Work stress: an exploratory study of the practices and perceptions of female junior healthcare managers

K. RODHAM BSc(HONS), PhD[1] and J. BELL BSc(HONS), MSc, RGN[2]

[1]Research Fellow, *Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford OX3 7JX and*
[2]Clinical Nurse Manager, *Department of Orthopaedics, Royal Surrey County Hospital, Guildford, Surrey GU2 5XX, UK*

Correspondence
Karen Rodham
Department of Psychiatry
University of Oxford
Warneford Hospital
Oxford OX3 7JX
UK
E-mail:
karen.rodham@psych.ox.ac.uk

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Aim: This exploratory study set out to investigate the perceptions and practices of junior healthcare managers with regard to stress at work.
Background: It has been suggested that cultural change is needed to accommodate a shift towards recognition of organizational responsibility for stress (Schulz *et al.* 1985). Logically, it can be argued that junior healthcare managers, as potential future senior managers, are best placed to facilitate this change. Junior healthcare managers' current thinking about stress had not yet been explored in depth.
Method: A combination of critical incident diaries and semistructured interviews was conducted with six junior healthcare managers. The data were analysed and transcribed using a grounded theory approach.
Findings: The main themes to emerge were that junior healthcare managers were generally unaware of (a) potential work stressors and (b) the effect of work stressors on their own health and performance and that of their staff.
Conclusions: The perceptions and practices of junior healthcare managers suggest that there is a culture of acceptance and expectation of work stress, combined with a lack of awareness to effectively and proactively manage it.

Keywords: health, junior managers, perception, stress management, work stress

Introduction

The phenomenon of stress at work has been recognized as being costly. For example, it can result in organizational outcomes of reduced job satisfaction and productivity, absenteeism and poor work performance (e.g. Morgan 1984, Murphy 1984, Motowildo *et al.* 1986, Farrell & Stamm 1988, Daniels 1996, Arnold *et al.* 1998). Indeed, Cooper & Cartwright (1997) pointed out that in the UK, stress-related absences were 10 times more costly than other industrial relations disputes put together. In terms of sickness, absences, premature death or retirement, stress

costs the UK economy a staggering £2 billion per year. Similarly, Arnold *et al.* (1998) suggest that almost 10% of the UK's Gross National Product might be lost each year through job-generated stress.

The academic literature has established a link between work and stress, and consistently regards work stress to be causally associated with negative individual and organizational consequences. Although it is recognized that there is an element of subjectivity (e.g. Sutherland & Cooper 1990), there is a considerable body of research linking working conditions to mental health (for example, noise, vibration, temperature and physical design of the

workplace are issues frequently cited as physical demands and potential stressors (e.g. Hancock & Vasmatzis 1998, Steptoe *et al*. 1999). However, Burke (1988) notes that environmental stressors at management level have not generally been considered in stress research. He suggests that this reflects the nature of the management role as based largely in an office environment, rather than the more hazardous 'shop floor' areas. The assumption is also made that managers will have control over their physical environments and will possess the ability to control environmental stressors. This may be so at senior management level, but a question can be raised regarding the ability of more junior management to influence their physical surroundings.

Healthcare professionals are regularly indicated in the literature exploring work-related stress (Payne & Firth-Cozens 1987). In particular, nurses and doctors as a professional group feature predominantly in studies (e.g. Anderson *et al*. 1996, Lipley 1998). Indeed, it has been a commonly reported theme that nurses and doctors experience the highest levels of stress within the health care team (e.g. Payne & Firth-Cozens 1987, Scalzi 1988, Kalliath *et al*. 1998). Other groups could also be experiencing 'unacceptable' levels of work stress. The subgroup of management, for example, is often excluded from studies of work stress in the health care setting.

This paper explores the practices and perceptions of junior healthcare managers with regard to work stress. Schulz *et al*. (1985) suggested that cultural change is needed to accommodate a shift towards recognition of organizational responsibility. Logically then, it can be argued that junior managers, as potential future senior managers, are best placed to facilitate this change. Junior managers' current thinking about stress has not yet been explored in depth. This paper, therefore, aims to identify the perceptions and practices of junior healthcare managers with regard to stress at work.

Methodology

The study aimed to identify the perceptions of junior managers and to explore their practices related to work stress. The focus of the research was qualitative in nature. A quantitative approach seeks a broad set of generalizable findings and may dismiss the experiences of the individual as unimportant (Burns & Grove 1993). However, given that the literature suggested that little was known about the perceptions held by junior healthcare managers, a qualitative design was chosen to allow in-depth questioning and probing to elicit analysis of the perception and practices of the individuals who participated in the research.

