Organizational barriers which might hinder mental health service users’ social inclusion

MARTA ANCZEWSKA
JOANNA ROSZCZYNSKA-MICHTA
PIOTR SWTAJ
Institute of Psychiatry and Neurology, Warsaw, Poland
Received 16 June 2011; received in revised form 29 September 2011; accepted 18 November 2011

ABSTRACT This brief paper argues that work-related stress experienced by human service workers not only affect individual psycho-social functioning but also alter the level of performance and the success of professional interventions directly at mental health service users. The paper also argues that burnout syndrome—one of the negative consequences of occupational stress—might be the source of the service users’ dissatisfaction which could have an effect of disempowering them or hindering the process of their recovery.

Keywords: Stress, Organizational stress, Burnout, Social inclusion, Mental health service users
Introduction

The aim of this paper is to share with educators and mental health workers ideas about organizational stress and burnout syndrome as one of the obstacles to mental health service users’ social inclusion. Stress was recognized as a purely biological phenomenon (Selye, 1963, 1979) but was also considered to be a source of interaction and conflict between individuals and their environment (Lazarus, 1971, 1993). According to Lazarus (1993), stress refers to a very broad class of problems. It deals with any demands which strain the system—be it physiological, social or psychological system. Rabin et al., (1999) define stress as a condition in which there is perceived discrepancy between the demands on an individual and the individual’s ability to respond; the consequences of which may destroy biopsychosocial balance and his/her well-being.

Shupe and McGrath (1998, p.86) present an individual “stress event” as a complex cycle consisting of: ‘a situation (an event or condition that occurs or is anticipated in the environment of some focal system), the perceived situation: the focal system’s interpretation of those events, the response selection: the system’s choice of coping responses to those events, the coping behavior.’ Shupe and McGrath argue that the individual’s level of stress is the accumulation of stressors experienced in the past.

Organizational stress

Organizational stress has been regarded as an aversive characteristic of the working environment. This has often led to stress being grouped with physical hazards, such as noise or inadequate office temperature. On the other hand, occupational stress has been viewed as a physiological response to a threatening or damaging environment (Cooper, 1998). The European Agency for Safety and Health at Work (2000) defines organizational stress as an aversive stimulus of the work environment (engineering approach), as a physiological reaction to a threatening environment (physiological approach) and as a dynamic interaction between the person and work environment (psychological approach). The engineering and physiological approaches to our understanding of stress might be criticized for oversimplifying the process—ignoring the dynamics of interaction in person-environment as well as the mediating or triggering factors.

There are two main concepts of organizational stress—interactional and transactional. These two concepts are explored below:
• Interactional – focused on structural characteristics of the interaction between person and work environment, envisioned in Person-Environment Fit theory (Caplan, 1987) and Demand-Control theory (Karasek, 1979).

According to Person-Environment Fit theory, subjective misfit leads to deviations from normal functioning and/or to efforts to resolve the misfit which might be affected either by changing the objective person or the objective environment. Defence in this theory involves efforts to enhance subjective Person-Environment Fit through a cognitive distortion of the subjective person or environment. Although the latter theory provides a useful conceptual framework for understanding occupational stress, it has several limitations. For instance, it does not specify the content of person and environment dimensions and does not propose hypotheses regarding the relationship between Person-Environment Fit and stress (Cooper, 1998).

The JDCS (job demand-control-support) model – Dollard et al., (2000), Karasek, (1979), Van der Doef and Maes, (1999), Verhoeven et al., (2003) explores the relationship between job conditions and health and well-being outcomes. According to the authors, two aspects of the work environment—job demands and job control—determine the effects of work on the health and well-being of employees. The most unfavorable outcomes for the employee are predicted to arise in the high-strain situation, a situation where high demands are combined with low job control. The social integration or support in the work situation is the third factor which plays an important role with regards to occupational stress. The definition of demands in the JDCS model refers to the task requirements in the work situation (Karasek, 1979). The definition of task requirements (or workload) includes aspects such as role conflict and time pressure. The definition of control includes the worker’s authority to make decisions on the job and the extent to which skills are used by the worker. When demands in the workplace are high and the possibilities to participate in decision-making are poor, individuals may suffer from harmful, mental strain. Long-lasting, high mental strain, without a possibility to positively affect the situation, leads to exhaustion, anxiety, depression and physical symptoms (Fox et al., 1993; Karasek, 1979, Verhoeven et al., 2003).

• Transactional – focused on emotional reactions, cognitive processes and coping. This concept combined Siegrist’s (1996) “effort-reward imbalance” with that of Lazarus (1971, 1993). These writers regard stress as a transaction between person and environment, describing it as demands, competences, abilities and support.
Leka and Jain (2010, p.5) published an overview on psychosocial work hazards which can be summarised as different categories of work characteristics relating to context in which work take place such as:

- **job content** (lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work),
- **workload and work pace** (work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines),
- **work schedule** (shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours),
- **control** (low participation in decision making, lack of control over workload and pacing),
- **environment and equipment** (inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise),
- **organizational culture and function** (poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organizational objectives),
- **interpersonal relationships at work** (social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, bullying, harassment),
- **role in organisation** (role ambiguity, role conflict, and responsibility for people),
- **career development** (career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value to work),
- **home-work interface** (conflicting demands of work and home, low support at home, dual career problems).

