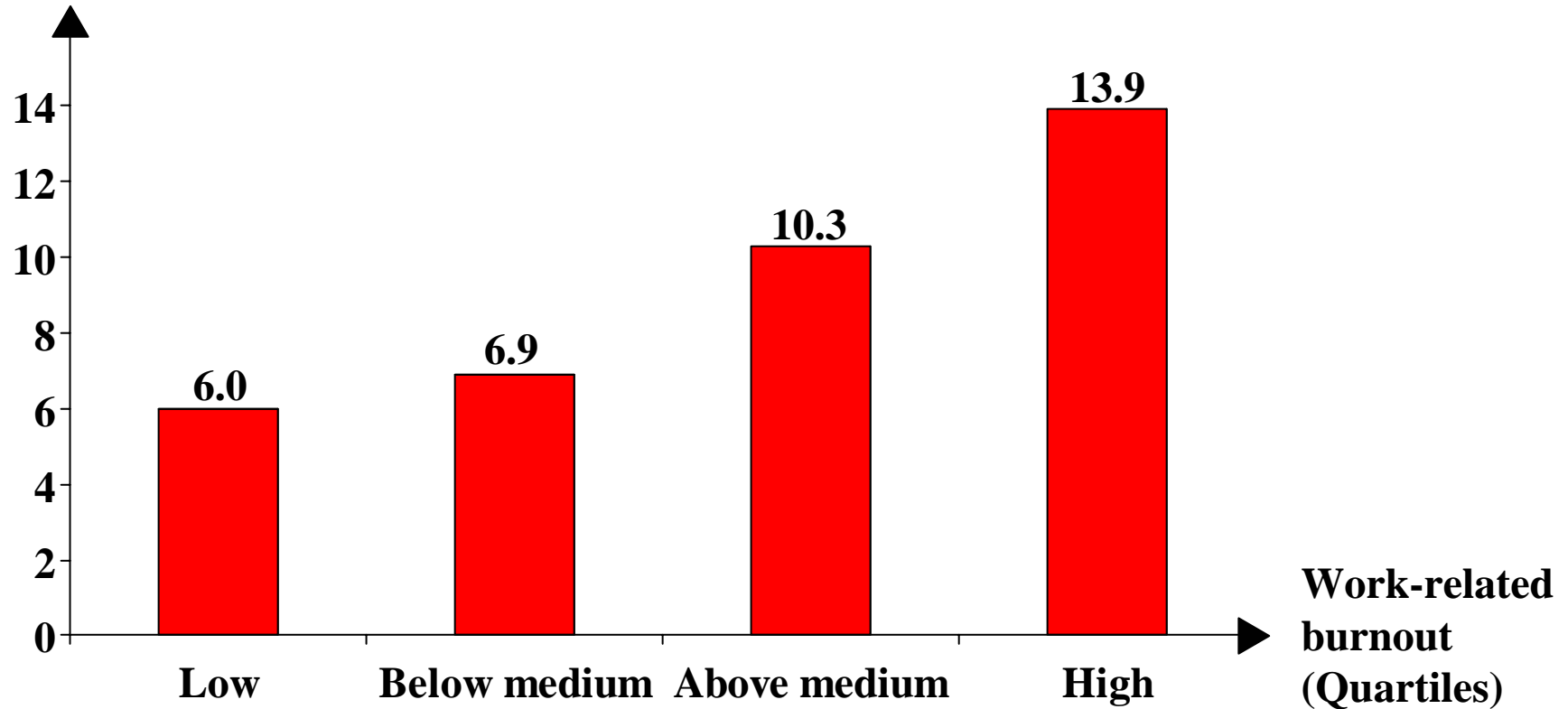
- ✚ **Personal burnout** is the degree of physical and psychological exhaustion
- ✚ **Work burnout** is the degree of physical and psychological exhaustion, which is perceived as related to the person's work
- ✚ **Client burnout** is the degree of physical and psychological exhaustion, which is perceived as related to the person's work with clients*

*) patients, students, inmates, recipients, children etc.