The perceptions of the participants were obtained using critical incident diaries. Diaries have been shown to produce more valid and reliable descriptions than those produced using interviews (O'Driscoll & Cooper 1994, Richardson 1994). The participants were asked to record their daily work schedules and events as they happened in the form of a journal. They were asked to use their own words and definitions to highlight events that were found to be difficult or stressful. This method of data collection was piloted on two junior healthcare managers with whom issues such as time commitment and practicalities of using the tool were explored. No major problems were identified (for a fuller discussion of the methodology employed, see Bell 1999).

The period of diary completion was set at 1 week. All participants completed their diary entries. Richardson (1994) suggests reasons of compliance and co-operation as dictating duration of diary use and completeness of data. By identifying a 1-week diary period, the study aimed to capitalize on initial compliance and participant motivation. It was anticipated that the diaries would serve as an initial source of data in allowing recognition of the potential work stressors and moderators. The themes emerging from the diary entries were identified using a grounded theory approach (for more information about this technique, see Strauss & Corbin 1990, 1994). The themes identified served as guidelines to direct a follow-up semistructured interview (Patton 1993). The follow-up interview was chosen as a means of allowing both the researcher and the participants to explore the interpretation of the work diaries and the meanings of questions and answers. In this way, misconceptions on the part of the researchers could be identified and rectified directly (Brenner *et al*. 1985).

Interviews were conducted in private areas away from the participants main work base. Interviews were planned as uninterrupted half-hour sessions. Telephones, e-mail and pagers were removed from the room for the duration of each meeting. Each interview was tape recorded and transcribed verbatim.

Population and sample

The sample was drawn from a large NHS Trust hospital in London. Using Wall's (1999) definition, 50 managers were identified that fitted the criteria for junior managers. From this population, a purposive sample of six individuals was selected. The sample consisted of two non-clinical managers and four clinical managers of different grades. All of the sample were female, which although unusual at this level of management, reflected the gender of the population from which the sample was drawn. The length

of time in role varied between 1 and 4 years. The sample size is considered acceptable for an exploratory in-depth pilot study (Mason 1996). Nevertheless, it does limit the study's claims of general descriptive representativeness and the analysis is therefore confined to exploring recurring themes and relationships in the data collected.

The participants were chosen to represent the typical experience of the population from which they were drawn. Purposive sampling therefore allowed the researchers to identify the subjects best placed to provide the information required (Sekaran 1992). The decision to use this strategy may be criticized, for example Morse (1991) suggests that such a selection process is biased. It can, however, be argued that such bias was used positively to ensure that data as accurate and complete as possible were obtained.

Data analysis

It is recognized that data analysis in qualitative methodology begins with a need for familiarity with the data. To increase reliability of findings, two researchers went through the following procedure. To begin with, a copy of each of the diaries was made and the transcripts were copied onto coloured paper. Each participant was allocated a specific colour. This was followed with a 'contemplative dwelling' as undistracted reading and rereading of data in an attempt to elicit meaning from the perspective of the participant (Parse *et al*. 1985). Thoughts of possible connections and themes were added to the diaries and transcripts as 'hunch-boxes'—a personal term for annotations.

The transcripts were similarly managed—phrases and words were grouped together in common themes. The broad themes to emerge from the analysis were attitudes and beliefs concerning the definition of stress, recognition, responsibility for management, personal stressors and awareness of stress. There was an implicit recognition of qualitative data management as an iterative process.

Results

The findings of the practice of managers evidenced with work diaries are presented first, followed by the findings concerning individual beliefs and practices. There was little difference across the sample, except for the issue of hours worked. The more senior managers in the sample who had a wider scope of responsibility worked the greatest amount of unpaid extra hours. In general, the findings suggest that the participants showed a lack of awareness of potential stressors along with a prevalent view of acceptance and expectation of stress at work.

Critical incident diary results

Work practices
The diaries gave evidence of potential work stressors within the work patterns of the participants. The managers were asked to highlight the events which had been difficult or stressful each day. These events fell into four broad categories: Work Overload, Interruptions, Responsibility and Relationships. Individual managers highlighted different elements as being difficult/stressful for them. Elements of work load and interruptions were most commonly highlighted.

Work overload
Consistent across all the diaries was a sense of managers feeling that they were running behind their predetermined work schedule. There were many references to the need to catch up, or to being behind schedule. The addition of unplanned items to work schedules was also commonly documented. Predominant for one manager was the evidence of workload elements via electronic mail communications. This manager received 110 e-mail messages over the week chronicled. In addition to work overload, interruptions to work in progress were cited frequently. Thus the type of overload focused upon by our respondents was quantitative; in other words, respondents felt that they had too much work to do.

