

STRESS, COPING, ADAPTATION AND CULTURAL DIVERSITY OF HEALTHCARE PERSONNEL

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Abstract. *The top priority of medical institutions is to provide quality patient care services. Considering that healthcare personnel are to work with colleagues from various cultures, important are medical personnel training, in-service training, improvement of professional knowledge and skills, ability to adapt to working in a diverse team. The planning of employee training and in-service training is based on the strategic targets and personnel training needs of each institution. Qualification support programmes are organised for medical personnel to improve their professional knowledge and the knowledge and skills of medical nurses in the areas primarily related to patient care, but there is lack of training in stress management and development of stress resistance, as well as facilitation of collaboration with individuals of various cultures. The aim of the research study is to assess the work stress levels of healthcare personnel, the applied work stress management strategies, the levels of social and psychological adaptation of personnel, the ability to adapt to cultural diversity, and their mutual correlations. Research questions: What are the levels of work stress of healthcare personnel? What are the work stress management strategies applied by healthcare personnel? What are the levels of social and psychological adaptation of healthcare personnel? What is the ability of healthcare personnel to adapt to cultural diversity? Are there statistically significant correlations between personnel work stress, the applied work stress management strategies, the levels of social and psychological adaptation, the ability to adapt to cultural diversity of the personnel? What exactly should be included in the personnel training plan while preparing the personnel for work in a multicultural environment? The respondents in the research study are healthcare personnel carrying out their duties in Latvia and Scandinavia simultaneously. The following surveys were used for data collection: A Work Stress Scale, a Stress Management Survey, a survey regarding social and psychological adaptation and a Cultural Diversity Self-evaluation Survey. The results of the research study suggest that most of the respondents have low levels of work stress, the active and pro-social management strategies are most frequently used to manage stress, the social and psychological adaptation score corresponds to a medium level. As a result of the research study, the authors prepared recommendations for the Human Resources Department regarding the organisation of training in stress management and development of stress resistance, as well as in the fundamentals of collaboration with individuals of various cultures in order to improve their professional and personal competences.*

Keywords: *adaptation, coping, cultural diversity, stress.*

Introduction

The key challenges in healthcare include shortage of qualified medical personnel, staff ageing, working in a diverse team together with representatives of various cultures. In the organisational environment, stress became a key individual health and performance problem (Aiken et al., 2001). The medical nurse is among the professions where work stress is among the most frequently reported causes of medical conditions which have contributed to shortage of medical personnel. Research study reviews suggest that the primary inducers of stress in medical nurses include work overload, insufficient numbers of personnel, socially unfavourable work schedule, poor management support, poor communication, lack of autonomy, role conflict and role obscurity (Dollard et al., 2003). As the length of service increases, some of the aspects in the work of medical nurses, which once caused stress, are no longer perceived that way, younger medical personnel consider communication with patients and relatives and also unsuccessful interaction between home and job as most significant stressors, whereas older medical nurses are more concerned about the overall management of their workloads (Butterworth et al., 1999). Thus, as the length of service increases, healthcare personnel are able to adapt to particular job task aspects, but, at the same time, they are more exposed to organisational, context-related job aspects which they find as causes of stress (Guppy & Gutteridge, 1991). The results of a research study conducted among medical nurses in Greece (Theodoratou et al., 2009) showed that most of medical nurses are able to manage work stress. However, significant differences were identified in the applied adaptation strategies, depending on gender, place of residence and level of education (Theodoratou et al., 2009).

It was discovered in other research studies that constructive tackling may be an efficient stress management strategy. Efficient communication with the patient improves healthcare personnel job satisfaction, which may consequently reduce job stress (Kato, 2014). Generally, most of the previously conducted research studies suggest necessity to strengthen the tackling strategies already pursued, as well as organise courses of further education whose targets are qualification and education of medical nurses (Negromonte & Araujo, 2011). Research of work stress has proven relationship between stressors at work and poor psychological adaptation. In a cross-sectional study with healthcare personnel, pursuing the strategy of avoidance was associated with poorer psychological adaptation at the place of work (Lynn et al., 2009). The results of cultural diversity studies proved that diversity in organisations increase their efficiency. Generally, depending on its level, diversity might have both positive and negative inputs in the organisational activities (McQueen, 2000). Within culturally homogenous groups, their members will tend to communicate with

each other more frequently and in more diverse ways (Earley & Mosakowski, 2000). According to other studies into the influences of diversity of relationships on the attitude of healthcare personnel to their job, managers pretty often do not consider differences in values, education and age (Wolf et al., 2010). Irrespective of diversity, courtesy of the direct supervisor towards the employee is important (Hendricks & Cope, 2012).

Materials and Methods

Several research tools were applied to investigate work stress, tackling, adaptation and cultural diversity: Work Stress Scale (Fontana, 1989), Stress Management Survey (Hobfoll, 1998), Social and Psychological Adaptation Survey (Rogers & Dymond, 1954), Cultural Diversity Self-evaluation Survey (Illinois State University, 2014). The survey was conducted in 2015. Probability sampling was used, which means that each element in the general population had equal opportunities of being included in the sample.