Work-related burnout and absence days

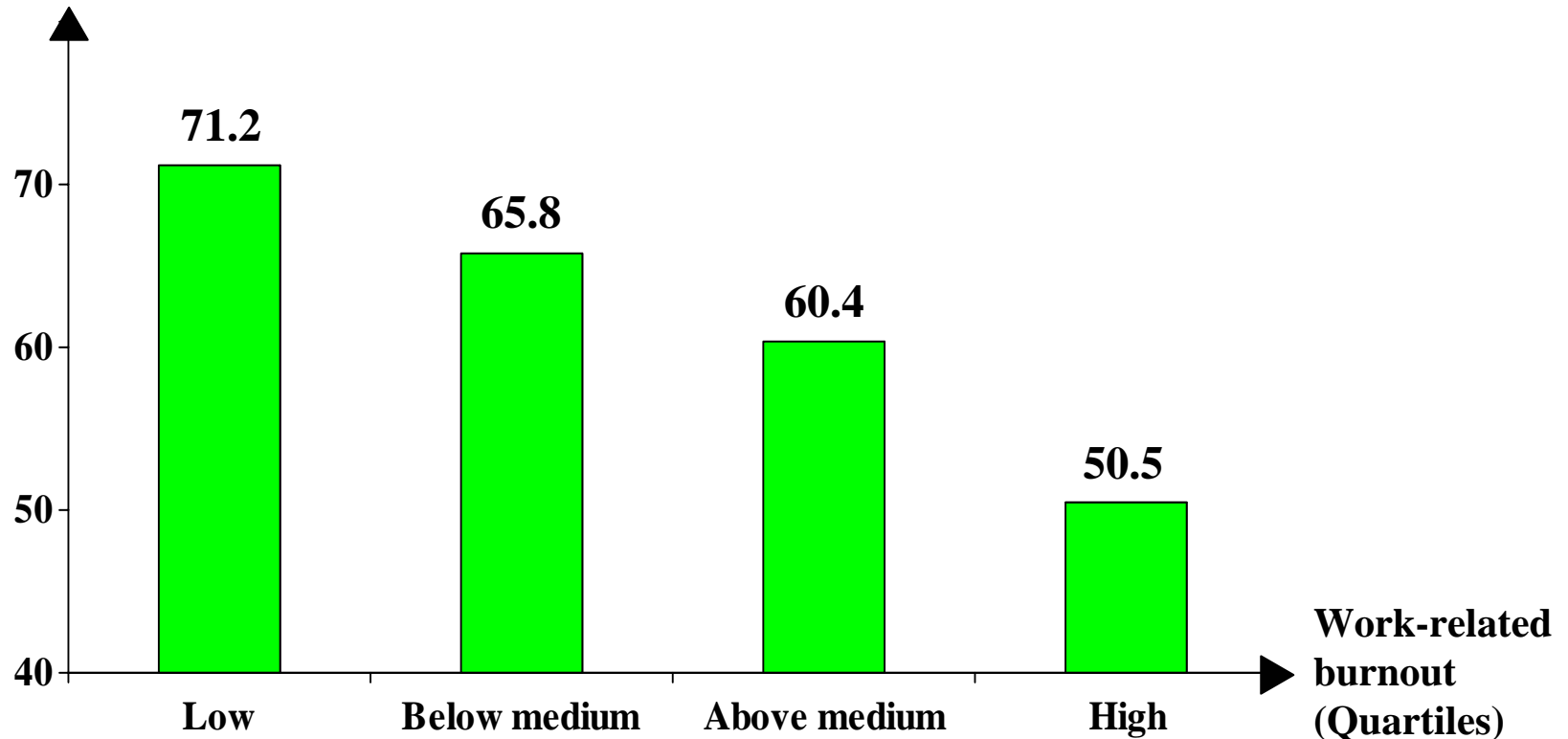
Absence days/year



N = 1828 human service workers
PUMA study. NIOH, Copenhagen.

Work-related burnout and job satisfaction

Job satisfaction score

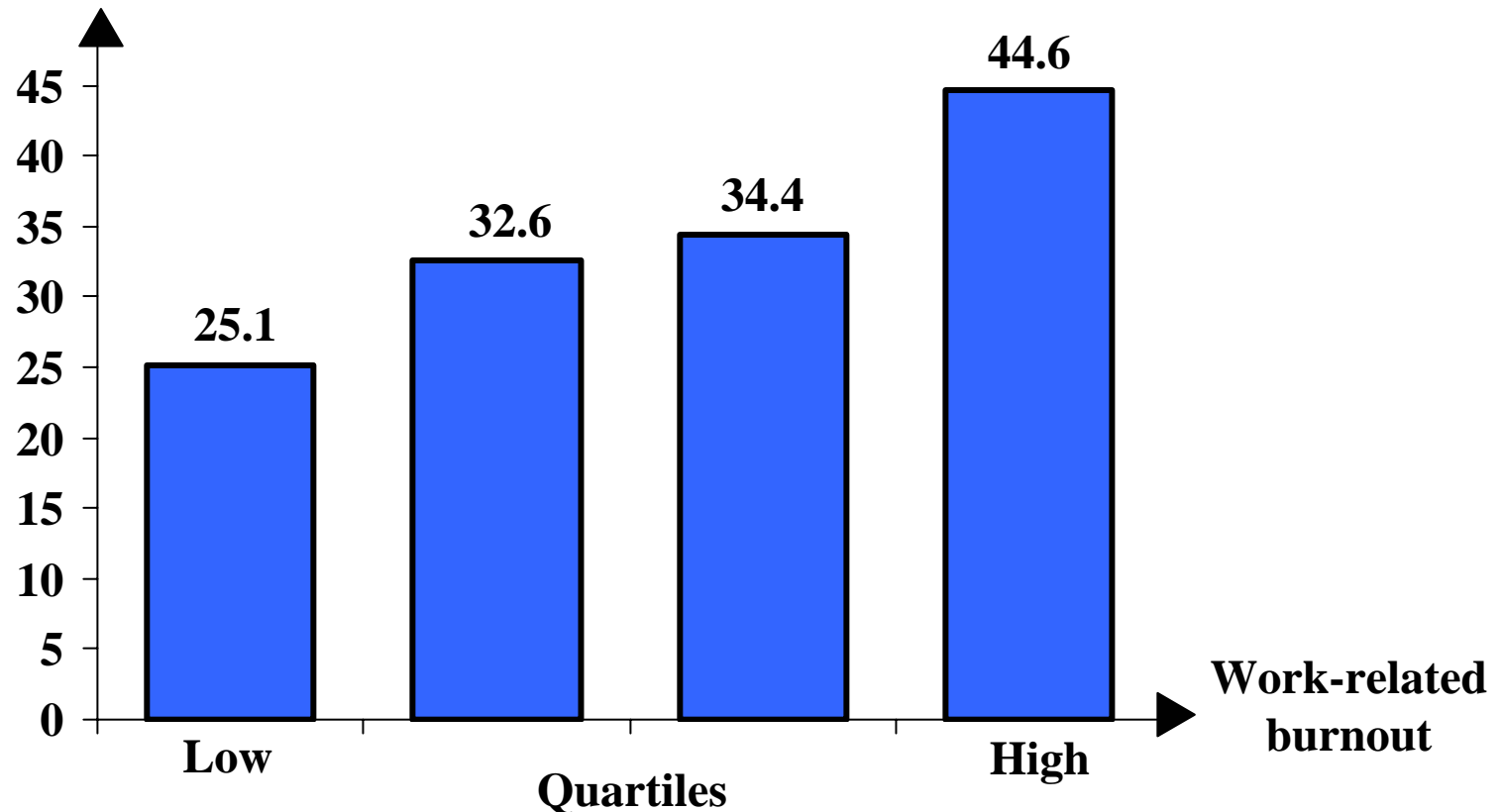


N = 1894 human service workers
PUMA study. NIOH, Copenhagen.

