

STRATEGIES FOR DEALING WITH THE EFFECTS OF WORKPLACE STRESS WITHIN THE CAPITAL HEALTH  
REGION

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a study by:

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## **EXECUTIVE SUMMARY**

### **Objectives:**

The purpose of this project was to gain a better understanding of workplace stress and to recommend specific strategies for dealing with the amount of stress people feel in their day to day work routine. It is intended that the results of this study would also be relevant to the region under the newly formed Capital Health Region.

Specific objectives were to:

- provide information on people's perception of the stress score
- determine whether people think this is an important issue to address
- determine what people think we can do to address the stress issue

### **Summary of Method**

The research design uses the Action Research Model used for most Organizational Development Interventions. The samples are not random but rather include a cross section of people at various levels of the hierarchy whom the task group believed could assist them in understanding the issue of workplace stress by sharing their experiences and thoughts.

The action research was completed in four stages and included 1) a manager focus group, 2) interviews with a cross section of employees, 3) three staff focus groups, and 4) a questionnaire completed by workgroup leaders and staff reporting to them.

Results from the interviews, focus groups, and questionnaire were first collated and then triangulated to discover common themes in terms of key stressors and strategies for dealing with organizational stress. In this way we can provide a combined statement of findings for all three methods of analysis.

## **Results**

While there were some differences between groups, five common themes emerged: 1) Workload and Staffing Issues, 2) Work Environment/Climate of Fear and Uncertainty, 3) Management Practice, 4) Difficulties with Work Relationships, 5) Personal and Family Issues. Many participants also commented on the importance of personal responsibility for stress management.

Participants priorities for dealing with workplace stress are:

### ***General Education/Awareness***

- 1) Awareness building for managers, union stewards, and staff. For example: education sessions on understanding stress and organizational stressors and what to do about them; articles and tips for dealing with workplace stress; case studies and stories.
- 2) Increased marketing and promotion of current activities and resources (eg. EFAP, on-site aerobics, family swim, family skate, and the quit smoking program).
- 3) Regular articles in the Employee Newsletter to promote healthy living, work and home balance, stress reduction etc.

### ***Individual Stress Management***

- 1) Working together skills training to improve work relationships and two way communication. For example: listening, giving feedback, resolving issues, getting your point across, dealing with emotional behaviour.
- 2) Healthy Workplace sessions and workshops. For example 2 hours to a full day on: what stress is and how it affects us, stress busters, work/life balancing, living well, relaxation training, support network building, taking time out, and journal writing.
- 3) Incorporating more humour and laughter into the workplace. For example:

videos like "The Joy of Stress", how to have fun workshops, time out for celebrations etc.

4) Personal profiles, job stress inventories, assessment tools or stress map questionnaires to help employees decide what to work on.

### ***Organizational Stress Management***

1) Support for initiatives for cultural change. For example: more valuing of people and recognition; increased trust; making it okay to talk about stress and work pressures and to do something about them; making it okay for people to NOT work late; and learning to say NO when overloaded.

2) Support for initiatives to determine environmental stressors (eg Organizational Health Survey from Health Care Benefit Trust) in order to make small changes in the work environment (both physical and emotional).

3) Encouraging "groundrules" or a set of principles for each work unit to develop and follow.

4) Offer training and support to improve management practice. For example: giving constructive feedback; dealing with emotional behaviour; recognizing results; clarifying expectations; coaching; taking corrective action; developing teams; and managing change.

5) Time management and priority setting workshops and exercises.

### **Conclusion and Recommendations**

We can conclude that a combined approach of implementing the priority strategies from the General Education and Awareness, Personal Stress Management and Organizational Stress Management lists on the questionnaire can be effective in addressing organizational stress. The workload issue is an underlying problems best addressed by organizational stress management strategies. Personal stress management strategies need to be put in place to address some of the more destructive symptoms and consequences of stress.

The stress task group recommends the Capital Health Region take a multi-faceted holistic approach to dealing with organizational stress. The specific recommendations go beyond the findings of the study and include considerations

based on the review of the literature, consultation with other organizations, and the CHR strategic directions process. The approach includes both organization wide strategies and unit or portfolio specific strategies and may need to be modified based on the work of the implementation committee. More specifically we recommend:

1. Add employee wellness to the list of CHR "major improvement opportunities" and identify implementation of an Employee Wellness Program as a CHR priority. The program should focus on three main areas: 1) general education/awareness building across the organization, 2) individual stress management strategies, and 3) organizational stress management strategies. The focus for each area should be based on the priorities identified by participants in the stress questionnaire. One or more of these strategies can be "matched" to each of the stressor themes we found in this study.
2. Delegate responsibility for developing the Employee Wellness Program to Human Resources. Human Resources will set up an implementation committee with management and union involvement to put the program together including:
  - a) Defining a corporate message. Elements of the message should include employee/employer shared responsibility for health and a vision of a healthy workplace within our healthcare community.
  - b) Defining a list of measures then take a baseline measure and monitor. These might include: sick leave costs; EFAP use; critical incidents; WCB stats; relief staff costs; overtime; labour relations activity; impact of replaced vs not replaced; availability of people with skills; measure of perceived stress on a scale of 1 to 10; other measures of stress - in life, at work, using stress profiles; data from exit interviews (why people left the organization or applied for transfers to other areas).
  - c) Determining mechanisms for including/involving employees in this process. For example, meet with the Labour Adjustment Committee and ask union representatives they would like to be involved.
3. Encourage Regional Directors to include wellness initiatives in their strategic directions plans (based on measures identified above).
4. Based on the specific measures (eg absenteeism) select one or more portfolios

or units to pilot the wellness/stress management strategies. This might include: identifying and addressing stressors as well as education, awareness and skills training.

Successful implementation of a Corporate Wellness Program will require approval and on-going support from senior management. It will also require support from the joint union-management Labour Adjustment Committee and a number of external resources including: the Employee and Family Assistance Program, Health Care Benefit Trust, the Medical Community, and Community Recreation Centres.

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## **INTRODUCTION**

### **Background**

In the fall of 1995 the Greater Victoria Hospital Society conducted an Employee Opinion Survey. The survey was anonymous and endeavoured to give all employees the opportunity to describe what it was like to work at GVHS.

Survey results were tabulated by an outside consultant and reported by workgroup. Each workgroup then used their workgroup specific results to create an action plan for improvement. Organization-wide results were reported to senior administration and the Board of Directors. Results indicated three areas of organization-wide concern: 1) recognition, 2) comfort when approaching administration and 3) workplace stress. See Appendix 1 for copies of the survey results.

The Employee Opinion Survey (EOS) Follow-up Committee was concerned that although work group leaders had met with their staff to discuss results and action plans at a work group level we did not know what the results meant organizationally. The Follow-up Committee therefore formed three task groups to explore each issue further and if needed to develop an organization wide response. The task groups were asked to: 1) complete a literature review, 2) contact other hospitals and organizations to find out what they are doing and 3) find out workgroup leader and staff perceptions of stress.

This project focuses on the third area of concern as identified by the Employee

Opinion Survey, work place stress. The issue was identified by question #39 of the survey which states: "I often feel stress during my day to day work routine".

Responses to this question were as follows in Table 1:

**Table 1**  
**Responses to Q 39 on the Employee Opinion Survey**

Favourable (Agree or Strongly Agree)	Neutral (Neither Agree or Disagree)	Not Favourable (Strongly Disagree or Disagree)	No Response	Total
1029	284	261	32	1606
64%	18%	16%	2%	100%

In this case a favourable response is a concern since it meant that 64% of those who responded often felt stress during their day to day work routine.

A review of the data from the Employee Opinion Survey shows 103 of the 141 workgroups responded in a similar fashion. In other words, 73.5% of the workgroups surveyed had from 60% to a 100% of respondents indicate they "often feel stress during their day to day work routine".

A correlation analysis indicated a weak negative correlation between how stressed an individual feels in their day to day job and the dimension of overall satisfaction (question 4 on the survey). The correlation was not statistically significant. Consequently, addressing the stress issue will probably not lead to a higher score for overall satisfaction. Despite this weak correlation the Employee Opinion Survey Follow-up Committee felt it was important to pursue the stress issue further.

## **Purpose and Objectives**

The purpose of the project is to investigate workplace stress and to develop recommendations for an organization-wide response. See Appendix 2 for the Stress Task Group Project Charter. This report provides a written review of the relevant literature, a summary of what some other hospitals and organizations are doing, and the results of the research into people's perceptions of stress. The primary research objectives focus on people's perceptions of stress and are as follows:

- to provide information on what is causing people to feel stress at work
- to determine whether people think stress is an important issue to address
- to determine what people think we can do to address the stress issue

## **Specific Questions**

The specific questions to be answered by this study are:

1. What are people's perceptions on why the stress score was high?
2. Do people think we should address the issue of workplace stress?
3. What do people think will help in managing stress?

## **Constraints**

Additional resources were not provided for this project. Each of the following constraints impacted the project in some manner.

### ***Time and Timing:***

Everyone working on this project was also working full time in other capacities and the project leader was managing several other projects at the same

time. Partway through the process people's time and energy was diverted to the regionalization process. This significantly reduced the time available to collate the results and write the report.

***Commitment of Senior management:***

The project was commissioned by the VP of Human Resources in response to the feedback that people were expecting and waiting for a senior management response to the key issues identified on the Employee Opinion Survey. However, by December 1996 Senior Management attention was significantly diverted and several leaders changed due to regionalization process.

***Applicability to the Region:***

The research was conducted with GVHS employees only. This may have an impact on the acceptability of the results in the new Capital Health Organization. The EOS committee members maintained that although the initial Employee Opinion Survey and the follow up projects were undertaken by the GVHS, the results should also be relevant to the region under the newly formed Capital Health Board.

## **REVIEW OF RELEVANT LITERATURE**

The first task of the stress project team was to conduct a review of the literature on stress. This provided the task group with information and background from which to begin their study. This section of the report reviews some of the relevant literature.

### **Definition of Stress**

Stress is an individual's response to the internal and external events faced in day to day life. It is how people react to situations that feel taxing. Stress is subjective; what feels stressful to one person may feel exciting to another. Sources of stress vary; the things that motivate one person may upset another. (Kindler & Ginsburg, 1994).

### **Workplace Stress and Stressors**

Stress also affects our performance at work. When stress is too low, performance can be poor. As stress increases, so do efficiency and performance. The relationship persists only to a certain optimum level, then if stress continues to increase, performance again suffers. When stress levels are very high, people may find their resources and abilities taxed beyond their ability to cope and find themselves moving into the burnout zone. (Benson & Allen, 1980; Kindler & Ginsburg, 1994)

While individual stress producing factors such as: low self-esteem, family problems, lack of a sense of control or poor social support systems are stress inducing

and can lead to feelings of frustration, conflict, and hopelessness, there are also many job related stressors that contribute to employee health and performance problems (Byers, 1987).

These job related or workplace stressors can be grouped into six themes: 1) concerns with power, authority and responsibility, 2) issues with reward and recognition, 3) problems with division of labour and productivity, 4) difficulties with work relationships, 5) the physical and emotional work environment and 6) conflict with social and family obligations. Table 2 provides a comprehensive overview of work place stressors.

**Table 2**  
**Work Place Stressors**

<b>Theme</b>	<b>Stressor</b>
Power, authority and responsibility concerns	<ul style="list-style-type: none"> <li>● too much responsibility with little authority or decision-making capability</li> <li>● lack of control (eg over the pace of work, work process decisions, or over failure or disapproval)</li> <li>● problems with the rate, duration or magnitude of change</li> <li>● concerns related to supervisory responsibility for employees</li> <li>● inflexible management/leadership</li> <li>● inability or lack of opportunity to voice complaints</li> <li>● a lack of clear chain of command</li> <li>● job insecurity.</li> </ul>
Reward and recognition issues	<ul style="list-style-type: none"> <li>● absence of recognition or reward for good job performance</li> <li>● poor extrinsic rewards like wages and job security</li> <li>● lack of intrinsic rewards like interesting work and believing in what one is doing</li> <li>● work conflict with values, and beliefs</li> <li>● lack of importance, status, prestige, or influence</li> <li>● others taking credit for ideas</li> <li>● critical boss who rarely says thanks</li> <li>● poor promotional opportunities</li> </ul>
Division of Labour and Productivity Concerns	<ul style="list-style-type: none"> <li>● constant interruptions</li> <li>● conflicting demands, role conflict or role ambiguity</li> <li>● too much or too little work</li> <li>● excessive demands relative to resources or inadequate resources or skills</li> <li>● deadline pressures or inadequate time to complete the job to one's satisfaction</li> <li>● excessive physical demands</li> <li>● decrease in hours or income</li> <li>● lack of clear job description</li> <li>● lack of control or pride over the finished product</li> <li>● not being able to use personal talents or abilities effectively or to full potential</li> </ul>
Difficulties with work relationships	<ul style="list-style-type: none"> <li>● lack of support from co-workers due to interpersonal conflict or rivalries between disciplines</li> <li>● inability to work with superiors, co-workers, or subordinates because of basic differences in goals and values</li> <li>● discordant relationship with boss</li> <li>● uncommunicative or aggressive co-workers</li> <li>● aggressive customers</li> </ul>
Work Environment - Physical and Emotional	<ul style="list-style-type: none"> <li>● prejudice or bigotry due to sex, race, or religion</li> <li>● unpleasant environmental conditions because of smoking, crowding, noise and air pollution</li> <li>● exposure to toxic chemicals or carcinogens</li> <li>● physical discomfort (eg sitting or standing for long hours)</li> <li>● the FUD factor - fear, uncertainty, and doubt</li> </ul>
Conflict with social and family obligations	<ul style="list-style-type: none"> <li>● work hours incompatible with spouse or family needs</li> <li>● constant shift changes</li> <li>● long or difficult commutes to work</li> <li>● changes in work hours</li> <li>● transfer to new worksite or office</li> </ul>

### Stress Moderators/Magnifiers

People vary in their perceptions of what is stressful and in their ability to cope with stressful events. This perception is to some extent either moderated or magnified by things such as: past experience (O'Hara, 1995, p. 23), personality type (Harris and Dewey, p. 410, 1984), stress resilience, (Kindler & Ginsburg, 1994, p. 46), stress hardiness (Kobasa, 1979, p. 3-9), supervisory quality (Harris and Dewey, 1984, p. 410), and social support (Harris and Dewey, 1984, p. 410).

### Impact of Un-managed Stress

Stress related illness, injuries, accidents and incidents cost organizations millions of dollars every year. One Canadian study of "Worker's Compensation claims found that over 25% of claims in 1994 were for stress-related conditions . . ." (Weinstein. 1996. p. 32). Canadian family doctors readily admit that "up to 80% of non-emergency physician visits are stress-related" (Weinstein. 1996. p. 32). Table 3 compiles the findings of a number of researchers into the impact of un-managed stress on the organization.

**Table 3**

#### **Organizational Impact of Un-managed Stress**

- |  |                               |
|--|-------------------------------|
| ● decreased performance                  | ● job dissatisfaction         |
| ● low productivity                       | ● absenteeism                 |
| ● antagonism at work                     | ● sick leave and stress leave |
| ● inefficient team work                  | ● accidents                   |
| ● theft                                  | ● workers compensation claims |
| ● lack of involvement in the job         | ● long term disability claims |
| ● lack of commitment to the organization | ● high turnover               |
| ● poor work relations                    | ● poor organizational climate |
|  | ● low morale                  |

(Steffy et al, 1986; Scott and Jaffe, 1993; Benson & Allen, 1980)

**Personal and Organizational Stress Management Approaches**

There are two general approaches to stress management: personal stress management and organizational stress management. **Personal stress management** approaches focus on developing individual coping skills and capacity to withstand work stress (Byers, 1987). Personal stress management techniques include primary, secondary and tertiary prevention as illustrated in Table 4.

**Table 4**

**Personal Stress Management Approaches**

Primary Prevention - skills to avoid stress producing situations	Secondary Prevention - learning healthy responses to stress	Tertiary - symptoms addressed therapeutically
<p>→ awareness-building activities (eg. handouts, presentations, self assessments) used to "kick-off" other techniques and to instill the notion that individuals do have some control</p> <p>→ attitude-changing activities (eg. positive affirmations, constructive self-talk) used in conjunction with relaxation and recreation to diminish stress levels.</p> <p>→ skill-building activities (eg. time management, assertiveness, communication skills) used to deal with deadlines, reduce interpersonal conflicts, improve communication.</p>	<p>→ relaxation activities (eg. breathing techniques, progressive muscle relaxation, guided imagery, and meditation) to help decrease blood pressure, muscle tension, somatic complaints, and reduce use of sick leave.</p> <p>→ fitness and recreational activities (eg. fitness classes, opportunities for recreation and leisure) to reduce absenteeism, health risk, and productivity loss</p> <p>→ emotional outlets (eg. talking it out, expressing self through journals, or using laughing or crying is a constructive way) to release stress and incorporate more laughter into life.</p>	<p>→ Employee Assistance Programs (EAP) and other worksite counselling services to help those employees who feel excessively stressed.</p> <p>→ EAP, used in conjunction with safety programs can decrease the potential for disabling on-the-job accidents, decrease performance error, injuries and workers compensation claims.</p> <p>→ EAP plus stress reduction, fitness, safety, and other health promotion programs can positively impact stress levels and the cost of stress related symptoms.</p>

(Byers p. 24-25)

Personal stress management approaches can be effective in "lowering stress psycho-physiological arousal levels and worker reports of anxiety, fatigue, and other

stress symptoms" (Steffy et al, 1986, p. 31). Personal stress management programs are not designed however, "to reduce or eliminate the sources of stress at work, but only to teach workers more efficient coping strategies" (Murphy, 1984, p. 12).

Teaching coping skills or personal stress management in a stress producing work environment will have only limited effectiveness (Scott & Jaffe, 1993).

Organizational stress management approaches focus on "modifying the organizational environment in order to alter the demands placed on workers" (Byers, 1987, p. 25). This includes identifying those aspects of the workplace that are contributing to stress and developing responses or making changes to reduce the stress (Scott & Jaffe, 1993). Organizational stress management approaches can be divided into four categories as illustrated in Table 5.