**Burnout**

The following definition of burnout is adopted in this paper:

Burnout is a persistent, negative, work-related state of mind in “normal” individuals that is primarily characterized by exhaustion, which is accompanied by distress, a sense of reduced effectiveness, decreased motivation and the development of dysfunctional attitudes and behaviors at work. This psychological condition develops gradually but may remain unnoticed for a long time by the individual involved. It results from misfit between intentions and reality in the job. Often burnout is self-perpetuating because of inadequate coping strategies that are associated with the syndrome (Schaufeli and Enzmann, 1998, p.36)
Psychologist Herbert Freudenberger (1974), is considered to be the originator of the concept burnout syndrome. Working with young volunteers who cared for young drug addicts, Freudenberger observed that many volunteers experienced a gradual energy decrement, loss of motivation and devotion which was followed by development of different mental and physical symptoms similar to depression symptoms. Maslach et al., (1996) formulated the three-dimensional burnout model which places the individual stress experience within a social context: emotional exhaustion (feelings of being emotionally over-extended and depleted of one’s emotional resources), depersonalization (negative, cynical attitudes towards the recipients of one’s services) and a reduced sense of personal accomplishment (feelings of diminished competency, self-efficacy and productivity at work), which can occur among individuals who work in human services such as mental health services.

A number of theoretical models of burnout have been developed in the context of individual approaches (Pines and Maslach, 1978), interpersonal (Buunk et al., 1994, Cherniss, 1992, Dierendonck et al., 1996, Maslach and Jackson, 1984), organizational (Golembiewski et al., 1998) and societal (Meyerson, 1994).

Mental health services—occupational stress and burnout

Mental health employees face numerous challenges and represent one of the categories of human service workers with the highest risk of burnout (See Kumar, 2007; Lasalvia et al., 2009; Lee and Wang, 2002; Leiter and Harvie, 1996; Ryan et al., 2007; Sorgaard et al., 2007). The reason for this might be explained by Karasek’s model of the working conditions of many human services workers such as those in mental health and education. Other reasons include over-crowded in-patient wards with bed occupancy levels above what is accepted as safe (Virtanen et al., 2008). Other reasons are incidences of patients’ aggressive or violent behaviour, high caseloads, under-staffing (King, 2009, Lee and Wang, 2002; Tardiff et al., 1997), structural instability (Nelson et al., 2009) and staff educational background (Sorgaard et al., 2010).

One important aspect of the functioning of psychiatric health care—and one which sets it distinctly apart from other branches of medical care—is the legally sanctioned application of physical restraint, involuntary hospital commitment and psychotropic medication. Burnout staff can become more coercive towards the patients or adopt a defensive strategy of depersonalization—i.e. withdrawing from interaction or even actively avoiding patients or treating them as objects (Auszewska and Roszczyńska-Michta, 2007). According to Deegan (1996), lack of partnership with health care representatives and their negative, cynical attitudes
towards service users can have adverse consequences. To that end, therefore, burnout might diminish the quality of care provision.

**Practical implications**

Various strategies have been proposed to treat and prevent burnout: individual strategies to either strengthen the worker’s resilient or to change his/her work behaviour (such as coping skills) or the individual/organisation interface designed to increase the interplay of the employee and organisation to encourage productivity, improve quality of services or reduce costs (Schaufeli and Enzman, 1998). According to Schaufeli and Enzmann (1998), individual strategies to address burnout are only partially effective, since people in work settings have much less control over job demands and social support than they do in other stressful situations. Lasalvia et al. (2009) suggest that more effective strategies should be based on the development of a positive organizational culture including reward and motivational strategies.

**Conclusions**

The psychosocial work hazards experienced by mental health service providers increase the level of the organizational stress. One of its negative consequences is burnout syndrome—i.e. state of physical, emotional and spiritual fatigue – often described as a sense of helplessness and hopelessness, low energy level, lack of job satisfaction and a feeling of being trapped between stimulating challenges and never-ending conflicting demands. Developing a positive organizational culture might be a solution in preventing organizational stress.

**Correspondence**

Dr Marta Anczewska, Joanna Roszczyńska-Michta, Piotr Świtaj
Institute of Psychiatry and Neurology
Sobieskiego 9
02-957 Warsaw
Poland
Tel.: +48 22 4582 695
Email: anczew@ipin.edu.pl
Acknowledgements

The authors like to acknowledge The OSCAR Group, as well as ENTER Mental Health Group.

References


ANČEWSKA, ROSZCZYNSKA-MICHTA & SWTAJ


Effects of stressful job demands and control 
on psychological and attitudinal outcomes in a hospital setting. 

Staff burn-out, Journal of Social Issues, 30, 1, pp. 159-165.

Estimates of 
burnout in public agencies. 

Karasek, R.A. Jr. (1979) 
Job demands, job decision latitude and mental strain: implication for job redesign, 

King, R. (2009) 
Caseload management, work-related stress and case manager self-efficacy 
among Victorian mental health case managers. 

Kumar, S. (2007) 
Burnout in psychiatrists. 
World Psychiatry, 6, pp. 186-189.

Lasalvia, A, Bonetto, C, Bertani, M, Bissoli, S, Cristofalo, D, Marrella, G, Ceccato, 
Influence of perceived organizational factors on job burnout: survey of community mental health staff. 

Lazarus, R.S. (1971) 
The concepts of stress and disease, in Society, Stress and Disease 

Lazarus, R.S. (1993) 
From psychological stress to the emotions: a history of changing outlooks, 

Perceived occupational stress and related factors in public health nurses. 
Journal of Nursing Research, 10, 4, pp. 253-259.

Burnout among mental health workers: a review and a research agenda, 