Work-related burnout and sleeping problems two years later

Results from the PUMA baseline and 2 years' follow-up

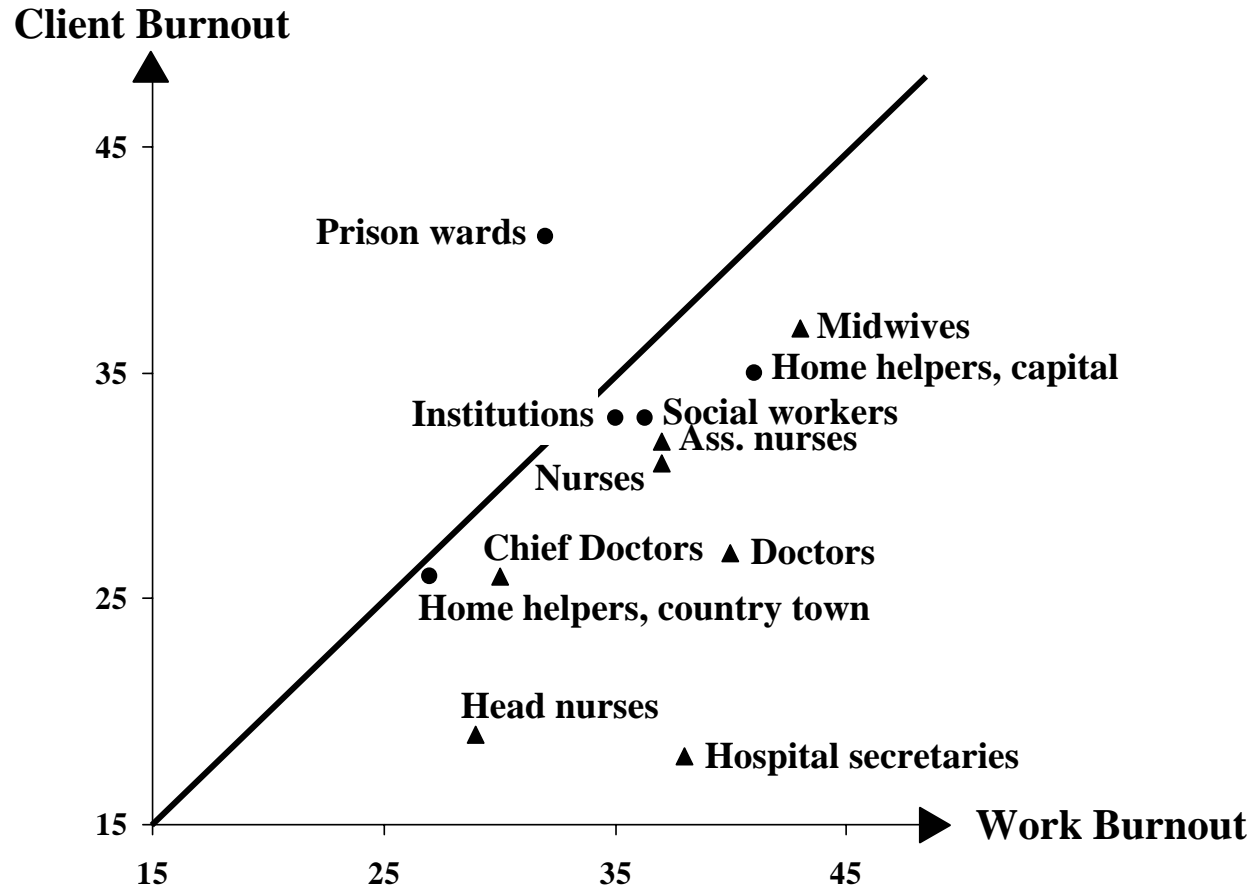
Karolinska sleep questionnaire (scale)



N = 1014; Data from NIOH, Denmark

Copenhagen Burnout Inventory

Client and Work Burnout in different occupational groups.



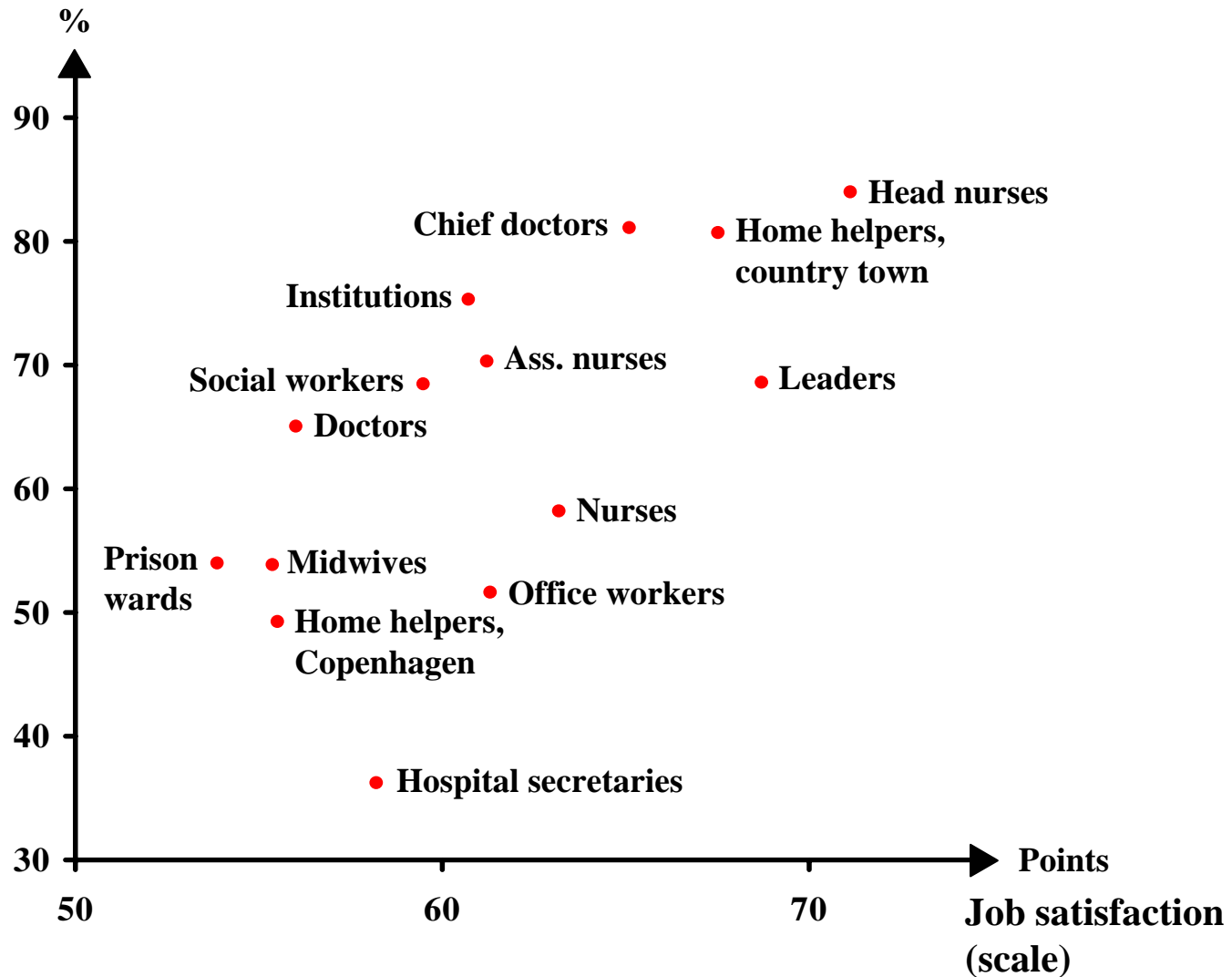
Selected groups from the PUMA study on burnout.