**Table 5**

**Organizational Stress Management Approaches**

Changing job tasks	Changing job roles	Changing communication style and interpersonal relations	Changing corporate culture and norms
<ul style="list-style-type: none"> <li>→ restructure some dimensions of the job (eg. flexible work schedules)</li> <li>→ increase opportunity for input and include employees in decision making and task assignment planning</li> <li>→ allow employees leeway in determining their work schedules</li> </ul>	<ul style="list-style-type: none"> <li>→ analyze role expectations and role inconsistencies to improve job situations</li> <li>→ involve employees in specifying role responsibilities and performance expectations</li> <li>→ recognize and reward for meeting role expectations</li> </ul>	<ul style="list-style-type: none"> <li>→ improving communication skills</li> <li>→ learning communication styles</li> <li>→ building a team approach through problems solving and team building through role playing, values clarification, and communications skills</li> <li>→ resolving conflicts</li> <li>→ two way communication between administration and staff members</li> </ul>	<ul style="list-style-type: none"> <li>→ increase participation</li> <li>→ create environment of opportunity</li> <li>→ recognize employee achievement</li> <li>→ expand knowledge</li> <li>→ promote flexible management style</li> </ul>

(Byers p. 25-26)

Because organizational stress management focuses on removing the stressors and making the organization inherently less stressful they are considered the most effective approach. With organizational stress management, the choice of an intervention strategy should be based "upon a careful evaluation of the sources of stress in the work environment . . . and the most promising, realistic, and cost effective strategies for reducing stress" (Murphy 1984, p. 13). Personal stress management approaches like stress management training should be used to "supplement organizational change/job redesign programs to deal with stressors which cannot be designed out of the job" (Murphy, 1984, p. 13).

### **Summary**

The literature clearly indicates that workplace stress can lead to problems with performance and excessive stress can lead to a number of physiological, psychological and behavioral symptoms which in turn can have a negative impact on the organization. The impact of excessive stress on an organization depends to a great extent on two factors: workplace stressors and stress moderators or magnifiers. The impact of un-managed stress on an organization includes: low productivity, poor team work, lack of involvement in the job, lack of commitment to the organization, poor work relations, absenteeism, accidents, and high turnover.

Workplace strategies for dealing with workplace stress include personal stress management approaches and organizational stress management approaches. Personal stress management approaches focus on developing individual coping skills and

capacity to withstand work stress. Organizational stress management approaches however, seek to remove the stressors and make the organization inherently less stressful. The choice of an intervention strategy should be based upon evaluating the sources of stress. Often the best response is one designed to modify the work environment.

The literature provides an excellent framework for understanding stress and it confirms that the work already being done at a unit level re: identifying issues and developing action plans to address them was on the right track. We also discovered that although personal stress management approaches are worth implementing, they need to be supplementary to organizational stress management approaches. Before proceeding with developing an intervention strategy we needed to find out what other organizations were doing about stress and conduct some internal research to determine staff perceptions of stress and what do to about it.

## **PRELIMINARY RESEARCH**

The second task of the task group was to contact other hospitals and organizations in order to get a sense of what they were doing to deal with workplace stress. Several hospitals and organizations were contacted by two of the task group participants. These were selected from a list brainstormed by the task group members. Each organization was asked:

- (a) How did you determine you had a problem?
- (b) What indicators did you use?
- (c) What programs or activities did you try?
- (d) Were the results sustained/how do you know?
- (e) Advice and other contacts

A compilation of the responses indicates most organization's identified stress as a problem based on: sick utilization/absenteeism data, staff surveys, employee demand, and the impact of organizational change (downsizing, amalgamation, restructuring). Organizations used stress indicators like: number of sick days and absenteeism rates, long term disability claims, grievances, and workplace conflict.

Programs and activities included: employee assistance programs, stress and wellness workshops, seminars, health promotion activities and campaigns, individual "stress maps", stress assessments and profiles, team building, videos and video conferences. Most of those contacted indicated results were positive and included: changes in sick leave, and satisfaction, work changes and people being more sensitive towards others. See Appendix 3 for a copy of the corporate questionnaire and results.

## **METHODS**

### **Research Design**

The third task was to contact workgroup leaders and staff to find out their perceptions of stress. In order to accomplish the third task the group drew on the field of organization development.

Organization development is: "an effort (1) planned, (2) organization-wide, and (3) managed from the top, to (4) increase organization effectiveness and health through (5) planned interventions in the organization's 'processes', using behavioural-science knowledge" (Beckhard, 1969, p. 9). One method or tool used by organization development consultants is action research. French and Bell (1984) define action research as:

the process of systematically collecting research data about an ongoing system relative to some objective, goal, or need of that system; feeding these data back into the system; taking actions by altering selected variables within the system based both on the data and on hypotheses; and evaluating the results of actions by collecting more data. (p. 107)

As they explain, "(a)ction research supplies an approach and a process for generating and utilizing information about the system itself that will provide a base for the action program" (p.117)

Although action research includes implementation of the action plan and evaluating results, in reality, implementation does not go forward until approved by the client. The researcher's role is often limited to gathering the data and reporting back to the client, with or without recommendations. The client then decides whether

or not to accept the recommendations and which actions to take, if any, in order to make changes to the system.

For this study, the project leader<sup>1</sup> "contracted" with the Employee Opinion Survey Follow-up Committee to use action research methods to follow up on the stress score from the Employee Opinion Survey. The contract includes: setting up a task group of people from across the organization, completing the tasks as assigned and then developing a report and recommendations for presentation to senior management. If the project recommendations are approved the project leader, as Manager of Human Resources Development, may be responsible for the implementation and evaluation stages of the action research model.

### **Practical Issues and Dilemmas**

A number of issues and dilemmas exist in the practice of organization development and in completing action research projects. Those of concern in this project are: 1) consultant/researcher biases, 2) creating unrealistic expectations 3) political pressure, 4) lack of informed consent, 5) temptation to prescribe an intervention <sup>2</sup> and 6) more than person conducting the research

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<sup>1</sup>Because this project included a project team and hence several "researchers", the terms project leader and project team members will be used instead of the term researcher

<sup>2</sup> For a discussion of Issues and Dilemmas in OD see Chapter 14, Ethics in OD, in Rothwell, Sullivan and McLean, Practising Organization Development, A Guide for Consultants

*1) consultant/researcher biases*

People involved in doing the action research get enthused and involved and their personal perceptions, biases and blind-spots can lead to inaccurate snapshots of what is really happening.

In order to try to ensure biases were avoided and an accurate snapshot was being developed the project leader reported progress to the "Employee Survey Follow-up Committee" who challenged methods and results, especially in the early stages of the research. Copies of initial reports written after the focus groups and the interviews were also reviewed with participants to confirm they accurately represented what people had said. See Appendix 5, 6, and 7 for copies of the reports.

*2) creating unrealistic expectations*

Simply by conducting the research and asking participants to share their experiences, opinions and ideas the researchers run the risk of creating unrealistic expectations that something will be done with the findings.

In an effort to manage expectations the task group members informed participants that the purpose of the research was to help the task group better understand the stress score and develop some strategies to help employees with the amount of stress they feel during their day to day work routine. Some stress management strategies were also implemented while the research was still being conducted. These were strategies that were easy to implement and already under the mandate of the project leader, as Manager of Human Resources Development and included:

- articles on stress management and coping with change in the employee newsletter
- offering the services of a stress consultant to assist units requesting urgent help
- providing just in time training in communication and teamwork on request
- offering career transition courses including: resume writing, interview preparation, and dealing with change.
- offering the Justice Institute's Conflict Resolution courses

People commented they found the newsletter articles interesting and helpful. The services of the stress consultant were well received, most of the courses were filled to capacity and course evaluations were positive. Several courses had to be offered more than once to respond to the demand.

### 3) *political pressure*

Leaders can get defensive if the research exposes issues or problems they would rather not discuss. This puts pressure on the researchers to not expose sensitive issues or problems. Yet if they do not expose them, the problems may never be addressed and the researchers run the risk of losing credibility with the participants in the action research who may feel let down or betrayed and distrustful of future organization development research.

In an effort to balance political sensitivities with accuracy this study included participant from all levels including upper management. Also the task group included both line managers and Human Resource staff and reported to the Employee Opinion Survey Follow-up committee. Finally the Regional Director of Human Resources and Organization Development agreed to meet with a number of key players to discuss the project findings and the best method to present the results before delivering the final

report to the senior management team.

***4) lack of informed consent***

Participants can be drawn into interventions without knowing in what they are being involved or giving informed consent. The task group took several steps to ensure people were giving informed consent. Interview participants signed a consent form, focus group participants were given a verbal explanation, and questionnaire respondents were given a written explanation at the top of the questionnaire. See Appendix 4 for consent form and the questionnaire.

***5) temptation to prescribe an intervention***

Researchers may be tempted to prescribe an intervention they like or enjoy doing, or that they feel the leaders will support. This "solution selling" can lead to plans which are either unacceptable to those affected or do not address the real problem. In order to avoid this the task group conducted a literature review to look at a wide range of stress management strategies. They also used the interviews, focus groups, and questionnaire to find out what people thought should be done. Finally, they asked questionnaire participants whether the stress was an important issue to address.

***6) more than person conducting the research***

When several people were involved in conducting the research there can be problems with consistency. In this case, there were seven members of the task group. In order to build a consistent approach the project leader personally conducted the in-

depth interviews and focus groups and worked with the task group members to develop the questionnaire strategies. Consistency was also enhanced by holding regular meetings to report on progress.

### **Study Participants**

There were four groups of participants: Sample one consisted of a cross section of 18 managers<sup>3</sup> attending a day long GVHS Quality Conference on June 24, 1996. A focus group was held during a one hour seminar called "Lets Talk about the S Word". Participants self selected by registering to attend.

Sample two consisted of a cross section of six employees including: a senior manager, a middle manager, a management support person, two RN's from two different patient care areas, a social worker, a clerical support person who participated in the in-depth interviews. Participants were people the project leader came into contact with during the summer of 1996.

Sample three consisted of 28 staff (in three groups) attending a series of workshops from the "working" program.<sup>4</sup> Participants were undergoing a stressful work related change and had expressed a need to talk about what was happening to them. The project leader therefore used the first 30 to 40 minutes of the September

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<sup>3</sup>The term managers refers to all levels of management

<sup>4</sup>The Working Program includes a series of workshops designed to improve Skills in Communication, Performance Planning, Team Work and Problem Solving. It is offered as "just-in-time training to intact workgroups or as general courses in the organization's staff and management development calendar.

1996 session to conduct a focus group.

Sample four consisted of 28 out of a total of 84 work group leaders and five of their staff, for a potential sample of 140 staff. The workgroup leaders included Assistant Vice Presidents, Directors and Managers all of whom were union-excluded. The staff members came from a wide range of professions and work areas and included both union and non-union staff. Participants was selected to complete a questionnaire.

Except for sample four there was no random sampling involved in selecting the research participants. The samples do however include a cross section of people from various areas and departments and at each level of the hierarchy.

The random sampling for sample four was conducted as follows. From the list of 84 work group leaders a sample of 28 (or 33.3%) were randomly selected from a master list. Each work group leader was then asked to select five staff from their workgroup to complete the survey. They were asked to make it as random as possible by selecting for example: staff working "today" or the first five staff members they saw.

### **Measures**

The action research was completed in four stages and included: 1) a focus group with managers attending the stress session of the Quality Conference, 2) in depth interviews with a cross section of managers and staff, 3) three focus groups with staff attending the working program, and 4) a questionnaire completed by work

group leaders and their staff.

***1) Manager Focus Group***

The manager focus group was held during a quality conference seminar called "Let's Talk About the S Word". The Stress Task Group project leader first presented the organization wide results of the Employee Opinion Survey and some of the current literature on individual and organizational stress management. Participants were then asked to anonymously and individually answer four questions on an 8 1/2 by 11 inch answer sheet. They were told the results would be used to gain a better understanding of the stress issue and to develop some organization strategies for dealing with the issue. Once everyone had completed the sheets participants were asked to share their responses with the group for discussion. Participants handed in their sheets at the end of the discussion.

Participants in the management focus groups were asked:

- (a) to describe what experiencing stress in the workplace was like
- (b) to describe something that had been stressful to them within the past few weeks
- (c) to identify what they saw in their workplace that could be a reaction to stress.
- (d) to make suggestions for what might help

See Appendix 4 for specific manager focus group questions.

***2) Interviews***

Interview participants met with the project leader in private and their

interviews were taped. At the beginning of the interviews participants were informed the results would be used as part of a study of stress in response to the Employee Opinion Survey. Participants also signed a consent form that explained the process in detail.. A copy of the consent form can be found in Appendix 4. In order to maintain anonymity interview participants were identified only by a letter. Hence the first participant was Ms. A, the second was Ms B and so on.

Participants in the interviews were asked:

- (a) to describe situation(s) they found stressful (interpersonally, at work and right now), including what happened and how they responded to the situation
- (b) based on these situations to describe how stress manifests itself in them: including how they react emotionally, how they behave and how they feel and any physical discomforts that they experience with too much stress
- (c) to talk about how they cope and how they would like to cope with stress
- (d) to describe what they see in the workplace that might be a reaction to stress, and
- (e) to make suggestions for what might help (ie strategies/actions/initiatives)

See Appendix 4 for specific interview questions.

### ***3) Staff Focus Groups***

The staff focus group sessions were held during a series of communication skills workshops with staff members undergoing a significant change. Participants were informed that the results of the focus groups would be collated and shared with

them and then shared with their workgroup leader. They were also informed the results would also be used to help the stress task group better understand the stress score on the Employee Opinion Survey.

In order to ensure anonymity and to provide all participants with the opportunity to share their perspective people were asked to first write their answers to four questions on a 5 inch by 8 inch index card. Once everyone had completed their responses privately participants were asked to voluntarily share their responses with the group for clarification and discussion. Participants handed in their cards at the end of the focus group session.

Participants in the staff focus groups were asked:

- (a) to describe situation(s) they found stressful, including what happened and how they responded to the situation
- (b) to identify some things that would have helped or made a difference with these situations and
- (c) to make suggestions for what would help with managing stress in the workplace

See Appendix 4 for specific focus group questions.

#### *4) Questionnaire*

The questionnaire was used to confirm the findings from the interviews and focus groups and to prioritize strategies for managing organizational stress. The questionnaire format included an introduction, two open ended questions, one closed question (yes-no) and one question that asked respondents to select their first, second and third priorities from a list of possible strategies.

The introductory section of the questionnaire asked for people's input, reviewed the Employee Opinion Survey stress results, explained how respondents feedback would be used and reassured respondents their responses would be anonymous. Specifically the questionnaire participants were asked.

- (a) Why they thought the stress score on the employee opinion survey was high?
- (b) Whether they thought stress is an important issue to address at this time? and Why or why not?
- (c) If they thought we should be addressing the issue of stress, what were their priorities from a list of:
  - general education and awareness strategies
  - individual stress management strategies
  - organizational stress management strategies

See Appendix 4 for a copy of the questionnaire.

### **Strategies to Improve the Quality of the Research**

Several strategies were used to improve the quality of the interviews and focus groups. Both interview and focus group participants were asked to describe situations they found stressful. Brodzinski, Scherer and Goyer (1989) used a similar approach in their study of workplace stress. The strategy enabled the interviewer/facilitator to get at real issues not just a list of things people had read about stress.

The task group leader met privately with interview participants. This enabled the interviewer to probe for a greater depth of understanding and to check out what the participants meant by any answers that were not fully understood.

Focus group participants were allowed to respond to the questions privately

and anonymously before the open discussion. This helped to get at issues people might be reluctant to share in an open discussion. Focus group participants also joined in an open discussion. This allowed the focus group facilitator to understand the context of what people had written on their sheets or index cards and allowed the participants to share their experiences and ideas.

A number of strategies were also used to improve the research in the questionnaire. Asking respondents why they thought the stress score was high was a way of comparing the stressor themes found in the literature, the focus groups and the interviews. Asking them if they thought stress was an important issue to address was a way of finding out whether any action should be taken in the first place.

Participants in the interviews and focus groups were not asked this question. The list of possible strategies were developed based on the findings from a review of the literature, the interviews and the focus groups. Asking respondents to prioritize from the list was used to help the project team narrow down its list of recommended actions or strategies.

In order to complete the questionnaire in a timely manner, five of the stress project team members were given a list of between 5 and 6 work group leaders. They agreed to contact each of the workgroup leaders on their list in order set up a face to face meeting to: explain the survey process; complete the questionnaire; probe for understanding of responses; and to provide a personal explanation of the request for the workgroup leader to distribute the questionnaire to five staff members in each

of the his or her department or units.

The clear directions, short length (ie 2 pages), logical order of the questions and use of a list of options contributed to an easy to fill out and quick to complete instrument. The strategy of meeting with the workgroup leaders guaranteed a good response rate from all those leaders available and willing to meet, and was designed to also increase the workgroup leader's commitment to distribute the survey to staff.

The strategy of having the work group leader personally hand out the survey and ask staff to complete it was seen as a way of encouraging staff to respond. Also, because fear of being identified was one of the reasons some staff gave for not responding to the October 1995 Employee Opinion Survey, no demographic information was asked for on the questionnaire. The questionnaire itself was however colour coded; the workgroup leader questionnaire was green and the staff questionnaire was yellow. The interview format with the work group leader and colour coding of the two groups ensured the results could be collated and reported separately.

### **Methods of Analysis**

Results from the interviews, the two sets of focus groups, and the questionnaire were collated and triangulated to discover common themes for stressors and strategies for dealing with organizational stress.

The interviews were audio-taped with the participants permission, then transcribed and summarized into a summary report. See Appendix 6, Interview

Results - Perceptions of Stress. The focus groups were transcribed and then affinity groupings were used to sort the results which were summarized into short reports. See Appendix 5, Focus Group Results (Managers) and Appendix 7, Focus Group Results (Staff).

Questionnaire results were thematically collated for Question one, two(a) and the comments. Thematic collation was independently completed by several Stress Task Group team members. Two members collated the work group leaders responses and three collated the staff responses. Each individual first worked independently, then compared and agreed on common themes. Descriptive statistics such as frequency of response were compiled for question three. Because work-group leaders and staff may have different perceptions responses by these two groupings are reported separately, where appropriate. Questionnaire results are reported in the results section that follows.

## **RESULTS**

Project team members were able to contact and meet with 25 of the 28 work group leaders, for a response rate of 89.2%. Work group leaders distributed 125 surveys to their staff. Seventy-five of the 125 staff questionnaires were returned on time (two were returned after results had been collated so are not included in the final data) for a response rate of 60%. Response rates are not relevant for the focus group and interview data.

### **Question 1**

#### **What are People's Perceptions of Why the Stress Score is High?**

Cross-tabulation of the interviews, focus groups and questionnaire indicates five common themes.

1. Workload and Staffing Issues
2. Work Environment/Climate of Fear and Uncertainty
3. Management Practice
4. Difficulties with Work Relationships
5. Personal and Family Issues

Four of the themes are similar to those found in the literature. The Workload and Staffing Issues theme is similar to Division of Labour and Productivity Concerns. The Work Environment/Climate of Fear and Uncertainty theme is similar to Work Environment - Physical and Emotional. Management Practice combines two themes, Power, Authority and Responsibility Concerns and Reward and Recognition Issues. Difficulties with Work Relationships is an identical theme. One of the themes,

Personal and Family issues, was somewhat different from the Conflict with Social and Family Obligations found in the literature.