The main challenges in health care system in Latvia are lack of qualified medical staff, low wages, and active medical personnel departure from Latvia. In order to avoid short-term lack of personnel is offered following model: for 2 weeks nurses are working in Latvia and for 2 weeks in Sweden, thus providing medical staff a higher salary and a better quality of health care services in both countries. Since 2012 79 health care workers are employed in this way. 63 of 79 (81 % of the total number of health care workers) between the ages of 30-49 years are respondents of the research. Each respondent personally received email with an invitation to participate in the survey, the survey was filled in Latvian.

The aim of the research study is to assess the work stress levels of healthcare personnel, the applied work stress management strategies, the levels of social and psychological adaptation of personnel, the ability to adapt to cultural diversity, and their mutual correlations. The authors formulated 5 research questions: What are the levels of work stress among healthcare personnel? What are the work stress management strategies pursued by healthcare personnel? What are the levels of social and psychological adaptation of healthcare personnel? What is the ability of healthcare personnel to adapt to cultural diversity? Are there statistically significant correlations between personnel work stress, the applied work stress management strategies, the levels of social and psychological adaptation, the ability to adapt to cultural diversity?

Results

During the study, the authors obtained significant results, which they will further describe by answering the research questions.

The 1st research question - What are the levels of work stress among healthcare personnel? The results obtained using the Work Stress Scales by D. Fontana (1989) were evaluated using the scale key. The respondents (78 %) have low levels of work stress which do not affect the physical or psychological condition of the respondents, 21 % have medium levels of work stress which tend to have negative impacts on the physical and psychological condition of the respondents. The summary of the results reveals a tendency that two thirds of the respondents do not find work stress to be an issue and tackle the caused stress successfully. The remaining part of the respondents experience medium levels of work stress, which need to be lowered.

The 2nd research question - What are the work stress management strategies pursued by healthcare personnel? The Stress Management Survey by S. Hobfoll (1998) was used to determine the most frequently pursued stress management strategies. The respondents responded to the 52 offered statements, by rating them on a 5-point Likert scale. The results of the Stress Management Scale show that the respondents most frequently use the active and pro-social tackling strategies, including safe, insistent action, social consolidation and seeking social support. The pursued strategies suggest that the respondents tend to cooperate and rely on others, and also to defend their rights without aggression. Strategies like avoidance, cautious action, aggressive action and indirect action are most frequently pursued on the medium levels, and the uses of these strategies depend on the situation. The rarest stress management strategies include antisocial and instinctive action, and this suggests that the respondents wish to cooperate with others and make well-considered decisions.

The 3rd research question - What are the levels of social and psychological adaption of healthcare personnel? The calculation of the results of the Social and Psychological Adaptation Survey (Rogers & Dymond, 1954) was done according to its key, by calculating the score obtained in the survey for each of the 27 statements and calculating the resulting number of point on each of the 8 subscales. The result on the Adaptation subscale is 73 %, and this corresponds to a medium level in the survey. This means that the respondents have normal levels of social and psychological adaptation. In addition to the social and psychological adaptation survey, the authors identified 7 personal traits associated with it. The summarised responses suggest that the respondents willingly accept other people who influence their job performance favourably. The result on the Acceptance of Others subscale is higher than on the others, and

this suggests that the personnel require high levels of social and psychological adaptation for quality performance.

The 4th research question - What is the ability of healthcare personnel to adapt to cultural diversity? The summarised results of the Cultural Diversity Self-evaluation Survey (Illinois State University, 2014) suggest that more than a half, or 51 %, have high ability to adapt to cultural diversity. Medical nurses are aware of their own biased behaviours and those of others and understand the negative impacts of such biased behaviours. They are able to provide high inputs at their places of work because they respect diversity and try to educate and help others to understand the value of diversity. The second largest group of respondents, which is 29 %, has very high ability to adapt to cultural diversity. The individuals in this category are aware of bias and biased behaviour. The results of the survey suggest that the majority of the respondents have high levels of ability to adapt to cultural diversity, due to which the individuals appreciate the advantages of diversity. The results can be explained by the necessity for the medical personnel to adapt to working in a diverse team and understand the differences of other team members.

The 5th research question - Are there statistically significant correlations between personnel work stress, the pursued work stress management strategies, the levels of social and psychological adaptation, the ability to adapt to cultural diversity? The performed correlation analysis revealed quite many correlations between the empirical distribution data, which suggest that the investigated areas are interrelated and that changes in one factor influence the other factors. The Stress Scale has a statistically significant negative correlation with the Social and Psychological Adaptation Survey ($r = -.391, p < 0.01$). The correlation is weak and shows that the higher the levels of work stress among the respondents, the weaker the social and psychological adaptation among them (see table 1).