All groups: 20-200 persons.

NIOH. 2000

Job satisfaction in the PUMA project

Would choose the same job again



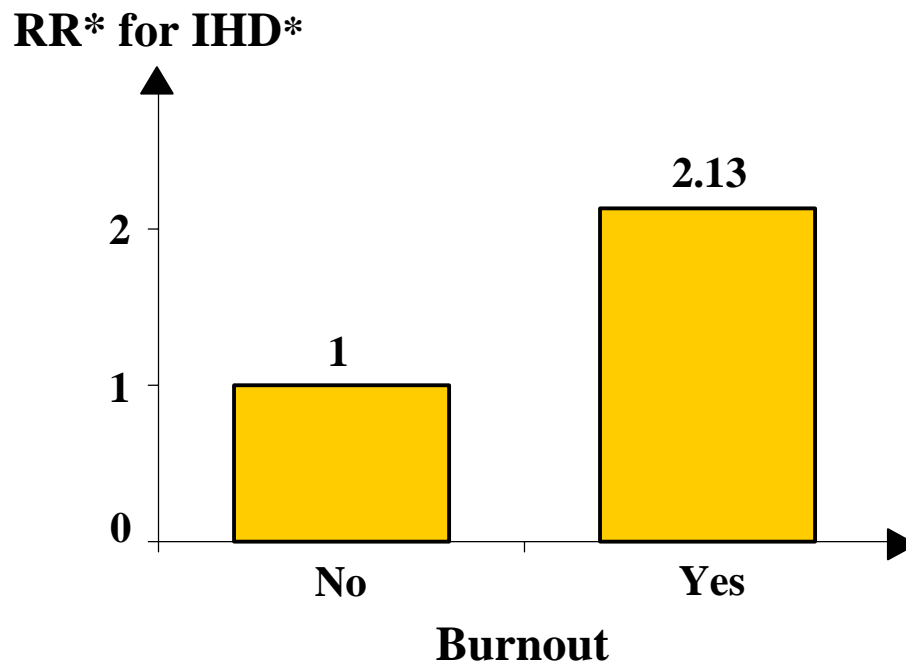
N = 20-255 in different jobs

Some long term consequences
of poor sleep and long – and
irregular – working hours

Burnout as predictor of ischaemic heart diseases

A 4.2 years' follow-up study of 3,877 Dutch male employees from Rotterdam

”Have you ever been burned out?”	No	74%
	Yes	26%

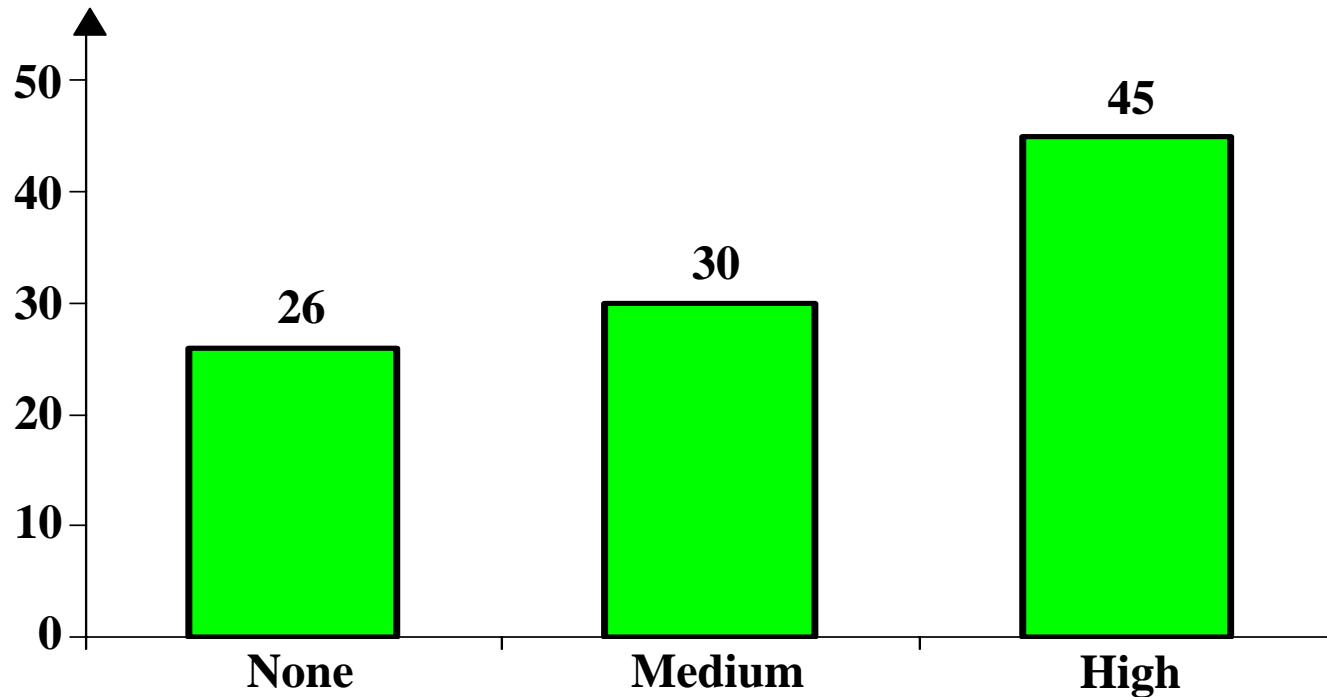


* Controlled for age, BP, smoking, cholesterol. 59 cases.

Exhaustion and CHD

A 9.5 years' follow-up study of 3,365 Dutch men.