Although the results are presented in five themes, many of the stressors overlap with one another and are interrelated issues. As one manager explained the combination of changes, cutbacks, worker commitment, difficulties with the decision making structure, and availability of managers all contribute to increased stress:

"Significant changes in the organization has cut any "slack" might have had - staffing is bare bones." For my areas, because (they are a) small group of people with knowledge and skills, (who are) extremely committed, (and) take very little sick leave , (they are) frustrated with the hierarchy to get decisions made, . . . especially where work crosses multiple function areas, lots of bumping and shuffling just to get decisions made. Managers very thin and . . . there to bounce ideas on, eg. when need to vent/discuss, often (there) is not a manager available -its not the pat on the back it's just to have a manager acknowledge frustration - say it and get feedback/acknowledger then go on "

Often people identified multiple stressors that were affecting themselves and others. For example, participants in the manager focus groups identified a number of stressors occurring in their lives at the same time including: personal/home stressors, difficulties with work relationships, workload issues, and dealing with uncertainty at work. One manager provided the following list of stressors:

"Staff conflict, system change, family situations, staff sickness, keep taking on more and more, make molehills out of mountains, interpersonal stuff, things beyond my control, personal life things that affect work, different values cultures on team."

Apart from these themes several of the questionnaire respondents pointed out that stress was part of the job or just part of living in the 90's. It is a reality we all need to cope with. As they explained:

"Because we work in a high stress field - trauma/drama/tragedy/illness/death - hospital stuff. We all care about people, that is why we are here . . ."

'This is the 90's!! Everyone is stressed. Worry about job security, economic concerns, workload, staff cutbacks, decreased quality of care that we provide due to cuts . . ."

Others pointed out that its not the stress (which is normal) it's how people handle the stress. As one staff member put it:

"It is normal to feel stress during day to day work, that is the nature of work of any type. I think that a person's response to stress or how a personal handles the stress is the issue . . ."

Table 6 shows how the various themes emerged in the interviews, focus groups and the questionnaire.

**Table 6**  
**Stressor Themes from GVHS Research**

Theme	Interviews (6 employees)	Focus Groups (18 Managers)	Focus Groups (28 Staff)	Questionnaire (25 Managers)	Questionnaire (75 Staff)
Workload and Staffing	<ul style="list-style-type: none"> <li>● too much to do in too little time</li> <li>● uncomfortable in role</li> <li>● pulled to do several things at once</li> <li>● pulled to assist in areas beyond scope of role</li> <li>● responsibility without authority</li> </ul>	<ul style="list-style-type: none"> <li>● staffing and workload</li> <li>● doing more with less</li> <li>● working short</li> </ul>	<ul style="list-style-type: none"> <li>● asked to do more than can do</li> </ul>	<ul style="list-style-type: none"> <li>● work quality issues</li> <li>● increased patient acuity/volume</li> <li>● workload and staffing</li> <li>● do more with less</li> <li>● budget/resource restrictions</li> <li>● competing/excessive demands</li> <li>● increased job responsibilities</li> <li>● getting behind</li> <li>● values/standards vs workload</li> </ul>	<ul style="list-style-type: none"> <li>● increased patient acuity/volume</li> <li>● increased demands from clients</li> <li>● fiscal Uncertainty</li> <li>● staffing/limited Staff</li> <li>● lack of training opportunities</li> <li>● concerns about quality of care</li> <li>● cuts in support services</li> <li>● struggle between values and standards and reality of workload</li> </ul>
Work Environment Climate of Fear and Uncertainty	<ul style="list-style-type: none"> <li>● climate of fear</li> <li>● fear of losing job/job insecurity</li> <li>● no sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>● feeling overwhelmed</li> <li>● uncertain about future</li> <li>● job insecurity</li> </ul>	<ul style="list-style-type: none"> <li>● overwhelmed</li> <li>● not sure can respond to requests</li> <li>● worried about skills to do the job</li> </ul>	<ul style="list-style-type: none"> <li>● continual change</li> <li>● inability to control/out of control</li> <li>● uncertainty/insecurity</li> <li>● management plans uncertain</li> </ul>	<ul style="list-style-type: none"> <li>● multiple changes</li> <li>● uncertainty re: regionalization</li> <li>● uncertain work environment</li> <li>● lack of jobs in community</li> <li>● feeling needs don't count</li> </ul>
Management Practice	<ul style="list-style-type: none"> <li>● not seeming to value people</li> <li>● don't walk the talk</li> <li>● lack of support during change</li> <li>● lack of opportunity for education</li> <li>● lack of acknowledgement</li> </ul>	<ul style="list-style-type: none"> <li>● lack of follow through by supervisors</li> </ul>	<ul style="list-style-type: none"> <li>● communication issues with leaders and bosses</li> <li>● lack of skill development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>● lack of input into decisions</li> <li>● lack of recognition</li> <li>● channels of communication unclear</li> </ul>	<ul style="list-style-type: none"> <li>● lack of recognition</li> <li>● lack of training opportunities</li> <li>● lack of input into decisions</li> <li>● leaders uncaring</li> <li>● lack of timely response</li> </ul>
Difficulties with Work Relationships	<ul style="list-style-type: none"> <li>● conflict with peers</li> <li>● conflict with physicians</li> </ul>	<ul style="list-style-type: none"> <li>● conflict with physician</li> <li>● confrontations with peers</li> </ul>	<ul style="list-style-type: none"> <li>● uncooperative coworkers</li> <li>● lines of communication not followed</li> </ul>	<ul style="list-style-type: none"> <li>● communication problems with managers and peers</li> <li>● interpersonal conflict</li> <li>● conflict between interdisciplinary team members</li> </ul>	<ul style="list-style-type: none"> <li>● people reactive vs proactive</li> <li>● issues left to simmer</li> <li>● poor communication with peers</li> <li>● poor communication skills</li> </ul>
Personal and Family Issues	<ul style="list-style-type: none"> <li>-emotional issues at home</li> <li>-competing demands in personal life</li> <li>-academic studies</li> </ul>	<ul style="list-style-type: none"> <li>● ill parents</li> <li>● money</li> <li>● spouse laid off</li> <li>● teenage children</li> <li>● role and changes at work result in stress at home</li> </ul>	<ul style="list-style-type: none"> <li>● holding down more than one job</li> <li>● dealing with aging or ill parents</li> <li>● dealing with children, spouses</li> <li>● marriage breakups</li> <li>● suicide in family</li> </ul>	<ul style="list-style-type: none"> <li>● child rearing</li> <li>● money issues</li> <li>● high cost of living</li> </ul>	

*1) Workload and Staffing Issues*

Workload related problems were the most frequently mentioned stressors.

When asked to describe something that has been stressful in the past few weeks, four of the six interviewees, seven of the 18 manager and 19 of the 28 staff focus group participants described workload related issues. For example:

"People come to me for help, so I help them, then, I get behind in my work."

"I had a Friday deadline. . . then "P" comes in and needs help. Then cause I took my disc out to help him and forgot to put mine back in lost the stuff I was working on. So I have a choice, rush like crazy to get it done or say no and feel bad. Given the person I am I will rush like crazy. . . "

"Being asked to do a stat collection in ER when you are already doing a stat collection. The collection results would not be given that day but staff wanted collection done now anyway. I explained that I was sorry but with our staff on evenings it would take longer. That particular shift I was really the only experienced haematology person on."

When asked to explain why they thought the stress score on the Employee Opinion Survey was high, 21 out of 25 manager and 42 of the 75 questionnaire respondents mentioned workload related issues. Comments about workload, increased demands and staffing were often combined with concerns about increases in patient acuity, volume and complexity. People perceived that work demands were increasing along with increases in patient acuity yet staffing levels were decreasing, leading to excessive workloads and increased stress. As one staff member explained:

"Because there is such high acuity level in so many areas. So many things going on at once with impossible deadlines. Not enough time or human resources to do a good or complete job. Rapid change, heavy workload and apparent lack of sympathy and understanding of the impact on staff."

People felt much of the stress in their day was due to excessive workload, and the pressure to do more with less. As one manager explained.

"People expected to do more with less. Have not looked at what we need to stop doing . . . Stress mostly related to workload. The pressure of doing things differently puts stress on own values. I go home everyday and feel I could have done better or had to leave things undone. Staff often feel put in the middle of this conflict between demand on resources and what can be provided. I am concerned that sometimes we are not even meeting our standards of care or service."

Staff members believe the system operates to full capacity, leaving little time for staff to work at anything less than their full capacity. Working at full capacity increases stress levels.

"The hospital system is usually working close to or at maximum capacity; therefore, very little time for staff to work at anything less than maximum workload; this causes stress. Also, when a system is working at maximum capacity, any more demands cause additional stress (ie higher patient turnover, more acute patients)"

Added to this was the perception that staffing levels were not keep going up with the demand and even being reduced. Nursing staff also commented about the stress of taking on additional responsibilities which leaves less time for patient care.

"Because more and more responsibilities are being given to general duty nurses, there is less time for direct patient care, and a lot of stress related to the constant re-prioritizing of tasks, especially difficult over a 12 hour shift."

Perceived cuts in or lack of support services such as medical imaging, housekeeping, and cafeteria services were also seen as stressors by some staff members.

"With cutbacks, we are all asked to take on more duties which is no problem; however, when support staff, ie MIS is not here at the hours we need them, small things like no cafeteria service until 1100 on weekends, no health records after 1600 on weekends and none at all on stats when it can be proved

that we are busiest. Because the housekeeping staff was also cut back, we work in dustier atmospheres and frequently run out of toilet paper in the public washroom - paper towels and soap too. "

Both work group leaders and staff spoke of the cognitive dissonance they feel when faced with the struggle between their professional standards and the reality of their workload. They are concerned that the quality of patient care is being affected by the heavy workloads. For example:

". . . Staff, while we say they can say no, the expectation is there that they will do it all with increased volume & increased caseload, increased patient acuity and decreased relief - increased dissonance about compromising their professional standards. Two types of dissonance: 1) Internal: professional standards/ethics vs job expectations or realities. 2) External between what units expect of them and what their managers say are acceptable performance levels."

"My biggest stress is the quality of patient care is being reduced and jeopardized in order to save money. Our stressed work area is now more concerned with saving money than with saving lives. Our priorities need readjusting - the patient MUST come first!. . ."

Several respondents indicated that staff needed to learn how to adjust their work to deal with the workload. Rather than struggling to continue to provide the same level of care they felt people needed to change the way they were providing service and look at setting new or different priorities. As one individual explained:

"Broadly, I think there is an attempt by most staff to provide the same service with less resources rather than understanding how to provide appropriate, needed service (not necessarily the same) that would be better matched to resources."

## ***2) Work Environment - Climate of Fear and Uncertainty***

Many of the comments indicate the work environment if one of fear and

uncertainty. Plans for regionalization led to concerns about what would happen to current jobs and feelings of job insecurity. This was exacerbated by the realization that the economic climate did not offer a lot of hope for jobs in the community. The amount and frequency of changes increased feelings of frustration, feelings of being out of control, and led to complaints about lack of planning and lack of information.

Three of the six interview participants mentioned a sense of fear and uncertainty when asked to describe situations that were stressful to them in the past few weeks. As one participant explained:

". . . I feel that if someone made the decision that my team needed to be cut, I would be the person cut on it . . . because of seniority or whatever, not because of lack of ability . . . what that does to affect me is beyond the recognition or understanding, I believe, of those people who make the decisions. . ."

When asked to describe something stressful in the past two weeks, five of the 18 participants in the manager focus groups and 4 of the 28 participants in the staff focus groups mentioned uncertainty about the future, feeling overwhelmed or out of control:

"I recently started a new job and I have found it difficult to help or answer some of the requests I have from wards, doctors offices, or doctors. I wasn't sure with the training I had at the time whether I should be able to help them or not. Or who I should refer them to. By asking a lot of questions I learned a lot but still found it frustrating at the time. Overwhelmed."

"We all feel very replaceable. Not loyalty for the employer or towards the employee. . ."

Fifteen of the 25 workgroup leaders responding to the questionnaire mentioned work environment and climate related factors as reasons why they thought the stress

score was high. One big theme was the number, amount and kinds of changes that people continually faced.

"Amount of change employees need to deal with and lack of info about changes and the stress that causes. See stress as the inability to control, lack of planning and lack of info. Both work and personal life changing a lot. Don't believe workload causes stress - if know what day and why. Its when out of control and don't know role."

"Don't seem to be able to 'stop' - get a chance to catch up - need a lull to recharge. Continuous stream of things, new laundry, road construction, new MRI, lab, uncertainty of future management plans. . ."  
Job insecurity was also a common work environment themes.

Managers also talked about living with uncertainty of job status and fear of job loss.

"Uncertainty of job status - what job will I be doing . . . all other sectors have job insecurity/loss/change. Have not yet learned to cope with continual change - cumulative effect."

Twenty five of the 75 staff responding to the questionnaire mentioned work environment and climate concerns including: organization change, uncertain work environment, or job security.

". . . organizational change and when people feel they have little control over the change process. Obviously lots of uncertainty exists at present related to regionalization. Also people feel stressed when they feel little control over the 'amount of work and how it is done.'"

"Many changes and an uncertain work environment/job security ie GVHS vs. Capital Regional Boards."

### ***3) Management Practice***

Five of the six interview participants and ten of the 28 staff focus group respondents commented on management practice issues. Issues related to management practice included: lack of recognition, lack of support, lack of input into decisions,

poor communication and problem solving, and lack of training.

Staff did not feel recognized or valued for their work. As one staff member explained:

" . . . there's not a sense of value . . . everyone you are working with is feeling the same way, so no one is able to support anyone else."

Staff were also distressed by a lack of input into decisions that affected them. They felt decisions were made and consultation was done only to appear to involve staff.

". . .not taking into consideration (the staffs) input . . . our opinion seems irrelevant and we are the ones who will get stressed out about it. . ."

They also felt that the problems they bring forward to their managers for resolution are not handled. As one staff member explained:

"Problems are not really handled when presented, therefore problem remains stressful. Clarify job duties not done when changes occur."

Communication or lack of it was also a problem.

"Poor communication. Too many different bosses with titles. Having to discuss something 3-4 times with different bosses. Passing the buck. Not asking for input from people that will actually be doing the job."

Concerns about a lack of training and development opportunities were also raised. People felt they were not receiving adequate training and that training and development opportunities were scarce.

"Place individuals into a new job task without adequate training or orientation." mentioned recognition, reward or management practice issues. For example:

Management practice issues were also identified by 2 of the 18 managers in

the focus group but with a twist. Managers found some of the tasks in their jobs inherently stressful. For example one manager described:

"Staff meeting to describe end of education program and dealing with harassing behaviour by progressive discipline."

Five of the 25 manager responding to the questionnaire mentioned management practice issues with the most common being lack of recognition and lack of input into decision making.

"No recognition for jobs well done. "Do as I say, managers./supervisors not leading by example . . .Not feeling fully informed. Channels of communication unclear. Approachability of supervisor/manager. Managers not acting on issues/problems."

". . . staff . . .feel they have lack of input into decision making that affects them . . . as a result staff feel devalued with little or not control over future . . ."

Of the 75 staff respondents 33 raised issues with lack of recognition and reward and other management practice issues. Employees did not feel recognized or appreciated for their work. Some felt administration was uncaring.

"Not enough recognition of tasks done by employees and more input from workers to managers should be taken into running the department. . . "

". . . poor appreciation of staff, more positive feedback or 'perks' to make one want to come to work and do the little extra. . ."

Staff also did not feel included in decisions that affected them

". . . Management seems to have difficulty including 'ground level' workers. Decisions are made asking for input from workers and then seems to be ignored, as if just the asking should be enough. This decreases morale and increases stress."

Lack of opportunity for training was also raised.

"minimal amount of training available before being put in a position of having to work in an area. . .

Staff participants also felt managers did not respond to or deal with issues either because they did not have answers or because they were not available to respond.

". . .management providing more questions than answers at staff meetings and not responding or addressing important issues raised."

". . . The lack of timely response to issues that could be settled quickly, ie the formation of a committee to look at issues long term instead of dealing with immediate concerns."

"With each hospital ward/department managed individually and no on site working supervisor. No impartial body is truly aware of conflicts that occur constantly with the most aggressive department trying to run the show and everyone else feeling angry and put upon."

#### ***4) Difficulties with Work Relationships***

Difficulties with work relationships was a minor but important theme. Two of the six individuals interviewed, 7 of the 18 managers and 6 of the 28 staff participating in the focus groups identified difficulties in work relationships when describing incidents that caused them stress. These ranged from frustrations with coworkers to upset internal customers to difficulties with physicians. For example:

". . . she would take credit for things a bunch of us had worked on . . . It was just horrible, so instead of dealing with it I walked away from it. Now it comes back to haunt me because this person now reports to me."

"Going to draw blood when lines of communication hasn't been followed. eg. late collecting a timed collection due to being busy elsewhere, and having to deal with nursing staff who are upset. I just go ahead and collect and try to explain why it was late but making sure I meet their needs eg having it tested stat."

"Conflict with a physician in front of staff over bed utilization - ultimately a difference in beliefs."

Three of the 25 workgroup leaders and five of the 75 staff participating in the questionnaire also raised problems with working relationships. As one manager explains one source of relationship stress is interdisciplinary disagreement:

". . . Working relationships between interdisciplinary team members can become very stressful if don't agree on plan of care. This relates a lot to interpersonal skills. These conflicts are brought to manager for resolution, which leads to increased stress and frustration for all."

When staff are not using their communication skills or not passing information on relationships can get damaged. As a couple staff members explain:

". . . Need time for open, clear two way communication. Basic social skills lacking - everyone needs to make an effort to pay attention to pleasantries, ie 'Good Morning'."

"Lack of transmission of information from employee to employee (report). Lack of time and opportunity to get to know and understand our fellow employees. Staff members taking frustration out on others. Poor employee communication skills. Lack of respect for some departments that is felt to be of a lower class."

### ***5) Personal and Family Issues***

Although the study was focused on situations that cause stress at work and did not specifically ask participants about personal/family stressors it became an important final theme. Several individuals felt that personal/family issues had a significant impact on workplace stress. Three of the six individuals interviewed, five of the 18 participants in the manager's focus group and 2 of the 28 participants in the staff focus group brought up personal issues that were causing them to feel stress. For

example:

". . .last weekend, I had a lot of competing demands. So I was pulled in several directions trying to please everybody . . . I took a step back and said. 'this is crazy, I need to prioritize and tell myself and my family what I can and can't do' I needed to realize I can't do it all and prioritize."

"My father has been very ill . . ."

"Coming in to start your shift after you've already had a 'full' day with uncooperative kids . . ."

In the questionnaire 13 of the 25 workgroup leaders and four of the 75 staff members mentioned personal stressors including home, interpersonal and financial issues.