Table 1 Correlations between work stress scale and social/psychological adaptation

	Work stress scale (Fontana Survey)
Social/Psychological adaptation (Rogers & Dymond Survey)	-0.391**
	.002

The Aggressive Action subscale of the Stress Management Survey has a significant positive correlation with the Antisocial Action Subscale ($r = 0.572, p < 0.01$). The correlation is medium strong and suggests that the more the respondents experience strong anger and depression, the more they tend to use direct actions. The Indirect Action subscale of the Stress Management Survey

has a significant positive correlation with the Aggressive Action Subscale ($r = 0.495$, $p < 0.01$). The correlation is medium strong and suggests that the more the respondents try to achieve their target by craft, the more they tend to use direct actions. The Indirect Action subscale of the Stress Management Survey by S. Hobfoll has a significant positive correlation with the Antisocial Action Subscale ($r = 0.689$, $p < 0.01$). The correlation is medium strong and suggests that the more the respondents try to achieve their target by craft, the more they tend to put off others and seclude themselves. The Social Consolidation subscale of the Stress Management Survey by S. Hobfoll has a statistically significant correlation with the Seeking Cautious Action subscale ($r = 0.587$, $p < 0.01$). The correlation is medium strong and suggests that the more the respondents seek stability in a coalition, the more they tend to reassure. The Social Consolidation subscale of the Stress Management Survey has a statistically significant correlation with the Seeking Social Support subscale ($r = 0.620$, $p < 0.01$). This suggests that the more the respondents seek stability in a coalition, the more they tend to rely on others to receive support (see table 2).

Table 2 **Correlations between Stress Management Subscales by Hobfoll**

		Antisocial Action Subscale	Indirect Action Subscale	Social Consolidation Support
Aggressive Action Subscale	<i>Correlation Coefficient</i>	.572**	.495**	.192
	<i>Sig. (2-tailed)</i>	.000	.000	.131
Antisocial Action Subscale	<i>Correlation Coefficient</i>	1.000	.689**	-.065
	<i>Sig. (2-tailed)</i>	.	.000	.613
Seeking Cautious Action Subscale	<i>Correlation Coefficient</i>	.238	.272*	.587**
	<i>Sig. (2-tailed)</i>	.060	.031	.000
Seeking Social Support Subscale	<i>Correlation Coefficient</i>	-.029	.040	.620**
	<i>Sig. (2-tailed)</i>	.824	.754	.000

The Domination subscale of the Social and Psychological Adaptation Survey has a statistically significant negative correlation with the Stress Scale ($r = -0.436$, $p < 0.01$). The correlation is medium strong and suggests that the more the respondents take the position of psychological domination, the less stress they experience (see table 3).

Table 3 Correlation between Stress scale and Domination Subscale

		Domination Subscale (Rogers & Dymond Survey)
Stress Scale (Fontana Survey)	<i>Correlation Coefficient</i>	-.436**
	<i>Sig. (2-tailed)</i>	.000

The Self-evaluation subscale of the Social and Psychological Adaptation Survey has a statistically significant positive correlation with the Instinctive Action subscale of the Stress Management Survey ($r = 0.392$, $p < 0.05$). The correlation is weak, but still suggests that the more the respondents rely on themselves in the avoidance of a problem, the more they are lead by their intuitive impulses and take quick, unconsidered decisions. The domination subscale has a statistically significant negative correlation with the Antisocial Action subscale of the Stress Management Survey ($r = -0.361$, $p < 0.05$). The correlation is weak and suggests that the more the respondents take the position of psychological domination, the less they tend to put off other people and seclude themselves (see table 4).

Table 4 Spearman’s correlation analysis coefficients between the Social and Psychological Adaptation Survey by K. Rodgers and R. Dymond and the Stress Management Survey by S. Hobfoll

		Self-evaluation subscale (Rodgers & Dymond Survey)	Domination subscale (Rodgers & Dymond Survey)
Instinctive action (Hobfoll Survey)	<i>Correlation Coefficient</i>	.392**	
	<i>Sig. (2-tailed)</i>	.001	
	<i>N</i>	63	
Antisocial action (Hobfoll Survey)	<i>Correlation Coefficient</i>		-.361**
	<i>Sig. (2-tailed)</i>		.004
	<i>N</i>		63

Conclusions

By conducting the study and answering the research questions, the authors found out that most of healthcare personnel have low levels of work stress which do not influence the physical or psychological condition of the personnel. For stress management, medical care personnel most frequently use active and pro-social tackling strategies, including safe, insistent action, social consolidation and seeking social support. The score for the social and psychological adaptation of employees corresponds to a medium level, and this means that the social and psychological adaptation of the personnel is within the normal range. According to the results of the study, more than a half of the medical care personnel have high levels of ability to adapt to cultural diversity. The results of the study also suggest that the work stress caused in the personnel, their social and psychological adaptation and ability to adapt to cultural diversity do not depend on the age or level of education of the respondents. To manage cultural diversity in a hospital efficiently, managers should provide training to their medical care personnel to raise their awareness of cultural diversity through intense acquisition of foreign languages and efficient stress management strategies in order to help medical care personnel be aware of the limits of their culture, bias and stereotypes. Such training would help medical care personnel to see how to work with representatives of various nationalities, and also reduce stress while working in diverse teams. It important to implement mentoring programmes. Mentoring may help diverse personnel to assimilate within the unfamiliar culture of the organisation. It is necessary to organise further education courses regularly to improve the qualification and level of education of medical care personnel.

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