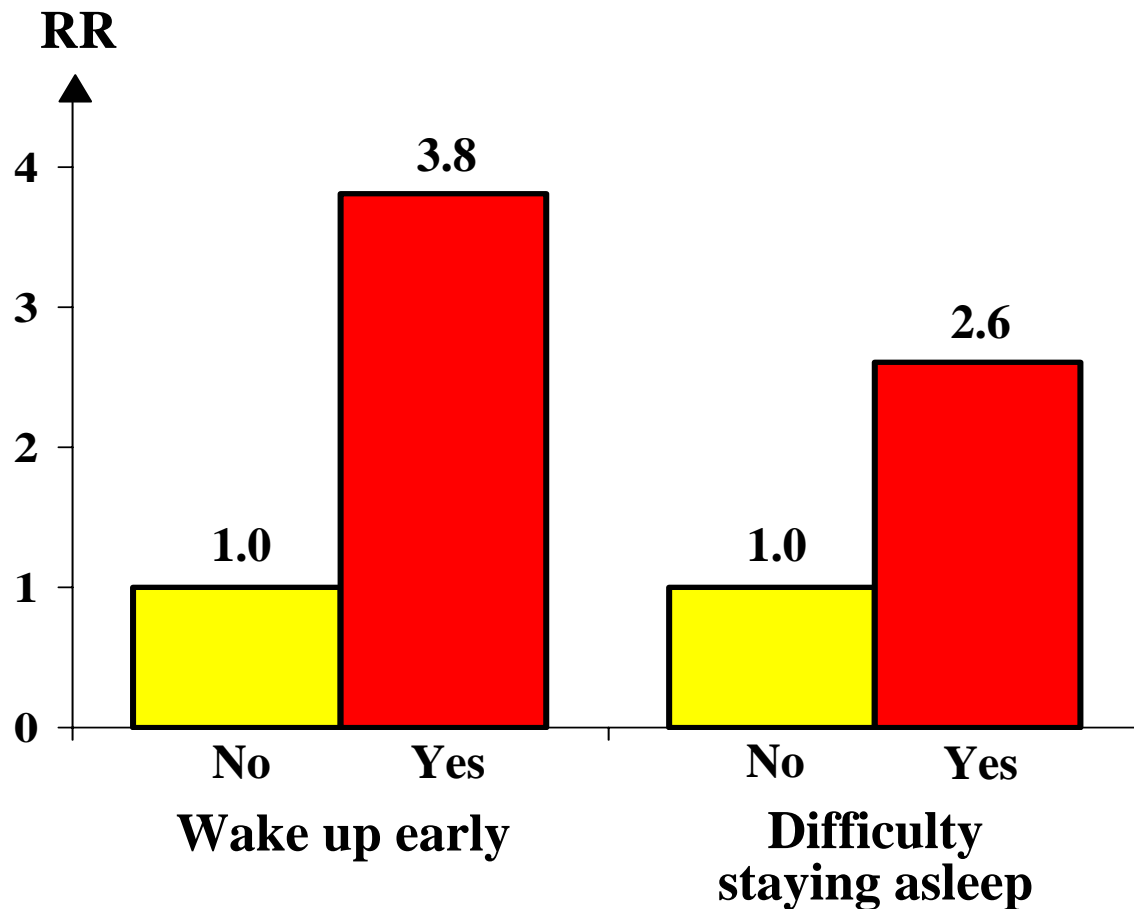
Cases per 1000



Degree of exhaustion by the end of the working day.