". . . Profile of non-professional staff changing from one job to holding down 2, 3, 4, jobs to make enough \$, = increased fatigue, increased stress."

"A lot of people also have personal stresses here, dealing with children, parents, spouses, eg. work all week and expect can still have dinner parties, care for families, clean house. People look after themselves last."

"Peoples' personal lives - lots on this unit going through life event changes, kids growing up, problems with kids, elderly parents needing care, marriages, breaking up, suicide in family, affects them and those they work with."

"Combined home stress, child rearing, money issues, job security issues with work issues. . ."

"As we are living in such a changing world, things that we used to be able to depend on are not secure any more, ie jobs, families. Also the high cost of living. Without having those securities to count on put most people under pressure. The idea of not knowing day to day is quite scary."

**Question 2**

**Do people think we should address the issue of workplace stress?**

This question was explored only with the questionnaire respondents. Focus group and interview participants were not asked in any direct way whether the issue of stress should be addressed. Specifically, questionnaire respondents were asked: "Do you think this is an important issue to address at this time? Why or Why not?".

*Staff Response*

Of the staff surveyed 89.3% agreed this was an important issue to address, 4% said no and 6.7% were unsure. Their reasons why centred around the common theme: stress leads to health related issues which in turn lead to work related problems which in turn compromise the quality of care. As one staff member explained:

"It has to be addressed. If staff are feeling too stressed, that leads to job dissatisfaction, increased sick time, increased injury occurrence, spill-over of stress symptoms into other parts of life. 'Sundayitis' - feeling of dread on Sunday because you have to go back to work the next day."

One issue prevalent in the staff responses were concerns about the consequences to health. Staff were concerned that people were no longer able to cope and thus they were seeing signs of burnout and depression. They believed the amount of stress leave and burnout was increasing. Some were concerned we could see a increase in "abuse, addictions, illness and theft" if the issues related to stress were not

dealt with. As one staff member put it:

"Staff will continue to burn out, get worse attitudes, and decrease productivity. Sick time and stress leave will increase, the cost of training new staff who are eager therefore will take the pressure will increase."

A second theme was concerns that stress was a factor in work related problems. Many were concerned that workplace stressors were having a serious impact on morale and the implications this had for sick time and injuries. As one staff member explained their reasons for believing stress was an issue that needed to be dealt with:

"Because if it is not dealt with on an ongoing basis, it will continue to build on itself leading to decreased morale and decreased effectiveness, safety issues etc."

A third theme was concerns about possible decreases in the quality of care. Staff were concerned about stressors compromising standards of and causing an increases in the number of errors. Finally they were worried people would just stop caring.

"Because it has filtered down to patient care now. Patients are aware of the inadequate coverage and low morale. We are no longer delivering a high quality of care (on in-patient units). Because staff are our valuable resource, we have much invested in them and need to a) foster their well-being and b) maintain their ability to be productive."

Of those who felt the issue was not an important one to address, two raised some concerns that stress was an overplayed issue and that people need to accept stress as a part of life.

"People have to learn to work themselves out of stress, it is overplayed at times. If our day or things are not right, just blame it on stress, easy way

out."

Others were concerned this would be a waste of time or dollars and that there was not intention to really address the issue.

"I am unsure because I don't know if anyone really has any intention at all of doing anything at all. If you are planning to do something and not just discuss amongst yourselves but do something, then yes, it is an important issue. If this is to be discussed and reviewed then shelved, don't bother."

*Workgroup Leader Response*

Of the workgroup leaders surveyed, 84% agreed this was an important issue to address, 8% said no and 8% were unsure. Workgroup leader reasons for why we should address the stress issue centred around three issues: upcoming changes and regionalization, workload and concerns about compromising care.

Many were extremely aware of the impact regionalization will have on stress levels. One workgroup leader commented that with the stress the upcoming changes were going to cause, simply holding stress at its current level would be a measure of success. As another workgroup leader explained:

"Particularly given upcoming changes for 1997 - need to do a good job communicating with staff - already touchy and nervous. Feeling anxious, concerned will one more time be changes to their reporting structure, concerned will be significant changes with regionalization coming in . . ."

Workgroup leaders were also concerned about staff burnout and increased sick leave and the impact on patient care if stress issues are not addressed. One workgroup leader explained the linkage between stress and patient care as follows:

"Because I think we will experience persons who cannot/are unable to do their work effectively. We will see burn out and also a 'pervasive' stressed out

attitude throughout. This leads to a decreased ability to problem solve between workers, peers and patients. Minor patient incidents often occur when people are stressed; therefore affects care. Patients pick up this in their care eg. staff 'too busy' . . ."

Several workgroup leaders felt staff needed skills and strategies for coping and that we could find some things to work on or improve in the workplace however they felt it was important that staff be ready and willing to learn and that leaders not shoulder the blame. As two workgroup leaders explained:

"Would support improving staff knowledge and skills to enable them to deal with interpersonal conflicts and stress on their own to function effectively. Staff must be ready/willing to learn this, otherwise not valued."

". . . Need to find themes that are specific to work on . . . look for things that are doable, and try to improve. Individuals need to take charge of their own learning and coping skills related to stress. eg Use ZM courses to match needs identified about specific stress issues and sources. Still is a lot of blame and 'they' in our culture; if we take the attitude 'Its our fault, we're going to take care of it', employees will continue to blame us and not take any personal responsibility."

Several workgroup leaders felt we should not address the issue at this time because they felt there were either too many other priorities, or that stress was not an issue, or that people need to take personal responsibility for one's own stress.

"So many priorities, not enough time in the day to deal with them. To have the time to address the issue of stress would be a luxury. People are so busy just trying to get the work done there is no time to deal with anything else."

"Always have stress - regionalization will not affect my staff. Stress is not a concern for us in our department - we are managing well. I don't see the need for it to be a focus in the organization. GVHS already has enough stress management initiatives, ie EFAP."

"People need to realize they have to have balance in their life. Know that a lot of stress comes from personal life. Have to know that stress is a normal part

of life and each individual puts own flavour to it. Stress is stress - You're the one that makes it good or bad."

In summary, most participants felt stress was an important issue that needed to be addressed. Most maintained that un-managed stress led to increases in illness and/or injury which in turn led to increases in sick leave and decreases in morale. Many also felt this combination of events eventually led to decreases in quality of care and service.

**Question 3**

**What do people think will help in managing stress?**

*Interview and Focus Group Participant Suggestions*

Interview and focus group participants made a number of suggestions for what might help in managing stress. Many recognized the importance of personal responsibility for dealing with stress but felt that this could be enhanced by organizational initiatives. Their suggestions fell into seven themes or categories; 1) improve the work environment/change the culture, 2) improve/change management practice, 3) help people manage their stress through awareness and education, 4) offer training/skill development opportunities, 5) improve some of our systems, 6) improve staffing, 7) improve communication.

*Priorities from Questionnaire*

The suggestions from the interviews and focus groups were blended with the suggestions from the literature to create the list of options used for question number three on the questionnaire: "If you think we should address the stress issue, please identify your priorities from the following lists". Workgroup leaders and staff identified their priorities in three categories: General Education/Awareness, Personal Stress Management Strategies, and Organizational Stress Management Strategies. Results are summarized in Table 7.

**Table 7**  
**Priorities for Managing Stress**  
**Work Group Leaders (N = 25) and Staff (N = 75)**

	% work group leaders picking this as # 1/2/3 priority	% staff picking this as # 1/2/3 priority
<b>General Education/Awareness Strategies</b>		
1. Increased marketing and promotion of current GVHS activities and resources.	68.0%	50.7%
2. Awareness building for managers, union stewards and staff.	84.0%	70.6%
3. Increase circulation of Canadian Mental Health Pamphlets and other health promotion booklets	20.0%	25.4%
4. Regular articles in the GVHS News to promote healthy living, work and home balance, stress reduction etc.	56.0%	42.7%
5. Develop an employee health newsletter	12.0%	14.7%
<b>Personal Stress Management Strategies</b>		
1. Personal profile, job stress inventories, assessment tools or stress map questionnaires	40.0%	24.0%
2. Information/handout on stress and how to cope minimize	12.0%	9.3%
3. Healthy workplace sessions and workshops	40.0%	40.0%
4. Working together skills training to improve internal relationships and two-way communication.	44.0%	52.6%
5. Workshops to help people increase their 'change hardiness'	32.0%	14.6%
6. Fitness and exercise opportunities	32.0%	24.0%
7. Partnerships with community recreation centres	20.0%	15.9%
8. Incorporating more humour and laughter in the workplace	36.0%	44.0%
9. Health promotion/education 'rounds' in the units/offices (eg with EFAP)	13.3%	12.0%
<b>Organizational Stress Management Strategies</b>		
1. Developing a group of facilitators with expertise in using "Change Agent/Leader Tools"	8.0%	0%
2. Clearly articulating a set of "Management Competencies"	8.0%	17.4%
3. Encouraging "ground-rules" or set of principles for each work unit to develop and follow	16.0%	22.6%
4. Offer training and support to improve management practice.	28.0%	21.4%
5. Increasing the effectiveness of meetings, information exchange and involvement of staff	16.0%	22.6%
6. Improving problem solving and process improvement skills	20.0%	10.6%
7. Support for initiatives to determine physical and emotional environmental stressors and make small changes	64.0%	54.7%
8. Support for initiatives for cultural change	60.0%	46.7%
9. Role clarification and role identification activities	12.0%	12.0%
10. Time management and priority setting workshops and exercises	4.0%	5.3%
11. Improving employee recognition and acknowledgement of achievements	20.0%	29.3%

Workgroup leaders and staff top three priorities in the General Education/Awareness category are identical. The first priority for both was: "Awareness building for managers, union stewards, and staff". The second priority was, "Increased marketing and promotion of current activities and resources". the third priority was, "Regular articles in the GVHS News to promote healthy living, work and home balance, stress reduction etc."

In the Individual Stress Management category the number one priority was the same for both workgroup leaders and staff; "Working together skills training to improve internal relationships and two way communication". The second priority for staff was "Incorporating more humour and laughter into the workplace" while the second priority for workgroup leaders and the third priority for staff was "Healthy Workplace Sessions and Workshops". The third priority for workgroup leaders was "Personal profiles, job stress inventories, assessment tools or stress map questionnaires to help employees decide what to work on."

In the Organizational Stress Management category workgroup leaders and staff had the same first and second priorities; "Support for initiatives for cultural change" and "Support for initiatives to determine environmental stressors and to make small changes in the work environment". The third priority for staff was "Encouraging "groundrules" or a set of principles for each work unit to develop and follow". The third for workgroup leaders was "Offer training and support to improve management practice". A high priority for staff was also "Time management and priority setting workshops and exercises"

*Additional Comments and Suggestions*

Both work group leaders and staff made some interesting suggestions and comments that are worth reporting.

Staff suggestions and comments centred around five main themes 1) improving educational opportunities, 2) building leader awareness of the impact of stress and encouraging them to take action to take to deal with stress, 3) improve communication between managers and staff especially focusing on listening activities, and 4) the need to improve recognition.

Staff also had some very positive things to say about some of the current initiatives including the Employee and Family Assistance Program, the Lift Team and the Staff Appreciation Day.

" . . . In my opinion, the EFAP is one of the most valuable initiatives of the past few years - provides an acknowledgement that the staff do experience stress both at work and at home and six counselling sessions per year is very generous, well worth keeping."

" . . . if it was not for our Lifting Team, more stress would be included in my job due to the fact that often I have large, heavy patients and would normally be burned out after 12 hours if I had to lift them myself . . ."

"I very much appreciated the staff appreciation days workshops. . ."

Workgroup leader suggestions included: 1) develop a forum to allow employees to get the questions answered, 2) offer on site in-services for large groups for staff to communicate in person and 3) set up informal discussions re stress and in-house support when people need to vent 4)) setting goals with individual staff and 5) encouraging staff to take on new challenges.

Workgroup leaders also made several comments on the constraints they faced in trying to address stress related issues. Two common issues were managing multi-site and lack of replacement monies.

"When manager is split between two sites lose continuity so difficult to apply the Organizational Stress Management strategies. Need more contact and support from managers. ie being there BUT difficult cross site - time is not available . . ."

"Can't let staff go to training without the replacement budget - they feel frustrated - manager caught - on one hand told staff could attend but can't attend on work time."

Workgroup leaders also emphasized the need for cultural change. For example.

"Something about our culture makes it not ok to leave work at scheduled time, expected to work longer hours. Lots of times in early, stay late and not ok to compensate for that. Need to feel as a manager that I can leave early or start later and be trusted that I am balancing that time out without feeling guilty..."

Workgroup leaders also felt some things were working well especially the EFAP program and efforts to improve communication.

"People have expressed appreciation for the EFAP program after being referred there."

"Think we are doing a better job of communicating . . ."

## **DISCUSSION AND CONCLUSION**

The GVHS Employee Opinion Survey indicated that 64% of the respondents "often feel stress in their day to day routine". But these results did not tell us why people felt stress, whether they thought stress was a problem that needed to be addressed nor how to go about addressing stress in the workplace. The issue of workplace stress needed to be investigated further before developing an organizational response.

From our review of the literature we confirmed that workplace stressors can contribute to a long list of employee health and performance problems. Researchers have also discovered a whole range of workplace stressors which can be grouped into six common workplace stressor themes. Finally, stress research points out two general approaches to stress management; personal stress management and organizational stress management. Personal stress management includes activities that focus on awareness and skill building, relaxation and fitness and employee assistance program support. Organizational stress management focuses on modifying those aspects of the organization that are contributing to stress. A more comprehensive approach to stress management combines several elements, that are phased in over time, each with different targets and goals. This included five steps: 1) Task Force and Program Review, 2) Top Management Awareness Building, 3) Organizational Assessment, 4) Report Findings and 5) Design, Implementation and Evaluation.

We found that the workplace stressors reported by participants in this study

were very similar to those found in the literature. For the most part, current workplace stress can be attributed to:

- 1) Workload and Staffing Issues
- 2) Work Environment/Climate of Fear and Uncertainty
- 3) Management Practice
- 4) Difficulties with Work Relationships, and
- 5) Personal and Family Issues

Most participants in the study felt the issue of workplace stress was an important issue that needed to be addressed. They maintained that un-managed stress led to increases in illness and/or injury which in turn led to increases in sick leave and decreases in morale. Many also felt this combination of events eventually led to decreases in quality of care and service.

Suggestions from the interviews and focus groups for what might help fell into seven themes or categories; 1) improve the work environment/change the culture, 2) improve/change management practice, 3) help people manage their stress through awareness and education, 4) offer training/skill development opportunities, 5) improve some of our systems, 6) improve staffing, 7) improve communication.

These suggestions were compiled and supplemented by strategies from the literature. Participants priorities for dealing with workplace stress are:

**General Education/Awareness**

- 1) Awareness building for managers, union stewards, and staff. For example: education sessions on understanding stress and organizational stressors and what to do about them; articles and tips for dealing with workplace stress; case studies and stories.
- 2) Increased marketing and promotion of current activities and resources (eg. EFAP, on-site aerobics, family swim, family skate, and the quit smoking program).

- 3) Regular articles in the Employee Newsletter to promote healthy living, work and home balance, stress reduction etc.

### **Individual Stress Management**

- 1) Working together skills training to improve work relationships and two way communication. For example: listening, giving feedback, resolving issues, getting your point across, dealing with emotional behaviour.
- 2) Healthy Workplace sessions and workshops. For example 2 hours to a full day on: what stress is and how it affects us, stress busters, work/life balancing, living well, relaxation training, support network building, taking time out, and journal writing.
- 3) Incorporating more humour and laughter into the workplace. For example: videos like "The Joy of Stress", how to have fun workshops, time out for celebrations etc.
- 4) Personal profiles, job stress inventories, assessment tools or stress map questionnaires to help employees decide what to work on.

### **Organizational Stress Management**

- 1) Support for initiatives for cultural change. For example: more valuing of people and recognition; increased trust; making it okay to talk about stress and work pressures and to do something about them; making it okay for people to NOT work late; and learning to say NO when overloaded.
- 2) Support for initiatives to determine environmental stressors (eg Organizational Health Survey from Health Care Benefit Trust) in order to make small changes in the work environment (both physical and emotional).
- 3) Encouraging "groundrules" or a set of principles for each work unit to develop and follow.
- 4) Offer training and support to improve management practice. For example: giving constructive feedback; dealing with emotional behaviour; recognizing results; clarifying expectations; coaching; taking corrective action; developing teams; and managing change.
- 5) Time management and priority setting workshops and exercises.

### ***Do the Strategies Match the Stressors?***

A comparison of the stressors identified in this study with the prioritized strategies indicates that one or more of the strategies can be "matched" to each stressor theme.

**Workload and Staffing** issues were by far the greatest perceived daily stressors by both workgroup leaders and by staff. Organizational Stress Management strategies such as: support for initiatives for cultural change; and support for initiatives to determine environmental stressors and to make small changes in the work environment will be the most effective in addressing these stressors. Time management and priority setting workshops and exercises may help people set their priorities and realign their workload.

**Work Environment/Climate of Fear and Uncertainty** was the second most common theme. Several of the strategies might help with this stressor. For example, awareness building for managers, union stewards, and staff can help make it "ok" to talk about stressors such as fear and uncertainty. Healthy workplace sessions and workshops can open up options and ideas for building a healthier, more supportive culture. Incorporating more humour and laughter into the workplace can help relieve some of the stress. Organizational strategies such as support for initiatives for cultural change may help to identify and tackle elements in the work culture that lead to workplace stress. Support for initiatives to determine environmental stressors and to make small changes in the work environment can focus on identifying and addressing the specific environmental stressors in a unit or department.

**Management Practice** issues were another important theme. Awareness building for managers, union stewards, and staff can help to change some current management practice that increases workplace stress. Encouraging "groundrules" or a

set of principles for each work unit to develop and follow may encourage shared decision making and better staff-management communication. Training and support to improve management practice can help address perceived issues with recognition, support, input into decision, communication, problem solving and support for staff training.

**Difficulties with Work Relationships** was also a common theme identified in the study. Working together skills training to improve internal relationships and two way communication can have a direct impact on working relationships with others. Encouraging groundrules or a set of principles for each work unit to develop and follow can also help improve work relationships.

**Personal and Family Stressors** were also identified by some. Increased marketing of current activities like EFAP can help people get the stress relief they need. Regular articles in the employee newsletter can provide tips for dealing with stress. Personal profile, stress inventories and the like can help employees identify their personal sources of stress and develop strategies for stress management.

Given the match between stressor and strategy we can conclude that a combined approach of implementing the priority strategies from the General Education and Awareness, Personal Stress Management and Organizational Stress Management lists on the questionnaire can be effective in addressing organizational stress.

The perception of high workload is an underlying problem best addressed by organizational strategies rather than individual stress management strategies.

Individual stress management strategies need to be put in place however to address some of the more destructive symptoms and consequences of stress. To be successful any stress management strategy needs to intervene at all levels of the system impacted by the problem in order to ensure solutions are developed at each level.

## RECOMMENDATIONS

The stress task group recommends the Capital Health Region take a multi-faceted holistic approach to dealing with organizational stress. The specific recommendations go beyond the findings of the study and include considerations based on the review of the literature, consultation with other organizations, and the CHR strategic directions process. The approach includes both organization wide strategies and unit or portfolio specific strategies and may need to be modified based on the work of the implementation committee. More specifically we recommend:

1. Add employee wellness to the list of CHR "major improvement opportunities" and identify implementation of an Employee Wellness Program as a CHR priority. The program should focus on three main areas: 1) general education/awareness building across the organization, 2) individual stress management strategies, and 3) organizational stress management strategies.
  - General education/awareness building should focus on: 1) building joint awareness of managers, staff, and union stewards about stress and wellness, 2) increase marketing and promotion of current activities and resources and 3) publish articles in the News to promote healthy living.
  - Individual stress management strategies should focus on: 1) offering working together skills training, 2) healthy workplace sessions and workshops, 3) incorporating more humour and laughter in the workplace, 4) offering personal profiles, job stress inventories, assessment tools or stress map questionnaires to help employees decide what to work on.
  - Organizational stress management strategies should focus on: 1) support for initiatives to determine the "vital few" environmental stressors and to make small changes in the physical, and emotional work environment, 2) support for initiatives for cultural change, 3) offering training and support to improve management practice, 4) improving employee recognition and acknowledgement of achievements.

One or more of these strategies can be "matched" to each of the stressor themes we found in this study.

2. Delegate responsibility for developing the Employee Wellness Program to Human Resources. Human Resources will set up an implementation committee with management and union involvement to put the program together including:
  - a) Defining a corporate message. Elements of the message should include employee/employer shared responsibility for health and a vision of a healthy workplace within our healthcare community.
  - b) Defining a list of measures then take a baseline measure and monitor. These might include: sick leave costs; EFAP use; critical incidents; WCB stats; relief staff costs; overtime; labour relations activity; impact of replaced vs not replaced; availability of people with skills; measure of perceived stress on a scale of 1 to 10; other measures of stress - in life, at work, using stress profiles; data from exit interviews (why people left the organization or applied for transfers to other areas).
  - c) Determining mechanisms for including/involving employees in this process. For example, meet with the Labour Adjustment Committee and ask union representatives they would like to be involved.
3. Encourage Regional Directors to include wellness initiatives in their strategic directions plans (based on measures identified above).
4. Based on the specific measures (eg absenteeism) select one or more portfolios or units to pilot the wellness/stress management strategies. This might include: identifying and addressing stressors as well as education, awareness and skills training.

Successful implementation of a Corporate Wellness Program will require approval and on-going support from senior management. It will also require support from the joint union-management Labour Adjustment Committee and a number of external resources including: the Employee and Family Assistance Program, Health Care Benefit Trust, the Medical Community, and Community Recreation Centres.

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## Employee Opinion Survey

Dear Staff Member,

Making changes for a better workplace cannot happen without knowing what needs to be changed. The purpose of this survey is to give you an opportunity to express your opinions about working at GVHS. This is the first survey to be distributed to all staff and the results will provide information about what's working well and areas needing improvement.

A lot of effort has gone into ensuring that your responses are completely anonymous. You will notice a number on the bottom of your survey. This number represents the work group of which you are a member (see back page for details). All work groups are large enough to maintain anonymity. In addition the data from the surveys will be input and then shredded by Conway Research. After the results are distributed, you will be invited to participate in feedback sessions with members of your workgroup. The feedback sessions will focus on:

1. Discussing what the results mean.
2. Identifying what's working well and areas needing improvement.
3. Developing a list of potential improvement opportunities.

How you feel about worklife at GVHS is very important. Please let us know by completing the survey and returning it in the enclosed envelope by **November 22, 1995**.

Thank you for taking the time and effort to complete the survey.

A handwritten signature in cursive script that reads 'Pat Coward'.

Pat Coward  
GVHS President

# Employee Opinion Survey

## Definitions

Supervisor: The person to whom you report directly. Usually the person who reviews your performance with you.

Management: The manager one or two levels above your supervisor. Does not include your supervisor.

## Instructions

SELECT ONE answer that best matches your opinion and circle that response number. For example:

	Strongly Agree
	Agree
	Neither Agree nor Disagree
	Disagree
	Strongly Disagree
I enjoy the weather in this town .....	1 2 3 4 5

If you tended to agree with this statement, you would circle the 4 as noted, or if you felt strongly, you might circle the 5. If you disagree, you would circle a 1 or 2, and if you felt neutral, you would circle the 3.

If you have any questions about the survey, please call Conway Research at 382-3262.

WORK GROUP NUMBER **SAMPLE**

## Survey Begins

	Very Satisfied
	Satisfied
	Neither Satisfied nor Dissatisfied
	Dissatisfied
	Very Dissatisfied
1. Considering everything, how satisfied are you with your job? .....	1 2 3 4 5
2. How satisfied are you with the information you receive from management on what is going on in your department? .....	1 2 3 4 5
3. How satisfied are you with the recognition you receive for doing a good job? .....	1 2 3 4 5
4. Considering everything, how would you rate your overall satisfaction in GVHS at the present time? .....	1 2 3 4 5
5. How satisfied are you with your involvement in decisions that affect your work? .....	1 2 3 4 5
6. How satisfied are you with the training/orientation you received for your present job? .....	1 2 3 4 5
7. How satisfied are you with your physical working conditions? .....	1 2 3 4 5

### NOTE CHANGE IN SCALE:

	Very Good
	Good
	Fair
	Poor
	Very Poor
8. How do you rate the GVHS in providing job security for people like yourself? .....	1 2 3 4 5
9. Overall, how would you rate GVHS as a place to work? .....	1 2 3 4 5
10. Overall, how good a job do you feel is being done by your supervisor? .....	1 2 3 4 5
11. The amount of work I am expected to do on my job is:	
far too much .....	1
too much .....	2
about right .....	3
too little .....	4
far too little .....	5

**NOTE CHANGE  
IN SCALE:**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
12. My supervisor shows appreciation when I do a good job. ....	1	2	3	4	5
13. I feel I have enough information to understand our benefits program. ....	1	2	3	4	5
14. My supervisor treats me with respect .....	1	2	3	4	5
15. In my judgement GVHS is well managed .....	1	2	3	4	5
16. Sufficient effort is made to get the opinions and thinking of people who work here .....	1	2	3	4	5
17. My supervisor is usually fair .....	1	2	3	4	5
18. I am given a real opportunity to improve my skills in this department/unit. ....	1	2	3	4	5
19. My job makes good use of my skills and abilities....	1	2	3	4	5
20. My supervisor really listens to me in order to understand my point of view .....	1	2	3	4	5
21. It is clear that the GVHS is committed to quality services .....	1	2	3	4	5
22. I am currently involved in a quality improvement project. ....	1	2	3	4	5
23. People from my work group are solving problems jointly with our customers (patients, physicians and other departments) to continually improve the quality of service we provide .....	1	2	3	4	5
24. Management is effectively providing leadership for our department's quality improvement efforts. ...	1	2	3	4	5
25. I am presently participating on a work team where all members are pulling together toward a common goal .....	1	2	3	4	5
26. I have sufficient authority to do what is expected of me .....	1	2	3	4	5
27. My work group is as effective as it could be .....	1	2	3	4	5
28. I believe I can achieve a satisfying career in GVHS .	1	2	3	4	5
29. I feel there is a high level of trust among the people in my work group .....	1	2	3	4	5
30. I have a very clear idea of the results expected of me in my job .....	1	2	3	4	5
31. As an individual I feel my opinions are valued by the people I work with .....	1	2	3	4	5
32. Supervisors in the GVHS seem to treat everyone fairly rather than playing favourites .....	1	2	3	4	5
33. I understand GVHS' vision, mission and corporate goals as described in our strategic directions. ....	1	2	3	4	5
34. I am aware of GVHS's values as described in our strategic directions. ....	1	2	3	4	5
35. I believe management is practicing GVHS values as described in our strategic directions .....	1	2	3	4	5
36. I am satisfied with the opportunities given me to participate in training and development .....	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
37. I am satisfied with the programs and opportunities available to support my personal needs. ....	1	2	3	4	5
38. I feel comfortable approaching GVHS administrators with concerns. ....	1	2	3	4	5
39. I often feel stress during my day-to-day work routine. ....	1	2	3	4	5
40. I am comfortable suggesting new and better ways of doing things. ....	1	2	3	4	5
41. I feel my input is sought when changes happen that affect me. ....	1	2	3	4	5
42. In my area conflict is acknowledged and dealt with. ....	1	2	3	4	5
43. I have the resources I need to do a good job. ....	1	2	3	4	5
44. The commitment level to do whatever it takes to get the job done in my work group is:					
Very low commitment .....	1				
Low commitment .....	2				
Moderate commitment .....	3				
High commitment .....	4				
Very high commitment .....	5				
45. How would you rate GVHS as an institution to work for compared with other institutions.					
One of the worst .....	1				
Below average .....	2				
Average .....	3				
Above Average .....	4				
One of the best .....	5				

**BACKGROUND INFORMATION**

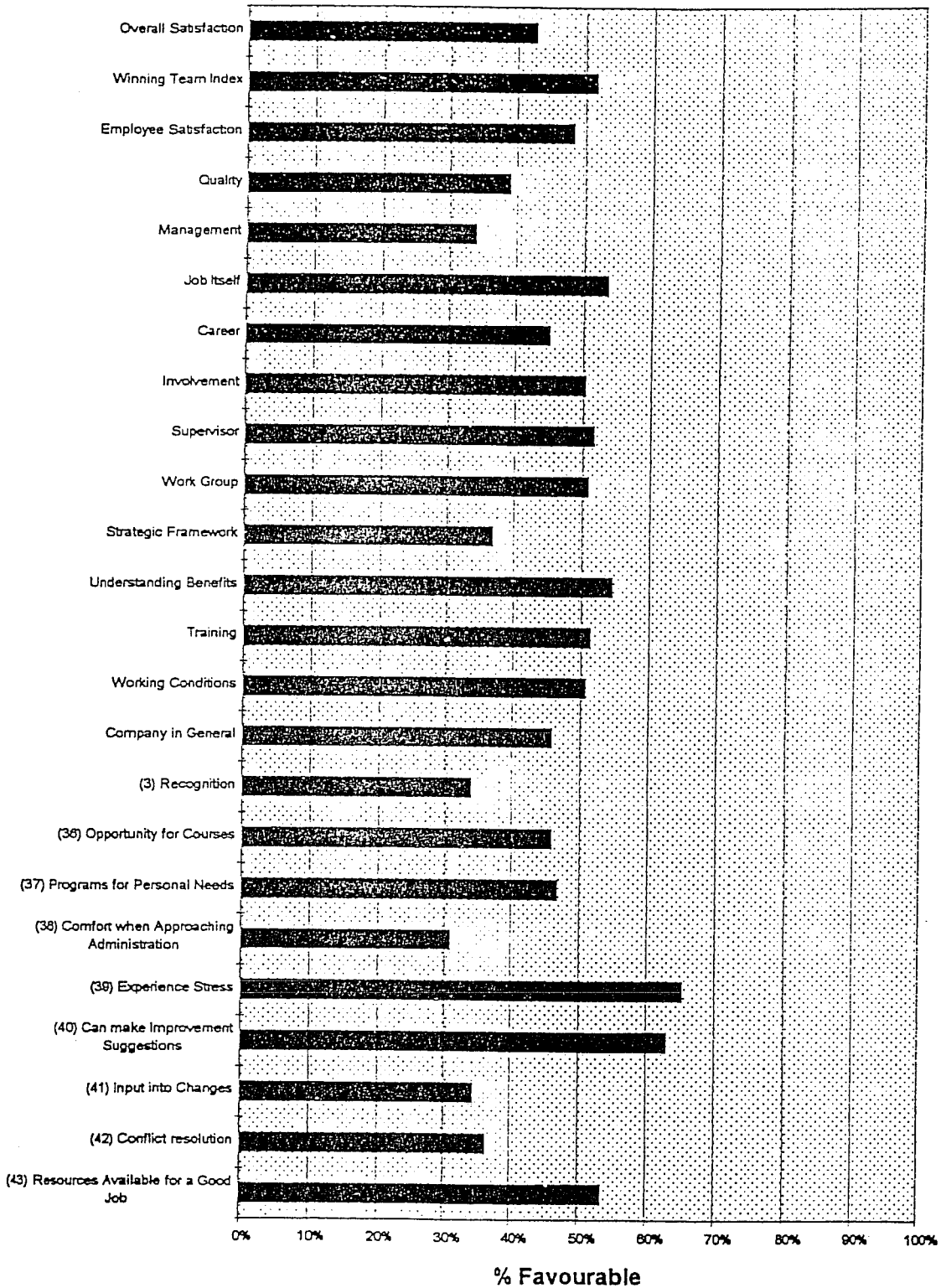
46. As with all these questions, the information which you provide in answering the following is completely anonymous. The information gathered from these questions will only be used to analyze information on an organization wide basis. It WILL NOT be used to group information at a department or workgroup level.
- Shift Mainly
    - Monday - Friday
    - Mainly Evenings or Weekends or Nights
    - Rotation (both)
  - Tenure
    - Less than 2 years
    - 2 - 10 years
    - 11+ Years
  - Employment Status
    - Full-time
    - Part-time
    - Casual

Thank you for your feedback

This list shows the department, units, or areas that are included in each workgroup.  
 Your workgroup number appears at the beginning of the survey.

Workgroup	Workgroup Description	Employees	Workgroup	Workgroup Description	Employees	Workgroup	Workgroup Description	Employees
1	Corporate Admin	14	65	Kitchen, Cafeteria MP	60	124	West 3 - RJH	39
9	Information Services	24	66	Kitchen, Cafeteria EMP	20	125	IV Team - RJH	17
10	Finance, Stats, Support Services	18	67	Dietetic Educ, Nutrition Services - RJH	30	126	Royal 2 - RJH	48
11	Accounting/Finance	10	68	Diabetic Program	10	127	West 2 - RJH	50
12	Accounts Payable	17	69	Risk/Safety, Ancillary Parking	39	128	Centre 4 - RJH	35
13	Accounts Receivable	20	70	Respiratory Therapy - RJH	35	129	CCU - RJH	30
14	Biomedical Engineering - VGH	9	71	Physiotherapy - RJH	20	130	CVU - RJH	31
15	Housekeeping - VGH	40	72	Therapy Services, LTC - RJH	25	131	ICU - RJH	48
16	Housekeeping - evenings - VGH	20	73	Therapy Services, Rehab/Amb Care - RJH	50	132	Royal 3 - RJH	53
17	Housekeeping - weekends - VGH	47	75	OT, Rec Therapy - RJH	18	133	Royal 4 - RJH	47
18	Laundry Operations	107	78	Psych,Volunteers,Social Work,Neuro Psych	40	134	Psych Outpatients - RJH	11
19	Housekeeping, Laundry/Linen - GRH	43	79	Therapy Svs, Speech Therapy, Work Readiness	24	135	EMP 3B - RJH	37
20	Carpentry,Plumbing,Paint,Elec Shops - VGH	37	80	QRT Rehab Services - CRD	12	136	EMP 4A - RJH	26
21	Plant Operations/Services - FHC	15	81	Therapy Services, LTC - ORH/VGH	39	137	EMP 4B - RJH	32
22	CPS - VGH	36	82	PT, OT - VGH	28	138	PAR/Day Care, Ophthal Centre - RJH	23
23	Stores/Transport - VGH	29	84	Psychology, Volunteers-VGH	15	139	O.R. - RJH	108
24	Plant Services - GRH	9	85	Nutrition Services - VGH	12	140	PAR/SDC - RJH	71
25	Prliding - FHC	10	86	RespiratoryTherapy - VGH	32	141	Emergency - RJH	25
26	Biomedical Engineering - RJH	10	87	Food Services - GRH	73	142	Unit 7C - VGH	32
27	CPS - RJH	27	88	Patient Care Admin, Nursing Staff Office	29	143	Unit 7D - VGH	9
28	Linen Serv - RJH	15	89	Unit 6C - VGH	27	143.5	Kenning/Watson 2, MP - RJH	21
29	Housekeeping - Admin - RJH	40	90	Unit 6D - VGH	30	144	Floater/Casuals, 6th FL EMP - RJH	48
30	Housekeeping - EMP - RJH	10	91	Unit 6E - VGH	35	145	Geriatric Daycare, Psoriasis - MP - RJH	56
31	Housekeeping - Evenings - RJH	34	92	Unit 6D - VGH	37	146	Homer 2 MP - RJH	68
32	Housekeeping - MP - RJH	14	93	CCU - VGH	27	147	Watson/Kenning 3 - MP - RJH	83
33	Housekeeping - Weekend - RJH	78	94	IV Therapy - VGH	12	148	Rehab 2 - GRH	67
34	Stores - RJH	17	95	6A/6B - VGH	83	149	ECU 1 - GRH	85
35	Purchasing	14	96	Unit 4A - VGH	35	150	ECU 2 - GRH	15
36	Transport/Distribution - RJH	28	97	Unit 4B - VGH	39	151	ECU 3 - GRH	34
37	Facility Planning, Plant Operations - RJH	22	98	Unit 6A - VGH	33	152	ECU 4 - GRH	12
38	Carp,Plumb,Carden,Paint,Elec,Main,Plant - RJH	60	99	ICU - VGH	58	154	Heart Cath Labs	13
39	Telecommunications	18	100	O.R. - VGH	82	155	EMT JAJ/CI/PERT - RJH	15
40	EDS - VGH	14	101	PAR - VGH	31	155.5	Patient Care Informatics	34
41	Microbiology - VGH	10	102	Endoscopy - VGH	11	156	Med Staff, Interns, ConL Med Educ	12
42	Transfusion Services	9	103	Emergency - VGH	69	157	QIRO	72
43	Hematology - VGH	10	104	Unit 7A/7B - VGH	27	158	Clinical Information	25
44	Clin Chemistry - VGH	18	105	Unit 3D - VGH	30	159	Med Transcription - VGH	14
45	Histo,Cyto,Genetic, Autopsy	32	106	Paed ICU - VGH	18	160	Med Transcription - RJH	10
46	Lab General Services-VGH	27	107	CFAU, Surg Paeds - VGH	71	161	Records Processing - VGH	12
47	Lab Support Svs. - VGH	47	108	Mother/Babe - VGH	78	162	Pharmacy - GRH/VGH	18
48	Lab Evenings - VGH	22	109	Special Care Nursery - VGH	81	163	Pharmacy - GRH/VGH	42
49	EDS - RJH	20	110	RP3 - RJH	15	164	Pharmacy Main, MP, EMP - RJH	39
50	Clin & Spec Chem - RJH	30	111	Alcom 2 - MP, RJH	21	165	Unit 6B/PAC - VGH	39
51	Autologous - RJH	10	112	EMP 6A - RJH	23	166	Radiology - General RJH	33
52	Hemablogy, Spec Hemo - RJH	18	113	Etharstomel, Endoscopy/MDC - RJH	19	167	Imaging Admin - RJH	28
53	Microbiology - RJH	12	114	Renal Unit, Clinic, Transplant	49	168	Nuclear Med, Mobile Service-HMED	12
54	Microbiology - RJH	15	115	RP1 - RJH	39	169	CT, Angio, MRI - RJH	17
55	Lab Evenings - RJH	14	116	South 2 - RJH	38	170.5	Ultrasound (Rad)	24
56	Corp. H.R., Employee Relations	103	117	South 3 - RJH	31	171	Radiology FHC/VGH	44
57	Occupational Hlth&Safety	18	118	South 4 - RJH	39	172	Imaging Admin - VGH	24
58	Food Services - VGH	15	119	Centre 3 - RJH	41	173	Nuclear Medicine - VGH	10
59	Employment Services	14	120	RP2 - RJH	32	174	CT, Angio Lab - VGH	9
60	AV, Org & Staff Dev, Communications, Library	100	121	Burn Unit - RJH	87	175	Hospice, Palliative Resp Team	
61	Food Services - VGH	18	122					
62	Food Services Admin - RJH	18	123					
63	Food Services Production	18						
64	Cafeteria - RJH	16						
65	Food Services - Patient Services	87						

### Dimension Report



## Appendix 2

### GVHS Stress Task Group Project Charter

#### Problem:

The October 1995 GVHS Employee Opinion Survey indicated three key areas of concern: 1) recognition, 2) comfort when approaching administration and 3) stress. The stress results indicated that 65.4% of those who responded to the survey often feel stress during their day to day work routine. Although many GVHS work group leaders have met with their staff to discuss individual work group results and to implement actions at the work group level, we do not know what these results corporately nor do we have a plan to address stress on a corporate wide basis.