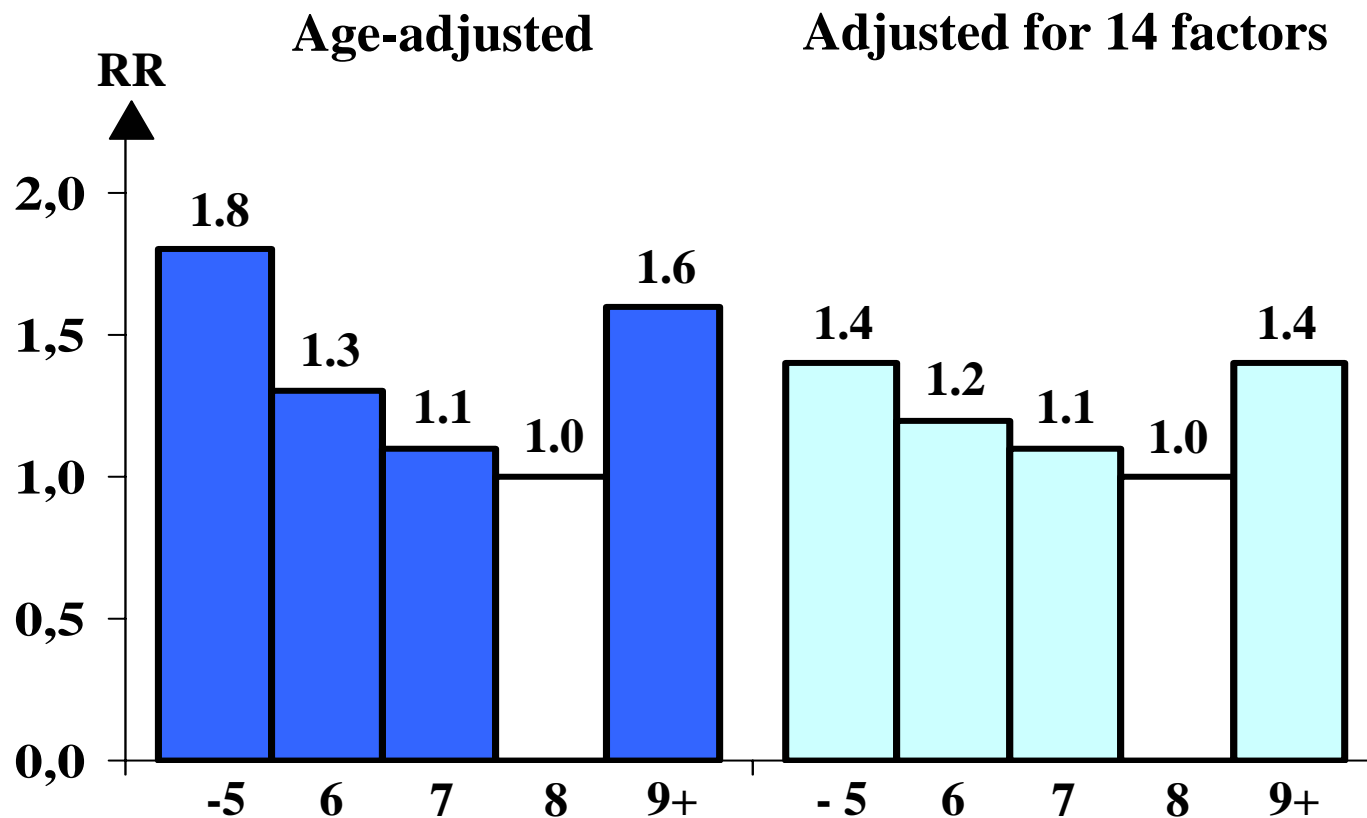
Sleep quality and myocardial infarction

3 years of follow-up of 416 middle-aged German blue-collar workers



Sleep and risk of IHD

A study of 71,617 American nurses followed for 10 years

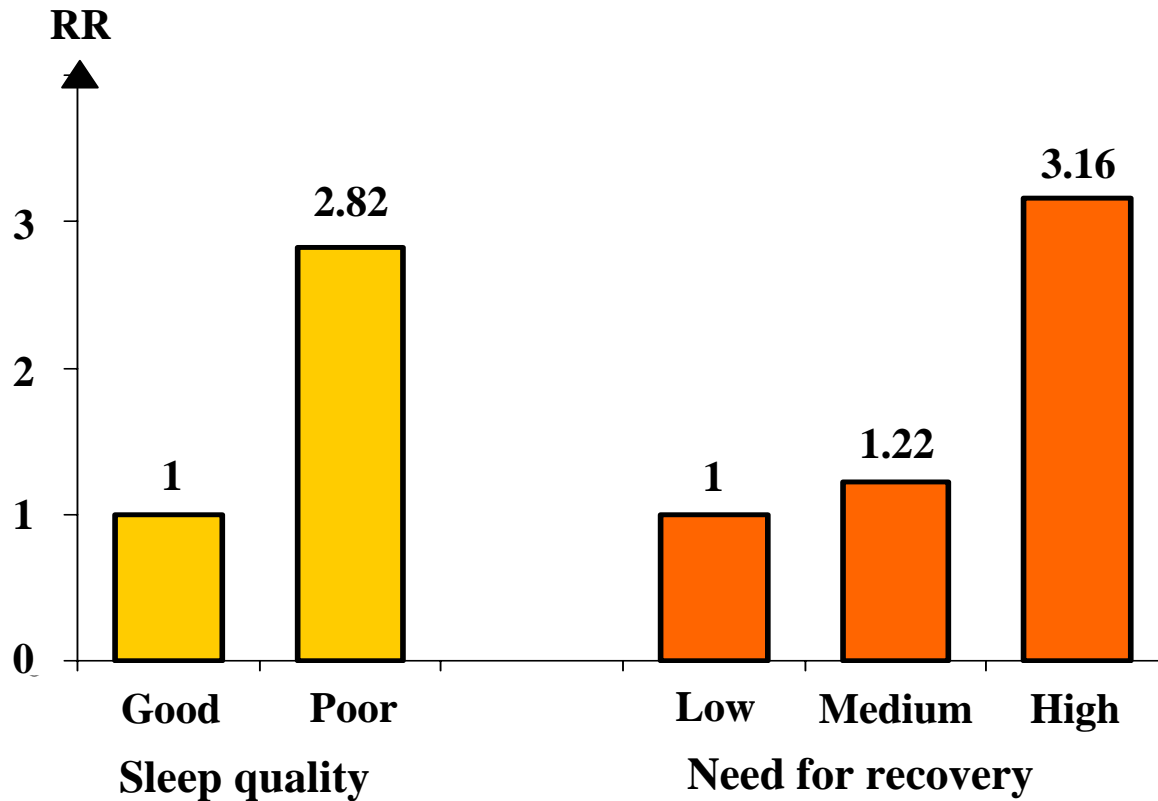


The Nurses' Health Study

Ayas et al. Arch Intern Med 2003;163:205-9

CVD, sleep quality and "need for recovery" after work

Results from 32 months of follow-up of the Maastricht Cohort Study on fatigue

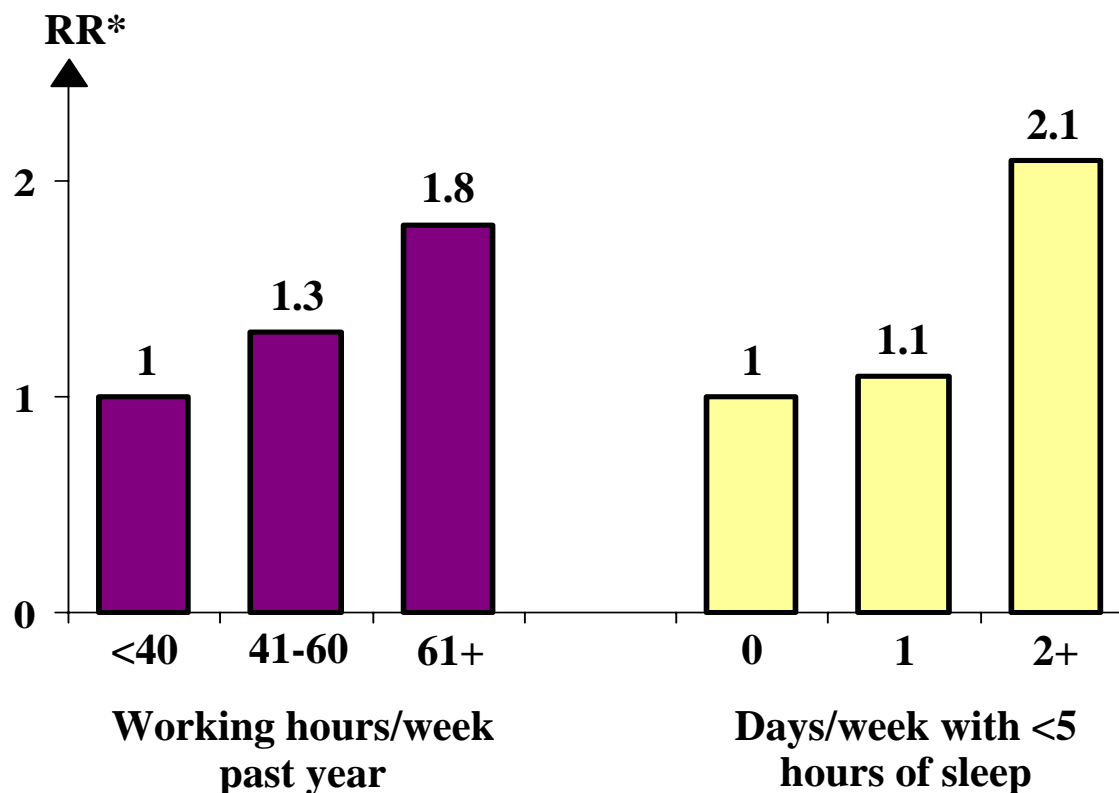


N=7,944 workers. 18-65 years. 42 cases.

Van Amelsvoort et al. *Occup Environ Med* 2003;60:83-87.