#### Task Group Members:

Glenda Mannix  
Judith Green

Dee Grzela  
Barb Smith

Kathy Yaskow      Doug Calder  
Terrie Conway (Chair/Facilitator)

#### Expected Outcomes:

The stress task group will explore the issues of stress at GVHS in order to develop recommendations for how to manage stress at GVHS.

#### Tasks

- 1) complete a literature review on workplace stress
- 2) contact other hospitals and organizations to find out what they are doing about stress in the workplace.
- 3) contact workgroup leaders and staff in order to find out:
  - a) provide general information on people's perception of the stress score
  - b) determine whether people think this is an important issue to address
  - c) determine what people think we can do to address the stress issue

***STRESS MANAGEMENT TASK GROUP  
CORPORATION QUESTIONNAIRE***

Name of contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number; \_\_\_\_\_

1. How did you determine you had a problem? \_\_\_\_\_

2. What indicators did you use?

3. What programs or activities did you try?

4. Were they successful? How do you know?

5. Have the results been sustained?

6. Do you know any other organizations with organized activities in this area?

7. What advice do you have for us?

# STRESS MANAGEMENT - HEALTH RELATED CORPORATIONS

COMPANY	PROBLEM IDENTIFICATION	INDICATORS	PROGRAMS	RESULTS SUSTAINED	ADVICE AND OTHER CONTACTS
Queen Elizabeth II-Nova Scotia Contact: Bonnie Walker	1. Amalgamation 2. Downsizing 3. Employee demand for courses/programs	<ul style="list-style-type: none"> <li>No regular statistics other than regular absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>Offsite EAP</li> <li>Workshops/Educational programs</li> </ul>		<ul style="list-style-type: none"> <li>Bonnie Duggan 496-4043</li> </ul>
Health Sciences-Manitoba Contact: Shirley Layne	1. Didn't wait, set up programs as soon as "restructuring consultant" left		<ul style="list-style-type: none"> <li>FIRST - 2 1/2 hour seminars on Stress Management - but not many people went</li> <li>NEXT - 2 day "mandated" team building - focus on skills, not "stress"</li> <li>Programs are in house and delivered around the clock</li> </ul>	<ul style="list-style-type: none"> <li>People more sensitive to needs of others/more camaraderie</li> <li>"Team effectiveness check" (participants' evals)</li> <li>In Phase One - cultural transformation</li> <li>Going to Phase Two - more customer service, dealing with upset people, telephone communications</li> </ul>	<ul style="list-style-type: none"> <li>Don't talk about stress, people who are most stressed don't want to admit it</li> </ul>
J.H. Contact: Deb Jones	1. \$16,000,000 absenteeism 2. All programs voluntary and paid for by employee (eg. \$20)	<ul style="list-style-type: none"> <li>Will be doing long term research (none so far)</li> </ul>	<ul style="list-style-type: none"> <li>Making choices for effective stress management</li> <li>Wellness workshop                             <ul style="list-style-type: none"> <li>- promotion</li> <li>- risk score</li> <li>- goal setting for lifestyle - changes</li> </ul> </li> <li>Stress MAP - Health Systems Category (Questionnaire)</li> <li>403-262-4774 (Phone)</li> <li>403-233-2724 (Fax)</li> </ul>	<ul style="list-style-type: none"> <li>work changes</li> <li>satisfaction</li> <li>self esteem</li> <li>personal power</li> <li>action plan/coping responses (Pick 1)</li> </ul>	<ul style="list-style-type: none"> <li>National conference on Workplace Wellness in Vancouver in 1997</li> </ul>

STRESS MANAGEMENT - NON-HEALTH RELATED CORPORATIONS

COMPANY	PROBLEM IDENTIFICATION	INDICATORS	PROGRAMS	RESULTS SUSTAINED	ADVICE
Ministry of Social Services Contact: Doug Swallow 387-7659	<ul style="list-style-type: none"> <li>↑ sick utilization last 5 yrs 10+ days/year</li> </ul>	<ul style="list-style-type: none"> <li>sick days</li> <li>grievances</li> <li>stress eases</li> <li>feedback - staff</li> </ul>	Victoria <ul style="list-style-type: none"> <li>Quest Services (contract) work flow analysis</li> <li>Health Promotions communications</li> </ul> Vancouver <ul style="list-style-type: none"> <li>Fit Plus - fitness plus above</li> </ul>	Yes... have been maintained	<ul style="list-style-type: none"> <li>Analyze work flow process</li> <li>Psychology/cultural snap shot</li> <li>Small work units</li> <li>Union/Management approach.</li> <li>Personal accountability and responsibility</li> </ul>
Vancouver City Credit Unit Contact: Tonya Frizzell 877-7651	<ul style="list-style-type: none"> <li>Staff survey every two years</li> <li>↑ LTC Claims</li> </ul>	<ul style="list-style-type: none"> <li>sick days 2.5</li> <li>LTD #</li> </ul> <p><i>(down from 4.5)</i></p>	E.F.A.P. contract Work Family/Life contract Living Well Program Monthly Campaigns Stress Management Training Work/Life Balancing	<ul style="list-style-type: none"> <li>Yes. Sick time drop 4.5 to 2.5</li> <li>Have bench mark</li> </ul>	
Pacific Coast Savings Victoria Contact: Hope Barker 380-3100	<ul style="list-style-type: none"> <li>Annual survey</li> </ul>	<ul style="list-style-type: none"> <li>Sick days</li> <li>Turnover</li> <li>LTD</li> </ul>	video conference to all employees unit workshops videos done - won 3 international awards interactive psychological assessment on computer - piloting	<ul style="list-style-type: none"> <li>Rate maintained</li> </ul>	<ul style="list-style-type: none"> <li>Identify stresses</li> <li>Deal with distrust</li> <li>Work with unions</li> <li>Improve relationships</li> </ul> <p><i>100% improvement</i></p>
B.C. Tel Contact: Sharon Blaney 432-4012	<ul style="list-style-type: none"> <li>Employee survey annually</li> </ul>	<ul style="list-style-type: none"> <li>loss time &gt; 5 days</li> <li>absence reason</li> <li>report tracking</li> </ul>	Stress Management Profile individual or group administered EFAP Workshops: Managing Change	<ul style="list-style-type: none"> <li>downsize will impact results</li> <li>increasing slightly</li> </ul>	<ul style="list-style-type: none"> <li>Know community resources</li> <li>Medical form if over 5 days</li> <li>Do personal profile</li> </ul>
CBC Contact: Dereth Campbell 604-661-5179	<ul style="list-style-type: none"> <li>↑ sick utilization</li> <li>stats run quarterly</li> <li>current use 16 days/yr</li> </ul>	<ul style="list-style-type: none"> <li>medical leaves</li> <li>sick days</li> </ul>			

COMPANY	PROBLEM IDENTIFICATION	INDICATORS	PROGRAMS	RESULTS SUSTAINED	ADVICE
C Hydro Contact: Grant Brobman 004-623-3836	<ul style="list-style-type: none"> <li>• ↑ sick utilization</li> <li>• workplace conflicts</li> <li>• downsizing will ↑ numbers</li> </ul>	<ul style="list-style-type: none"> <li>• sick days</li> <li>• grievance</li> <li>• workplace conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Number of workshops:               <ul style="list-style-type: none"> <li>• dealing with change</li> <li>• taking control</li> <li>• life skills</li> <li>• alcohol/drug awareness</li> </ul> </li> <li>• EFAP</li> <li>• Personal profile used</li> </ul>	<ul style="list-style-type: none"> <li>• Trying to maintain results</li> </ul>	<ul style="list-style-type: none"> <li>• Pay physician to fill out return to work form</li> <li>• Programs should be specific for work unit</li> <li>• Corporate message, i.e., employee health</li> <li>• Personal profile</li> </ul>

C/jp  
 CDISK A:stress.doc  
 October 31/96

*Handwritten notes:*  
 10/31/96  
 C/jp  
 CDISK A:stress.doc  
 October 31/96

## **Appendix 4**

### **Research Questions**

- Focus Group Questions (managers)
  
- Interview Questions and Consent form
  
- Focus Group Questions (staff)
  
- Questionnaire



## Stress Interview Questions

1. Think of a time when you were extremely stressed interpersonally, when you were angry or cried. Describe what happened. Describe how it affected you physically or emotionally. What did you do to cope?
2. What about a time when you were extremely stressed related to work (eg workload, management decision, organizational change) Describe what happened. How did it affect you physically or emotionally? How did you cope?
3. If you are stressed right now at work, what's going on, what's happening?
4. Lets go back and think about all those stressful times. How does stress manifest itself in you? How do you react physically? How do you react emotionally? How do you behave? How do you feel?
5. How do you usually cope with stress? What do you do in response to stress?
6. What are some ways you would like to cope with stress?
7. Lets change gears now. Think about times when you feel good about interpersonal relationships, work, workload, management or organizational change. Describe what happens, how does it affect you? What are you like when you are not stressed, when you are relaxed?
8. What do you see in the workplace right now that might be a reaction to stress?
9. What are some strategies/actions/initiatives we might take to deal with stress in the workplace?

**CONSENT FORM FOR PARTICIPATION IN THE STUDY ENTITLED, "WORK RELATED STRESS DURING ORGANIZATIONAL CHANGE"**

This report is studying the causes and effects of work related stress at GVHS. You will be asked about your opinions and perceptions in an interview and questionnaire prepared by Terrie Conway, Manager of Organization Development at the GVHS. Specifically questions will focus on your perceptions of:

- sources of stress at work
- your experience with stress related illnesses and leave (if applicable)
- what you do to cope with work related stress

You will also be asked for some demographic information (eg. gender and age)

Interviews will be conducted by Terrie Conway (370-8774) and transcribed by Barb Smith (370-8283). The study is being conducted as part of a Masters in Public Administration from the University of Victoria and will be submitted to my faculty advisor -Bart Cunningham - 721-8059. The final study will only be released to GVHS administration and the Employee Family Assistance Program provider with the permission of all participants.

The final report will include a review of the literature on organizational stress, a description of the methodology, the results of the interviews, a discussion of some of the reasons why these findings may have occurred and recommendations for next steps in looking at work related stress at GVHS.

Your participation is completely voluntary and you can withdraw from the study at any time, without explanation. If you choose to withdraw any data collected from you will be destroyed immediately. You have the right to refuse to answer any questions you do not wish to answer.

Although the content of the interviews will be used as part of the case study, the original data collected in the study will remain confidential, and your anonymity will be protected. Interview results and questionnaires will be kept in a locked file cabinet in a locked office. Only the researcher (Terrie Conway) and co-researcher (Barb Smith) will have access to the data. Your name will not be recorded on the interview sheets or questionnaires or attached to any published results. Anonymity will be protected by using a code number to identify results obtained from each individual. Signed consent forms will be stored separately from any data.

Your interview will be audio taped and the tape will be erased immediately after your responses are coded in written form. You have the right to decline audio-taping. If you do not want to be audio taped the interviewer will take notes during the interview. The written data will be destroyed one month following submission of the report to the School of Public Administration.

Whether you choose to participate or not participate will have no effect upon your employment or advancement. Your supervisor, manager, or employer will not have access to any of the information collected in the study. GVHS and the Employee Family Assistance Program provider will have only have access to the final report with the permission of all participants.

---

I  agree  do not agree to be audio-taped

I have read and consent to participating in the study

Signature of participant

Date:

Please send the final case study/report to me at:

Lets Talk About Stress  
Focus Group Questions (staff)

1. Think of a situation that you found stressful (exciting or upsetting) within the past few weeks
  - what happened
  - how did you react/respond (feel, think, say, do)
  - what did you do to deal with your response
  
2. Think of a situation that you found stressful (exciting or upsetting) within the past few weeks
  - what happened
  - how did you react/respond (feel, think, say, do)
  - what did you do to deal with your response
  
3. Reflecting back on your situations, what would have made a difference or what would have helped with the situations your described.
  
  
4. Ideas/suggestions that would help with managing stress in the workplace:
  - you could do
  - organization could do

**GVHS EMPLOYEE OPINION SURVEY FOLLOW-UP**  
**"STRESS IN THE WORKPLACE"**

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**ALL FOR FEEDBACK**

We'd like your input into addressing one of the issues in the GVHS Employee Opinion Survey. The survey indicated that 65.4% of those who responded often feel stress during their day-to-day work routine.

Your feedback will help the GVHS Stress Task Group better understand the stress score and develop some strategies to help employees with the amount of stress they feel during their day-to-day work routine.

Your response will be combined with those of other participants, thereby ensuring your anonymity.

1. Why do you think the stress score was high?

Do you think this is an important issue to address at this time?

Yes

No

Unsure

Why/Why not?

3. If you think we should address the stress issue, please identify your priorities from the following lists: (see over)

## A. GENERAL EDUCATION/AWARENESS

Label your top 3 education/awareness priorities by indicating 1-2-3 with 1 being your highest priority.

- Increased marketing and promotion of current GVHS activities and resources including: the Employee Family Assistance Program (EFAP), on-site aerobics, Family Swim, Family Skate and the Quit Smoking program
- Awareness-building for managers, union stewards and staff. For example: education sessions on understanding stress and organizational stressors, what to do about them; articles and tips for dealing with workplace stress; GVHS case studies and stories
- Increased circulation of Canadian Mental Health Pamphlets (e.g., Coping with Your Job) and other booklets that help with Health Promotion
- Regular articles in the GVHS News to promote healthy living, work and home balance, stress reduction etc.
- Develop an employee health newsletter
- 
- 

## B. INDIVIDUAL STRESS MANAGEMENT

Label your top 3 individual stress management priorities by indicating 1-2-3 with 1 being your highest priority.

- Personal Profile, Job Stress Inventories, Assessment Tools or Stress Map questionnaires to help employees decide what to work on
- Information/handouts on stress and how to cope/minimize etc.
- Healthy Workplace Sessions and Workshops (from 2 hours to full day). For example: What stress is and how it affects us; Stress Busters; Work/Life Balancing; Living Well; Relaxation Training; Support Network Building; "Talking it Out" Time-outs; Journal Writing
- Working together skills training to improve internal relationships and two-way communication. For example: listening, giving feedback, resolving issues, getting your point across, dealing with emotional behaviour)
- Workshops to help people increase their "change hardiness"
- Fitness and exercise opportunities (e.g., more on-site aerobics classes, yoga, tai chi, etc)
- Partnerships with community recreation centres
- Incorporating more humour and laughter in the workplace (e.g., the Joy of Stress Video, fun workshops, time out for celebration, etc.)
- Health Promotion/education "rounds" on the units (e.g., with EFAP)
- 
- 

## C. ORGANIZATIONAL STRESS MANAGEMENT STRATEGIES

Label your top 3 organizational stress management priorities by indicating 1-2-3 with 1 being your highest priority.

- Developing group of facilitators with expertise in using "Change Agent/Leader" Tools
- Clearly articulating a set of "Management Competencies" to clarify expectations of those who manage, lead and supervise others
- Encouraging "groundrules" or set of principles for each work unit to develop and follow
- Offer training and support to improve management practice. For example: giving constructive feedback, dealing with emotional behaviour, recognizing results, coaching, taking corrective action, developing teams, and managing change.
- Increasing the effectiveness of meetings, information exchange and involvement of staff (e.g., training managers/leaders in "Facilitating Successful Meetings", "Conducting Information Exchange Meetings)
- Improving problem solving and process improvement skills (e.g., training in Tools & Techniques of Quality, quality problem-solving, etc.)
- Support for initiatives to determine environmental stressors and to make small changes in the work environment both physical changes (e.g., ergonomic chairs, staff coffee areas) and emotional changes (e.g., employees feeling more valued)
- Support for initiatives for cultural change (e.g., more valuing people, recognition, increased trust, making it okay to talk at stress and work pressures and to do something about them; making it okay for managers to NOT work late; learning to say no if overloaded)
- Role clarification and role identification activities
- Time management and priority-setting workshops and exercises
- Improving employee recognition and acknowledgment of achievements
- 
- 

OTHER COMMENTS:

**Thank you for your valuable feedback**

Please return completed surveys to:  
Judy Rioux, Organization & Staff Development, RJH L.  
JANUARY 21, 1997

**Focus Group Results - Managers  
Quality Improvement Conference Attendees  
June 24, 1996**

**prepared by Terrie Conway  
on behalf of the Stress Task Group**

This focus group was conducted with a group of GVHS managers attending a quality improvement conference segment called "Lets Talk About Stress". In order to allow some thinking time, to increase participation and to ensure anonymity, participants responded to questions first in writing then in discussion. People were asked to describe something that was stressful for them, to describe what they see in their workplace that could be a reaction to stress, and to recommend some strategies/actions or initiatives that might help with stress management.

### Situations that are Stressful

1. Interpersonal conflict with people at work for example:

*"Conflict with physician group over service available on one site and not on another (felt personally attacked)."*

*"Finding that employees are having to 'tell on one another' to effect change."*

*"Confrontation with \_\_\_\_ over \_\_\_\_ issue - Interpersonal."*

2. Uncertainty and lack of control, for example:

*"things beyond your control"*

*"waiting for a decision from above to decide which direction to go"*

*"Role and changes and work results in stress at home."*

*"Planning for department for 96-97 while not knowing the future and hidden agendas"*

*"Uncertainty about future job security."*

3. Workload/overload:

*"... keep taking on more and more ..."*

*"Back to back schedules/meetings."*

*"Having a supervisor go off on "stress leave", working short and unable to replace."*

*"Project passed to me, not given enough info to develop a plan but expectation that I do something."*

4. Family and personal issues:

*"Family issue - spouse laid off from job, coping with an elderly parent."*

*"Role and changes at work result in stress at home - personal."*

*"My father has been very ill."*

5. Management/supervision:

*"Having a performance review."*

*"Lack of follow through by supervisor ... issues not dealt with by supervisor/management: therefore counterproductive behaviour continues."*

*"Waiting for a decision from above to decide which direction to go."*

6. Own role as manager/supervisor:

*"Staff meeting to describe end of education program and dealing with harassing behaviour by progressive discipline."*

*"Grievance meeting (first experience with such)."*

*"Planning for department for 96-97 while not knowing the future and hidden agendas."*

### **Workplace Reaction to Stressors**

1. Communication problems, conflict and team disfunction for example:  
*"snapping", "lack of communication with co-worker", "game playing, passive aggressive behaviour", "crankiness - apathy", "people disagreeing", "not hearing what you are saying"*
2. Sickness, sick leave and injuries for example:  
*"sickness and more serious illness", "absenteeism/fatigue/illness", "increased workplace injuries", "increased smoking, increased workplace injuries", "lack of healthy living habits"*
3. Low morale, lack of fun, fear and apathy for example:  
*"lack of commitment, negativity", "fear of change - rigidity, clinging to comfortable, albeit less efficient ways of doing things ... us and them mentality", "don't want to get involved", "mistrust" "apathy", "lack of fun."*
4. Performance problems and errors for example:  
*"more errors", "errors and oversights", "poor decisions", "low performance"*

### **Suggestions for Strategies/actions/initiatives**

Many pointed out the need for people to take personal responsibility for own stress re: fitness, diet, relaxation etc. however people had some suggestions for what would help.

1. Stress courses/sessions:  
*"Line managers need to take stress courses ... stress session to staff for 15-20 minutes."  
 "Frontline buy in to stress management - time to explore as small unit groups, ways to deal with it."  
 "Go to department and talk to familiar workgroups about stress management. Acknowledge that we work in stressful times and in stressful situations. Not just you stressed; doesn't have to be kept a secret). Alleviate concern that if you are stressed it means you aren't doing your job right. Managing stress well isn't easy."  
 "Identify local stress causes and facilitators. How they want to deal with it as a small group. What is relevant and useful to them."  
 "Rotating courses/exercises/humour right on the units. Motivational speakers"*
2. Exercise:  
*"Create exercise areas or work-out rooms ... organized lunch time walks"  
 "Physical needs, gym/exercise room, meal breaks increase time 15 min. encourage walks."  
 "Exercise programs/gym for staff on their breaks."*
3. Improve management practice:  
*"Slow down the pace of change and do things right the first time. Follow through -*

*complete the task." "Ensure accountability at all levels."*

*"Slow down! Take time to learn from what we are doing."*

*"Try not to downsize management so much, or at least prepare prior to it happening (resources available to managers whose portfolio is growing gets decreased) as other support departments downsize."*

*"Slow down, complete one task before moving on. Create quality time for supervisors to spend with subordinates."*

*"Share information - (it would help us to) realize why we have to do 1 year's work in 1/2 year (budget)."*

5. Improve work environment:

*"Finding safe ways for employees to contribute. Creating environments where it is ok to not agree and to challenge corporate directions."*

*"Safe to disagree."*

*"Live up to GVHS value of "promoting fun and laughter."*

**INTERVIEW RESULTS  
PERCEPTIONS OF STRESS**

prepared by Terrie Conway  
on behalf of the Stress Task Group

## BACKGROUND

The purpose of this paper is to share some stories that help us to understand the kinds of situations that cause people to feel stress in their work and what they think might help.

The six people interviewed are employees the interviewer came into contact with during the summer of 1996. Participants represent a cross section of employees including: a senior manager, a middle manager, a management support person, two RN's from two different patient care areas, a social worker, and a clerical support person.

Before the interviews the interviewer explained the results would be used as part of a study of stress at GVHS that was being done in response to the Employee Opinion Survey at the request of Senior Management. Participants also signed a consent form that explained the process in detail. See Appendix A for a sample consent form. In order to maintain anonymity interview participants are identified by a letter. Hence the first participant is Ms. A, the second is Ms. B and so on.

## SITUATIONS THAT CAUSE STRESS

### Ms A.

Ms. A rated her current stress level on a scale of one to ten she said it was an eight. She described an interpersonal situation with a colleague who she felt competed with her. She was uncomfortable because she felt that no matter what she did her colleague tried to "one up" her.

*"... (she) would take credit for things a bunch of us had worked on ... It was just horrible so instead of dealing with it I walked away from it. Now it comes back to*

*haunt me because this person now reports to me."*

Another situation that causes Ms. A to feel stress is her role as a manager. She clearly stated that in fact she hates being a manager, partly because she is uncomfortable with what is expected of her in her management role.

*"... I've been put into a management position in an organization where I don't have a lot of respect for a good number of the managers ... I think we talk the talk but we don't walk the talk very well. And we live in a hierarchical environment that has peer groups and a caste system and I think we are struggling hard to change that but we are not very successful at it ..."*

Given this situation she felt a great deal of dissatisfaction and boredom with her job and openly admitted that she wasn't sure she wanted to continue working at GVHS. She is unhappy in her role and with the people she works with.

*"... I see no future ... I see no opportunity here ... I'm not sure I want to work for this organization as administration currently is -- not all administration but some of it. I'm not proud of this organization and that bothers me because I'm thinking there is a lot to be proud of but we are not very nice to each other ..."*

### **Ms. B**

Ms. B assessed her current stress level as a seven or eight out of ten. She described a workload related incident that had just happened the day of the interview.

*"... I had a Friday deadline ... and I have all kinds of things to do ... then "P" comes in and needs help. Then cause I took my disc out to help him and forgot to put mine back in I lost the stuff I was working on. So I have a choice, rush like crazy to get it done or say no and feel bad. Given the person I am I will rush like crazy, struggle to be nice to everyone."*

She explained that at home her most difficult situations are at the emotional level. At work its most difficult for her when asked to do something and she feels challenged to do it

well. If she doesn't do it well she is uncomfortable and puts a lot of pressure on herself.

Ms. B explained that right now her stress comes down to feeling there is "too much to do in too little time".

*"... and still each of them need to be done ... and ... its easy to say prioritize, do what you need to do and leave the rest but when you take personality type in there ... then I would not walk away not feeling good at all, so that really isn't an option for me."*

### Ms. C

Ms. C states her current stress level ranges from a four or five on a good day to a seven or eight on a bad day. When asked about stress at work she talked about being criticized professionally by a physician yet still having to take care of a patient and have a working relationship with the family.

*"... physician was extremely upset with the whole staff but really turned it against me. I had, in his words from my nurse manager, deliberately told the family information to upset them ... next thing I knew I was being pulled into my head nurse's office being told this physician had also got the family to come in and say I was inappropriate ... three days later the family apologized to me ... but the physician never did ..."*

Another situation that causes Ms. C stress is floating to other units. She feels sometimes she and her colleagues are resented by the RN's from other units. She also finds herself pulled in more than one direction when her own unit is not busy and several areas are vying for her help.

*"There's been times when I am helping out in one area, and another area will come down and say, we need this done so you do it ... there's lots of times when you feel like you are being pulled and you don't know ... where you are supposed to put your energies ..."*

Ms. C says another stressor for her is her perception that management does not value

her work or the work of her colleagues.

*"... there's not a sense of value ... everyone you are working with is feeling the same way, so no one is able to support anyone else ..."*

#### **Ms. D**

Ms. D describes her stress level as an eight or a nine. She recalls a staff meeting that was stressful for her within the last couple of weeks. During the meeting the clinical director suggested the team start doing half hour interviews in order to increase the flow of clients in the time available.

*"... that created a tremendous amount of stress for me. I think for others as well ... I said that really alarms me because I feel I am dancing as fast as I can and to just put more people through fast doesn't sit with me ethically either ..."*

She also spoke of a recent event where a colleague who had been observing her while she was interviewing a patient gave her some feedback that she found alarming. She checked with other observers to get their perceptions of the same situation.

*"... so I was very alarmed by that ... (and other) people were saying no ... plus the clinical director that had observed that situation as well ... she said no. So then I felt, we, my colleague and I needed to talk this through, and that was stressful to be able to come to some sort of resolution that was comfortable for both and that there was no blaming."*

An ongoing stressor for Ms. D is fear of losing her job given her lack of seniority and what that would mean for her lifestyle. Fear of the unknown is stressful for her and she explains she becomes alarmed if anything unusual should happen in the workplace.

*"... I feel that if somebody made the decision that my team needed to be cut, I would be the person cut on it ... because of seniority or whatever, not because of a lack of ability ... what that does to affect me is beyond the recognition or understanding, I believe, of those people who make the decision to cut me ..."*

**Mr. E**

Mr. E says his current stress level is about an eight out of ten. He could easily recall situations that he found stressful. He talked of being stressed by having to prepare for an important meeting.

*"Last Tuesday as I was preparing for an upcoming "X" meeting. The agenda was full and I had the impression that "my area" was going to be attacked. I have a lot of pre-meeting anxiousness if I feel I or my department will be attacked."*

Like Ms. D, Mr. E has had some concerns about the possibility of losing his job and explains he has suffered from the insecurity that comes with that fear.

*"I had feelings of job insecurity several times ... with all the discussions around regionalization. My feeling was, will I fit into the scheme?"*

He explained work overload and procrastination are real stressors for him. He finds he needs to get "this, that and the other done" but finds himself accommodating others and compromising what he needs to get done.

*"One thing that really stresses me is if I procrastinate . . . and I need a longer term plan so I can chunk it off so when the time comes its 90% done. "*

*"Even right now, and please don't take this the wrong way. I have a lot of things I need to get done and I don't really have time to talk to you, but I am doing it anyway, because you asked me, and I want to help out."*

He claims he is the kind of person that tries to please everyone and that can lead to some pretty stressful situations.

*"For example last weekend, I had a lot of competing demands. So I was pulled in several directions trying to please everybody ... I took a step back and said this is crazy, I need to prioritize and tell myself and my family what I can and can't do. I needed to realize I can't do it all and prioritize."*

**Ms. F**

Ms. F works in a nursing role. She describes her current stress level as a six or a seven. One of the things that stresses Ms. F the most at work is the lack of time she has to teach and talk to patients in order to find out what is bothering them and aid their recovery. She explains she is also resentful of anything that takes her away from the patient including: working with fewer RN teams, time on the phone, identifying which doctor is responsible for a patient and covering for others with less skill.

*"... when a patient needs one on one nursing - that very quickly eats into our budget. So then ... we are looking for ways to save that money ... (so) we just run 2 (RN teams) -- which means the time I would have had with my team and my patients to do any extra teaching or talking or letting them vent ... I feel robbed and cheated of that time that I would have spent with them. I feel that the patient in the long run suffers..."*

*"The other issue for me ... is the MRP situation ... we have specialist and doctors who say I don't come to the Gorge ... the GP has not been kept up to speed lots of time ... they may not know all the details ... (AND) ... we get patients from up island who are assigned to a doctor who may not know the history ... (so) you spend hours on the phone trying to identify who now is going to be responsible for this person ... It takes a long time and takes away from patient care."*

*". . . it makes it hard when people come into the area without specialized rehab skills. You feel like you have to pick up and your workload becomes heavier."*

She also described several difficult situations that she had experienced over the past year including: the death of a colleague, a colleague taking patient medication, and "breaking the rules" in order to respond to a patient's needs.

*"... I spoke to her one morning -- she came off the night shift and the conversation was about one of my patients ... and then she went home and she died. She had a heart attack and she was younger than I am ... I felt very sad and very emotional ... could this happen to me."*

*"Another time we had a nurse who was taking medication off the unit. I think how did I miss this and thinking back I thought there were times I believed her over the*

*patient ... I feel guilty about that. Now I find I watch a little closer, which is a bad thing."*

*". . . this patient's clinical indicators were such that he was dying but his closest family members were in Alberta. . . and the doctor did not want us to phone his family because he could rally. I had to read him a letter from his daughter and that was hard. I moved him to a private room and got him a phone then I helped him phone his daughter and they then talked everyday by phone in his room until he died ... I probably broke a rule or got around it because I was told not to call, so I arranged it so he could call."*

On a more personal level Ms. F pointed out she is also studying for her BSN and that every time she starts a new class she feels stress. She emphasizes that although she has some stressors in her personal life there are many positives and a lot of support.

#### Ms. G

Ms G. describes her current stress level as a nine out of ten. She says her most pressing stressful situation right now is in her personal life. She is dealing with an issue that is creating a conflict and ethical dilemma between her role as a relative and her role as an employer.

Ms. G has a job that can be classified as an internal consultant to a wide group of people. She explains that she likes it when she has lots to do. She does not mind deadlines and pressure. She finds however that people often ask her for help and assistance in areas that she has expertise but that are not in her area of responsibility. She then finds herself pulled between her need to get her own job done and her desire to help others.

*"People come to me for help so I help them then, I get behind in my work. I want to help them but I need to get my work done ... so I help them and then I am in trouble with the things I was supposed to get done."*

*"Another stressor that comes with being an internal consultant is being charged with*

*the responsibility to get things done but with no real authority to ensure it gets done."*

## **INDIVIDUAL REACTIONS AND COPING STRATEGIES**

In describing their reactions to these stressful situations participants talked about: increased pulse, pounding heart, feeling hot, shaking, anger, and a feeling of tightness. Other responses included: restlessness, tension, irritability, headaches, neck and back pain, self-criticism, loss of sleep, not exercising and overeating. One participant has suffered from more severe medical difficulties like Crohn's disease and colitis.

To cope with stress participants try a variety of exercise routines including: walking, running, hiking and biking. Several talked about confiding in others including close friends, family, and for one a support group.

## **IMPACT ON THE WORK PLACE**

Participants believe stress is having a negative impact on their workplace. Things they see in the workplace that may be reactions fall into three categories: people not working well together, low morale, productivity issues.

When talking about people not working well together they described behaviours such as: backbiting, arguing, not supporting one another, and avoidance. Morale issues included: people becoming more negative and a general feeling of unhappiness. Productivity issues covered a wide range of behaviours and observations that affected people's ability to get their jobs done: increased sick leave, fear of taking risks, competition with each other, staying late/working long hours, escalation of controlling behaviours, calling in to work on days off.

## SUGGESTIONS FOR WHAT WOULD HELP

Participants had a number of ideas for what would help in managing stress at GVHS.

Most emphasized the role of personal responsibility in dealing with stress but agreed this could be enhanced by organizational initiatives. These fell into five categories: improve management practice, change the culture/work environment, help people manage their stress through awareness and education, offer skill development opportunities, and improve some of our systems.

### Improve Management Practice

Management practice includes a wide range of activities including: the way people are supported during change, how decisions are made, communication channels, acknowledgement, valuing of people and coaching. Participants seemed to feel a lot of stress could be alleviated by changing or improving some of these management practices.

*"Its a management kind of issue, and if we worked on some of our management and leadership skills, that would have an impact on stress in our organization"*

*"... maybe stress ... is a fall out of some of these other things. Maybe we're trying to move and change too fast, maybe we're not involving people, maybe our supervisors don't have very good leadership skills, maybe they do but they're not coming through to the staff ... so stress might be a symptom of other things."*

*"... the word that doesn't get out is this has been carefully thought through, this is the only solution that we can make, and we know this is going to affect you profoundly and we are going to try to provide you with some tools that will allow you to go and maintain yourself ..."*

*"... the opportunity for education is not there for me ... so I guess what I am saying that the opportunities ... come to a few."*

*"... I think that there is tremendous inequity that I hear cost saving measures affecting a large bottom group but I see a lack of that for others ..."*

*"... better communication ... there are so many speculations that go around and people sometimes pass that on as truth."*

*"It would help if people could be acknowledged for their work so they can feel valued. This it would help to dispel some of the hard feelings on the unit. Managers could acknowledge that the staff do good work and on a bad day acknowledge that "this is a bad day and that its good we are here".*

*"We have a lot of emphasis on (the financial, the measurable) and I don't think its a give and take, I think people need to be aware of that, whether it's through management development sessions or how to make people feel more values. All of those kinds of things sometimes just aren't coming through ... I think upper management sometimes doesn't show how that's done. They don't see how its valued"*

*"... my boss ... coaches ... other managers that I see don't. They don't coach or mentor, their supervisors do that. They sort of ok or approve the budget ... you know its those kind of task oriented ... and that has an impact on leaves that may be coming from stress on the job or people don't feel they have control or that they are listened to."*

### **Change the Culture/Work Environment**

At the heart of cultural change is the way people deal with each other. Several participants talked about the need for staff members and managers to demonstrate respect for each other.

*"... look at people as individuals and not just being a category of people and respect those people. Your clinical teacher or physio therapist or the guy from stores ..."*

*"... the feature of the month ... always was somebody from administration, I'd sure like to know who is in biomedical engineering ... somehow it denies that other people do some of the work."*

*"I wish we would get off worrying about numbers and worry more about value. ... and for most people that is going to be a conflict between personal values and the perceived value of the workplace."*

One suggestion was to encourage the development of satellite areas so people can feel a greater sense of belonging.

*"... the organization is really large and I think that a sense of belonging is not how people feel ... (maybe) having satellite areas that feel like they belong there ... I think that you have to have people feeling good about where they are working geographically ..."*

Others talked about the need to create a culture where it is Ok to admit feelings of stress and where there are support mechanisms for dealing with the things that are causing stress in the first place.

*"... it seems that somehow we reward people for falling apart ... for those people who hang in there its very demoralizing ... what we should doing is not saying take time off and have a leave. The organization needs to create a climate where people feel trust enough to say I'm stressed out/burned out and I need a change vs going out on stress leave - or working until exhausted ..."*

*"We need more support mechanisms so when people are feeling stressed about their workload and work pressures they can talk more openly and freely and do something about it. For example the accreditation team said we had too many meetings we need to cut them down."*

One of the things that needed to be addressed in our culture was the underlying message that managers need to work long hours to be successful.