Long working hours and short sleep as risk factors for AMI

A case control study of working Japanese men 40-79 years of age
260 cases and 445 matched healthy controls

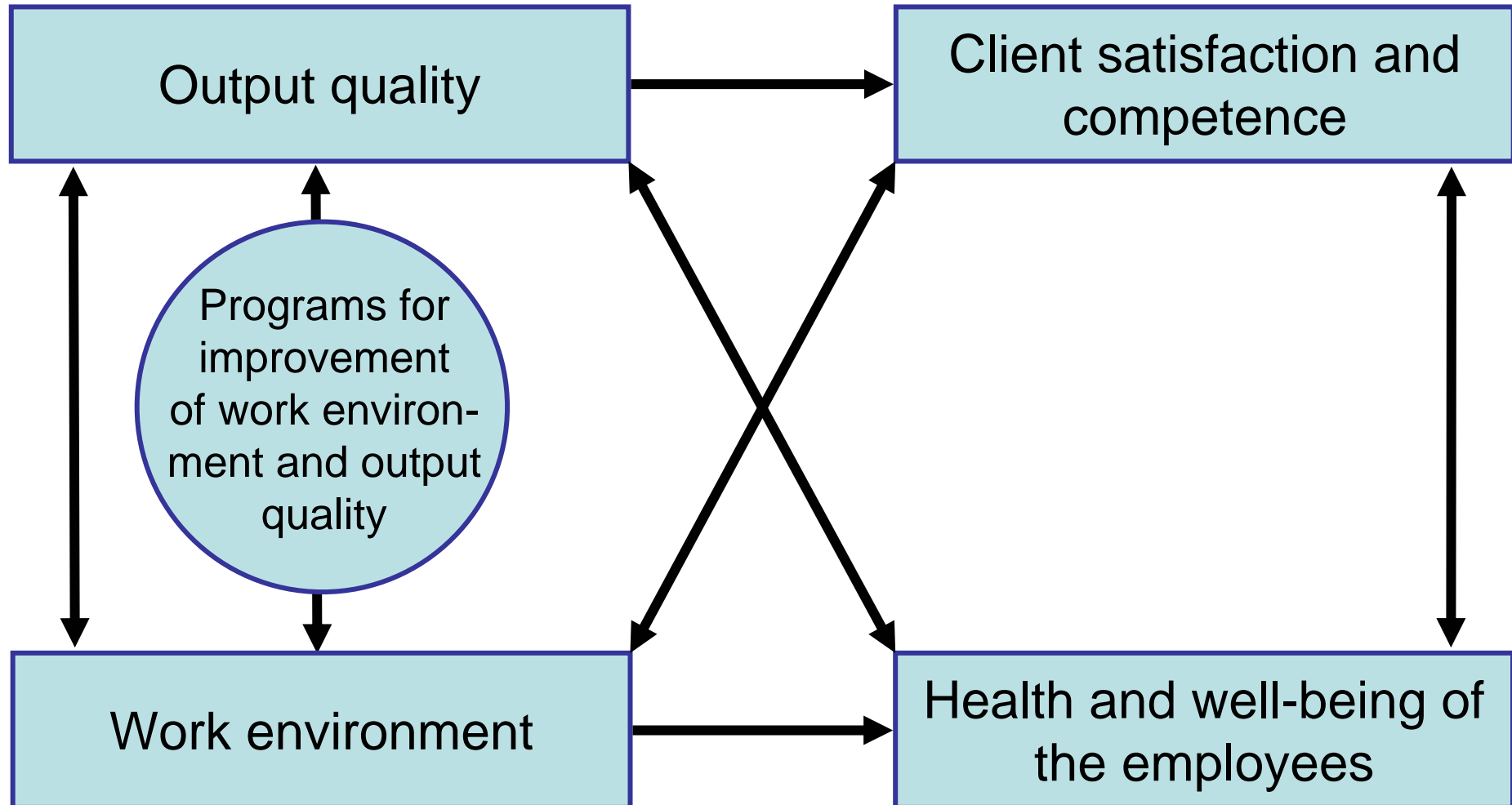


*Adjusted for smoking, alcohol, BMI, BP, DM, cholesterol, heart disease in family, job type and sedentary job

The Sirdal model

First presented by Thomsen, Arnetz & Arnetz in:
Wickström, ed. Intervention studies in the health care work
environment. Lessons learned. Arbete och hälsa 2000:10,p.36-48.

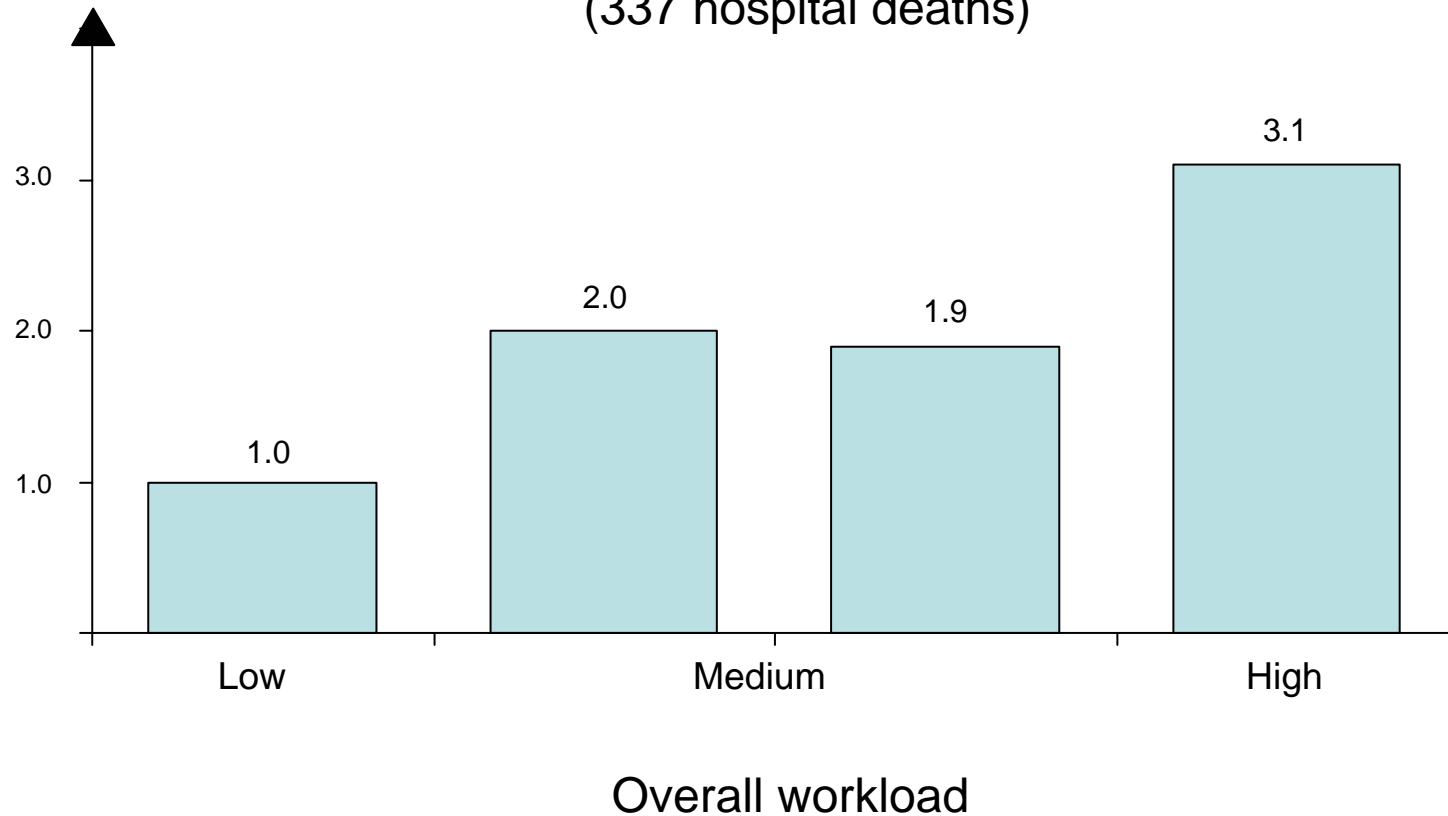
The Sirdal model for work environment and output quality