*"There seems to be an informal, for managers, law or rule that you don't feel you can leave work till late or can come in at 10 am the next day and leave at 4pm. Well I feel guilty. Others say when they leave early they feel guilty. We need a more formal rule or something, more walk the talk - just do it. We need to clearly tell people, don't stay late."*

*"We don't do a good enough job as an organization of saying no - we have high expectations."*

### **Help People Manage Their Stress Through Awareness and Education**

Most participants recognized a need to help people become more aware of what stress means, how it affects us at work and what we can do to manage stress. A number of suggestions were made for how we can do this. We were also cautioned to find a way to

build awareness without building anxiety.

*"... I think people really need to be educated about what stress means ... how can somebody change something if they can't first of all recognize that there is a problem."*

*"... things, like Yoga, mediation and aerobics which are three proven things to help reduce stress ... you could have a new series ... the point being trying to give them tools that they can use to reduce stress ... basically you create a wellness program."*

*"... let people know about EAP"*

*"Offer staff information/education/hands on means of coping with stress. This is different from offering skill development courses."*

*"... look for ways to bring humour into the workplace, like the Joy of Stress Video or outside speakers or offer courses in dealing with difficult coworkers, and dealing with stressed out co-workers."*

There are some cautions to how we approach the issue of stress in the organization.

*"... its hard to build awareness without anxiety. You build awareness of what to do with it (stress) without paralysis or without saying it's just you human resources people worried about it ..."*

*"The warning is ... just somebody telling what stress is ... it's like now we've got a problem, it's stress. Now we've got to deal with stress ..."*

### **Offer People More Skills Development Opportunities**

Some participants pointed out that having the right skills for the job or to cope with the pressures of the job can help to alleviate stress. They felt people needed more opportunities to develop their skills and provided a number of suggestions for the kind of skill development that might help.

*"Offer Covey training in "First Things First" so we can improve our prioritizing skills."*

*"... education -- there are never any motivation type workshops, everything you have*

*to pay for or take time off for. Even the nurses day that we had it wasn't a big event. Not encouraged ... if we had time ... or even some money so we could go and take a course and you don't have to spend your own money and take the day off."*

*"... for us to keep abreast of things we need more than a 20 minute workshop here or there and you are leaving your patients while you go a listen to something and all the time you are wondering what is going on and your mind isn't on the course ..."*

*"... we have a neuro-psychologist and the O.T. department has had her come in the lunch hours to give a 1 hour seminar on the head injured and behaviour management and some can go but we can't all go -- if we could have her come in to suit the nurses time say 2:00 that would be better."*

*"... flexibility built in. Say the pharmacist. We have a lot of new drugs. What we used before and why the new drug is better."*

### **Improve Some of our Systems**

Some of the suggestions came down to changing some of our current systems including: communication and access to information, courier services on weekends, phone systems, and patient teaching processes.

*"... I think communication is also big. Access to information ... respond to rumours ... for example a question and answer section in the Grapevine"*

*"Why isn't there a courier on the weekend? Why do things close down at noon on Friday and you can't get these things. Often on Saturday I will take a urine specimen in on my way home rather than calling a cab ... there should be a courier on Saturday."*

*"We need more time to teach and share so the patient can go home sooner."*

## CONCLUSION

These six interviews allowed me to explore the thoughts and feelings of a small cross section of GVHS employees in some depth. I believe the stressful situations they describe with family and work pressures will be common to many GVHS employees across GVHS.

In these interviews and in my ongoing organization development work at GVHS I find employees recognize the importance of personal responsibility for coping with and managing their personal stress. And for the most part people seem to be coping well with some very stressful situations (eg exercise, talking to others, prioritizing, humour). But they are frustrated with the stress reactions in their work areas (eg. backbiting, back-stabbing, self centredness, sick calls, arguing, not supporting one another).

Stressful situations often go back to the struggle of trying to do a good job in difficult circumstances (too much to do in too little time, uncomfortable in role, pulled to do several things at once). Many of the stressors seem to be linked to our management practices (lack of supports during change, lack of opportunity for education, communication problems, lack of acknowledgment) and organization climate (not seeming to value people, no sense of belonging, climate of fear).

As suggested by these six GVHS Employees, organizational stress management involves both helping people manage their stress (awareness, education) and dealing with the things that are causing the stress in the first place (management practice, organizational culture, opportunity for skill development, organizational systems). Future focus groups will help us gain a better understanding of how to do this at GVHS.

## Appendix A

### CONSENT FORM FOR PARTICIPATION IN THE STUDY ENTITLED, "WORK RELATED STRESS DURING ORGANIZATIONAL CHANGE"

This report is studying the causes and effects of work related stress at GVHS. You will be asked about your opinions and perceptions in an interview and questionnaire prepared by Terrie Conway, Manager of Organization Development at the GVHS. Specifically questions will focus on your perceptions of:

- sources of stress at work
- your experience with stress related illnesses and leave (if applicable)
- what you do to cope with work related stress

You will also be asked for some demographic information (eg. gender and age)

Interviews will be conducted by Terrie Conway (370-8774) and transcribed by Barb Smith (370-8283). The study is being conducted as part of a Masters in Public Administration from the University of Victoria and will be submitted to my faculty advisor -Bart Cunningham - 721-8059. The final study will only be released to GVHS administration and the Employee Family Assistance Program provider with the permission of all participants.

The final report will include a review of the literature on organizational stress, a description of the methodology, the results of the interviews, a discussion of some of the reasons why these findings may have occurred and recommendations for next steps in looking at work related stress at GVHS.

Your participation is completely voluntary and you can withdraw from the study at any time, without explanation. If you choose to withdraw any data collected from you will be destroyed immediately. You have the right to refuse to answer any questions you do not wish to answer.

Although the content of the interviews will be used as part of the case study, the original data collected in the study will remain confidential, and your anonymity will be protected. Interview results and questionnaires will be kept in a locked file cabinet in a locked office. Only the researcher (Terrie Conway) and co-researcher (Barb Smith) will have access to the data. Your name will not be recorded on the interview sheets or questionnaires or attached to any published results. Anonymity will be protected by using a code number to identify results obtained from each individual. Signed consent forms will be stored separately from any data.

Your interview will be audio taped and the tape will be erased immediately after your responses are coded in written form. You have the right to decline audio-taping. If you do not want to be audio taped the interviewer will take notes during the interview. The written data will be destroyed one month following submission of the report to the School of Public Administration.

Whether you choose to participate or not participate will have no effect upon your employment or advancement. Your supervisor, manager, or employer will not have access to any of the information collected in the study. GVHS and the Employee Family Assistance Program provider will have only have access to the final report with the permission of all participants.

I  agree  do not agree to be audio-taped

I have read and consent to participating in the study

Signature of participant

Date:

Please send the final case study/report to me at:

**Focus Group Results - Staff  
TALKING ABOUT STRESS  
September 1996**

**prepared by Terrie Conway  
on behalf of the Stress Task Group**

## INTRODUCTION AND PURPOSE

During the month of September 1996, three focus groups were held with staff attending Zenger Miller training. The purpose of these focus groups were to 1) gain an understanding of the kinds of situations that were causing people to feel stress during the current changes in the lab and 2) to seek ideas for what we could do to deal with stress in the workplace. To ensure all participants had the opportunity to share their perspective people were asked to first write their answers to a number of questions on cards. The group then talked about their answers in an open discussion. Participants handed in their cards for collation and report. The following is a summary of what people said and wrote:

## SITUATIONS THAT PEOPLE FOUND STRESSFUL AND HOW THEY COPEd

Key stressors related directly to the changes happening in the lab and their impact on work procedures, skills, workload, and communication. People also commented to a lesser degree about struggles with computers and technology.

### 1. Work Procedure Changes and Skills Needed to Do the Job

In discussion people explained they were concerned with the quality of their work given the new procedures they needed to learn and how long it was taking them to feel confident in their job. They explained that training was not equal for all. For example, on occasion people have found they got a few hours training in an area then a month later find themselves placed in that area feeling insecure about their skills

People explained the difference between room to room vs bench to bench means that although there is the same volume of work it takes longer to do it. They seemed to feel there were high expectation for them to produce high quality work in spite of all the changes they were dealing with.

Some examples of stressful situations include:

*"I recently started a new job and I have found it difficult to help or answer some of the requests I have from wards, doctors offices or doctors. I wasn't sure with the training I had at the time whether I should be able to help them or not. Or who I should refer them to. By asking a lot of questions I learned a lot, but still found it frustrating at the time. Overwhelmed."*

*"Sometimes we have to run instruments without adequate time for leaning the instrument. Physical environment. Computer terminals and chairs not the right height. This is made worse by the fact that technologists of different sizes have to use them so the chairs or stools and terminals don't suit anyone. Construction at this time (noise, dust, confusion, etc.) Training students when things are still so disorganized."*

*"Asked to work at a work station that I am not totally familiar with and expected to function as if I were. What happened: Functioned to the best of my ability - but feeling I could have performed the same job with less feelings of "stress" if I had been given the opportunity to work in that area more often. Felt very fatigued at the end of the work day."*

## 2. Workload and Work Environment

People talked about struggling to get their work done, dealing with multiple stat demands, phones ringing and breaking the flow of work, and special problems responding to demands on the evening shift.

*"Phones ringing off the wall. We're moving. Phones cannot be transferred as numbers have been changed. Don't know what new numbers are and where they are located. No time to go and look. Callers getting annoyed. Totally frustrated. All alone, to deal with it. One thing at a time. If you want me bad enough you'll have to wait (phone)."*

*"Being asked to do a stat collection in ER when you are already doing a stat collection. The collection results would not be given that day but staff wanted collection done now anyway. I explained about the results would be delayed but was told how long they had been waiting. I then did that collection before doing others."*

*"On evening shift we had two leukaemia patients with very high WBC. The day shift has these results out (more staff) by 1 hour. Evening shift less staff is not able to do this work as quickly. The wards wanted the results as fast. I explained that I was sorry but with our staff on evenings it would take longer. That particular shift I was really the only experienced haematology person on."*

*"Work over load. Due to short change of TA's on evening shift. Late supper breaks. Tried to organize pick ups eg. routine ASAP with time collections. Having hourly runs."*

## 3. Communication

People also expressed concerns about communication with the wards, nursing staff, doctors, bosses and each other. For example:

*"Going to draw blood when lines of communication hasn't been followed. eg. late collecting a timed collection due to being busy elsewhere, and having to deal with nursing staff who are upset. I just go ahead and collect and try to explain why it was late but making sure I meet their needs eg. having it tested stat."*

*"The computer I use . . . was taken away without a note or explanation. It would be good to know when I will be able to use it again, as the longer it is missing, the greater the backlog of info to be input . . ."*

*"Trying to deal with a co-worker who was uncooperative. What I did: after several subtle attempts my message became more obvious."*

*"Poor communication. Too many different "bosses" with titles. Having to discuss something 3-4 times with different bosses. "Passing the buck". Not asking for input from people that will actually be doing job."*

#### 4. Problems with Computers and Technology

People also talked about problems with "blips" in the computers. For example:

*"Last night I discovered information changed in the computer on a patients demographics - which meant the spec and results we had did not match the name. To sort this out and to realize it was so easy to have these "blips" in the computer was distressing."*

*"Running the rules program - takes too long for the computer to flip from screen to screen and run the results. It is stressful waiting for it. Machines or computers crashing or going slow. . ."*

#### THINGS THAT ARE HELPING/WORKING WELL:

People commented on how helpful it was when management met with them at various points during the change to explain what was happening and why. They were also able to point to a number of things that were working well and situations that they had handled well despite the fact that they were stressful.

*"Good rapport with supervisors and other lab staff. Willing to help out when asked. Gives positive feedback for problem solving of awkward situations."*

*"Keeps touching base. Keep staff informed. Tries to ensure accessibility to be able to complete work properly."*

*"Learning to run the HPLC in special chem. Feelings: Apprehensive, timid, a bit worried about understanding the instrument. Concerned about time from for getting patient results out. What Happened: I was taught by a very competent fellow tech -- I began to understand the way the HPLC worked -- I began to be able to read the chromatograms. Response: I felt much better about myself and my confidence rose -- I'm not worried about it now -- each run becomes easier and I'm confident."*

*"Trouble shooting problems on the ansym. Feelings: Unsure of myself, a bit confused as I'm fairly new at running this instrument. What happened: Looked at the printed results to try and identify where the problem was. Checked the instruction manual via the trouble shooting section. Followed the instructions and was able to locate the problem and correct it. Carried on and was able to get the work finished. Response: I was happy to be able to trouble shoot on my own and pleased that I got the work out on time."*

*"I don't feel overly cramped or directed in organizing and doing my work. I feel I am given responsibility and allowed to do things in my own way a lot, as long as its within time lines, etc. When I am ready to voice opinions the supervisors do genuinely seem to listen - even if nothing changes."*

*"Showed support when needed this was very surprising - the understanding and the support of the lab executive. Again this was only a select few but it was surprising."*

*"Courses we have taken help us to describe our tension. Zenger Miller. Our supervisors on stress leave have been given recuperation time."*

## **SUGGESTIONS FOR WHAT MIGHT HELP**

### **1. Improve the work environment - Find space for a staff coffee room close to the lab**

In all three groups the most important need was for a "coffee room" close by where people can take time out and talk together and the related need for regular breaks especially given the stress of learning new skills and the struggles they are having with their workload. People feel that if some kind of space could be found close by that they could have access to it would go a long way to 1) reduce stress and 2) greatly improve people's perception of management (ie caring, respectful, listens etc). This is one of those situations where the "benefits" might just outweigh the "costs".

Participants realize space is limited but I think would appreciate the opportunity to try to come up with some creative solutions.

*"No down time place - no real room for coats, possessions, lunches - to sit down and have a break in. This is really bad for such a large staff area. Look next door at the OR. I really think it shows respect and caring for employees to have adequate area for purse storage, personal drawers, coat room and lunch room. Close to work areas especially since food services have diminished and staff is tightened up on shifts such as evenings and nights."*

*"Provide us a coffee room like all the wards have to relax for 15 minutes."*

*"Have an area for staff - couches, chairs, big fridge, microwave, table, coffee and tea - wall lockers for staff - rack for outside coats."*

*"On evening shift in the core lab it is very crucial that a coffee room with possible sofa and table and chairs be available. Then workers are stressed and have a headache from very noisy machine noise if we could just lay down with a cold pack for 15 minutes it would alleviate a headache and allow us a nearby break."*

*"No one area in the lab to just escape from for a minute or to, except a toilet. Not enough training for new staff or for different areas."*

### **2. Improve training - Review lab skills training, update manuals and clarify job duties**

People talked a great deal about the need to review the lab skills cross training to make sure everyone gets what they need (timely, enough time, right thing). They also suggested some work be done to update lab manuals and clarify job duties.

*"Review of procedures in cross-trained areas, in case there is a need to do something immediately (no time to get out procedure books to review)."*

*"Have in-service meetings regularly for everyone. Have computer sessions refresher courses."*

*Instead of trying to learn from each other and learning others wrong way of doing things. Learn the right or easier way."*

*"They (GVHS) does offer courses, etc. to help cope but there doesn't seem to be enough time or energy left on the employee's part to take advantage. Not too many courses are available after work hours and not often in a slot available for an employee to take advantage (during the day)."*

"Roster for education leave and an expense account - should be noted when one last got to go to an education event - more direct organization to such."

"It would be nice to have more training time -- with someone who knows what they are doing. This is happening in our department as much as is possible given the staffing levels. Special Chem is an area where it is going to take a lot of time before each of us feels completely confident in our work. So far, our boss has been just great at trying to give us as much learning time as we need."

"We need some good work station lab manuals. We need places that we can go to get information that we need when there is no one around who has a particular piece of information you are looking for."

"Up to date accessioning manual. Training outlines/evaluation sheets. Listing required skills, all duties/responsibilities of that work bench. All of these are out of date or non-existent no one given time to update."

"Clarify job duties when changes occur. Talk to individuals regarding workload and importance of working as a team. Have regular meetings to tell workers of any changes that would affect their job duties."

### **3. Change management practice - Recognition and Time with supervisors and managers**

People expressed a need for upper management to both recognize the pressure they are under to perform as much work as previously taken on with less people and in a more confusing situation. They realize there is no quick fix to this and seem to be asking for some kind of overt acknowledgement. (eg "I know this is hard and I realize how hard you are working, please bear with us till things settle down").

This might mean more brief meetings with staff to ask them "how are you doing" and to acknowledge its hard to go through change. One way to do this might be to co-facilitate part of the next Zenger Miller course, "Resolving Issues with Others". This could build some bridges, rapport, and common understanding.

*"Upper management to recognize the pressure we are under to perform as much work as previously taken on -- with less people and in a more confusing situation."*

People also expressed an interest in talking to their supervisors about some of the problems

they were having and ideas for solving them.

*"Encourage supervisors to talk to small groups of workers to gain idea of problems. Supervisors should treat each department/site individually when assessing what are problem areas."*

*"Have more in house meeting with staff. Allow staff to have choice. Programs - but allow the LOA's for programs."*

*". . . ask for input from particular area before going and doing something changing, organizing, etc. and actually listen to what they say. They are the ones doing the job and know best."*

#### **4. Improve Staffing**

People made lots of suggestions that involved increased staffing. They said they have heard the message that there is "no money for new staff", but challenged why we had the money for Zenger Miller. I explained that my department paid for the workbooks etc. There was some discussion about how frustrating it must be for senior lab management to deal with the pressure from staff AND with the reality of the budget. I think people might be ready to be somewhat empathetic if they believe that there is empathy for their situation as in #3 above.

*"A remedy to the situation or situations I find myself in is to have an extra person for four hours in the afternoon. Due to cutbacks we don't have that person any more. So we have to come up with organizing our workload better."*

*"Extra manpower on an interim basis to allow individuals adequate training/learning time."*

*"It seems from an employees stand point there is never enough staff. I feel poor scheduling. The stress increases when you feel you can not even take 10 minutes to get a new perspective there is no one to help you. You then never deal effectively with the stress."*

#### **5. Improve communication**

Improving communication is a common theme at GVHS and one we have been trying to tackle for years. Maybe the meetings suggested in #3 above will help internally. May need some help from Lianne re: the communication with other departments etc.

*"Better communication between departments. A "bank" a casual work hours to be used when unusual or unexpected work arises. eg. when procedure manual need to be written up or updated."*

*". . . Make the wards more aware of the workings of the Lab. Emphasize the number of staff on and reasons for any possible delays."*

*"Get all departments/sites to be more cohesive - not so territorial - others departments have intelligent people in them also."*