Staff workload and hospital mortality

Relative risk for death

A 4-year study in an adult intensive care unit
(337 hospital deaths)



Patient-to-nurse ratio. Possible consequences for nurses and patients

An American study including 10,184 nurses, 232,342 patients, and 168 hospitals



* RR associated with an increase of 1 patient per nurse. Adjusted.

Shorter working hours for doctors. Consequences for the patients

Change from 1988 to 1989 in New York State:

- Max. 80 hours/week
- Max. 24 hours consecutive patient care
- Min. 8 hours between shifts

	1988	1989
Patients with at least one complication	22%	35%
Patients experiencing delayed diagnostic tests	1%	17%
Patients experiencing delayed procedures	1%	3%

No differences in mortality or length of stay.

Association between burnout level and critical incidents

A study of 678 Japanese nurses at Tokyo University Hospital

Level of burnout

	Low 1	2	3	High 4	Total
Falling patient	29%	38%	45%	51%	41%
Mistakes related to transfusions	2%	4%	7%	9%	6%
Mistakes related to medication	41%	53%	52%	62%	53%
Mistakes related to operations/anesthesia	9%	2%	3%	3%	4%

$P \leq 0.05$

Errors in patient treatment before and after a stress management programme

Errors per hospital per year
Year before Year after

Control hospitals	1,64	1,59
Intervention hospitals	1,41	0,41*

22 hospitals in each group.

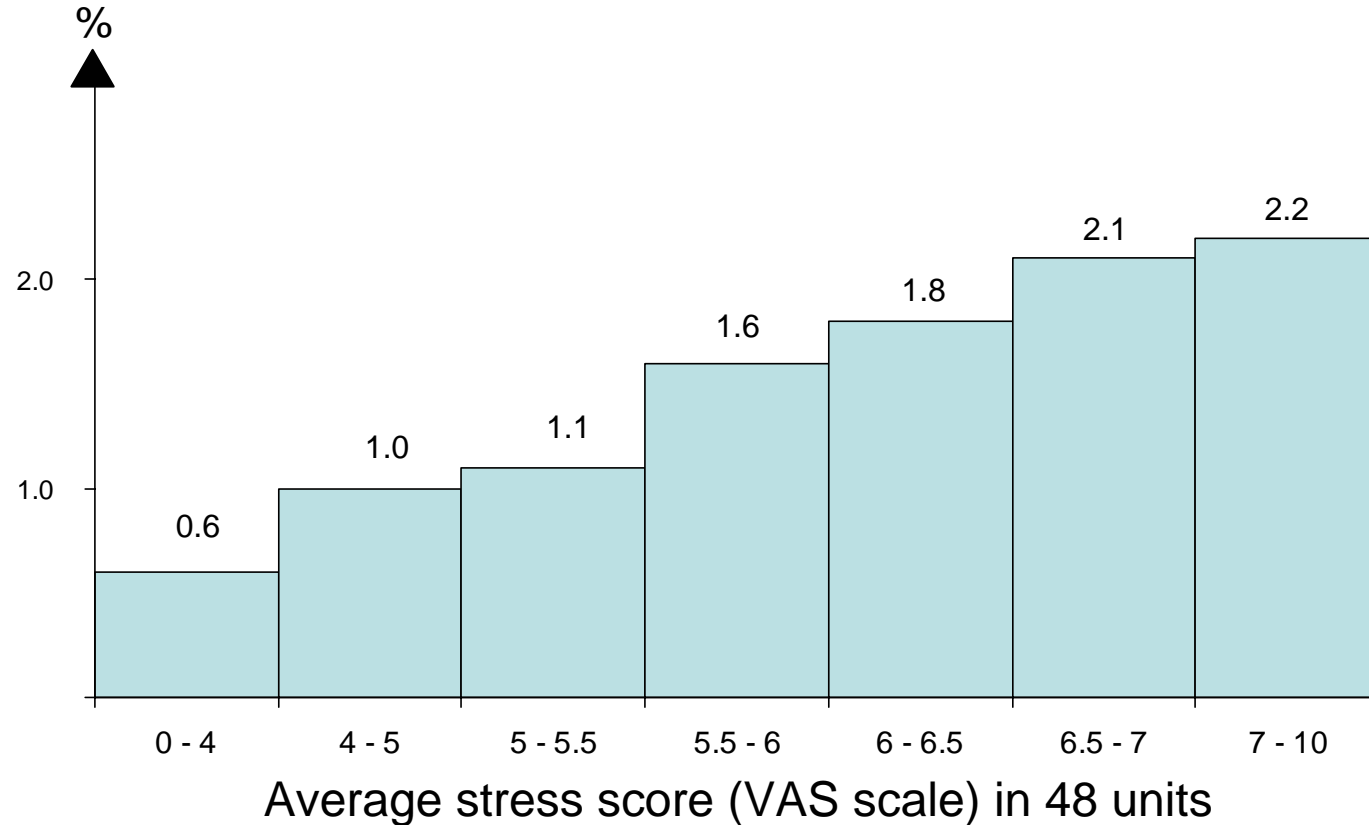
Matched on three criteria.

* $p < 0,01$

Stress level among the nurses and patient incidents

A study of 293 nurses over 3 months

Patient incidents
(falls, medication errors, other errors)



This presentation (and many others) may be found at www.ami.dk/presentations