Interruptions
The diaries contained repeated references to 'interruptions' which restricted ability to complete planned tasks. Interruptions were 'in-person' as well as telecommunication and e-mail interruptions. All participants documented the events; and frustration at being interrupted was apparent in the descriptions given:

> 'Sat down to do complaints again ...but got distracted, staffing complaints again.'
> 'Shut door, but interrupted three times.'

The frequency of interruptions was greater in the more senior individuals who participated in the research. Reasons for interruptions varied from acute staffing problems requiring immediate attention, to a junior member of staff wishing to show off a new hair cut. The requirement to accept certain interruptions to the planned work schedule was evidenced in the diaries:

> 'I try to plan my days, but it is impossible. That's what causes the most stress. You think you can do something at a certain time and prepare for it, then it changes and you end up at night worrying. The staff and the unit come first, but it doesn't help out with the paperwork.'

Cooper and Cartwright (1997 p. 116) note that it has been estimated that one hour of concentrated work is worth four hours of interrupted time. Interruptions take time in themselves but they also disturb concentration, so that having dealt with the interruption, it then takes the individual further time to focus on the original task. They go on to say that telephone calls and casual 'droppers by' are the two main sources of interruption. This is borne out by our findings. What was interesting was that our respondents, while highlighting the stress caused by such interruptions, also demonstrated a readiness to accept them, without looking for strategies to deal more effectively/assertively with such interruptions.

Responsibility

The practice of ensuring that subordinates' work was organized and satisfactory before moving on to another piece of work or leaving at the end of the day was evidenced as a potential work stressor. This was recognized as an individual source of stress by two of the more junior managers. One of them reported that she frequently remained at work to help out members of staff with the work delegated to them. She did not recognize that what she was doing was unusual.

These results suggest that our respondents are reluctant/poor delegators. Instead of delegating work and letting their staff complete their assigned tasks, our respondents felt that they needed to 'check up' on them at the end of the day. Doing so means that our respondents waste their own time doing or checking up on work that they have assigned to someone else. Logically, delegation of work should be seen as an opportunity of stressor reduction. However, Burgoyne (1975) suggested that delegation might actually increase stress. Delegation of routine jobs and structured problems to subordinates means that the manager is then free to deal with tasks which have a higher level of stress-inducing potential. This view is not verified by empirical research, but does raise a valid question concerning management role conflict. Our respondents were not dealing with tasks with higher stress levels, but were instead trying to do everything, even the tasks which they had already delegated.

Long hours

The possibility of overwork was not acknowledged and was actively denied by those questioned. Acceptance and expectation of long hours was clearly evidenced across the sample.

> 'I think that there is a culture here of working to prove your worth. People work long hours. It happens ''Trust-wide''. It is very much accepted and in a way, expected. You have to really justify why

you can't attend a meeting before or after work hours. People can be very negative about people who go home on time!'

None of the managers identified the practice of working extra hours to be a potential stressor. A lack of awareness or an acceptance of the link to stress through extra hours worked is indicated. Indeed, Cooper and Cartwright (1997 p. 120) point out that for many managers, working a 10-hour day is not uncommon. This is despite the mounting evidence which demonstrates that working beyond 40 hours a week results in time spent that is increasingly unproductive.

Relationships

Sources of stress arising from interrelationships with work subordinates and superiors as well as with other members of the health care team were documented. For example, describing the relationship with subordinates, a participant noted:

> 'The staff themselves I find stressful—communication with each other, respect, general comments and so on.'

Perceptions of work stress

As a follow-up and as an opportunity to discuss the work diaries, the managers participated in semistructured interviews. A number of themes became evident.

Definitions of stress

All of the respondents found it difficult to articulate their understanding of the word stress. The majority of the group defined the phenomenon in terms of a personal psychological consequence.

Respondents felt that they were able to identify stress in themselves by the appreciation of some sort of change in their own behaviour. Examples given included awareness of becoming less tolerant with others and of being 'snappy'. Changes in character were also reported. The group consistently identified behaviours such as becoming quiet, not smiling, and not being jolly. Only one of the group described physiological manifestations. There was a consistency on the respondents comments which identified stress as an individual phenomenon with personal manifestations and consequences.

As well as an awareness of their own stress, respondents recognized stress in their staff. For example, in addressing the question of how stress within the team is recognized, one manager noted:

> 'I assure you they (subordinates) tell me. They show the same sort of symptoms ...'

Thus, although respondents found it difficult to define stress, they expressed a personal belief in their awareness of the manifestations of stress both personally and within individual members of the team.

Management of stress

All members were asked how they managed work stress. All of the group cited issues identified as coping and dealing with the actual stress rather than managing the stressor. None reported attempts to alleviate the causative factors. In fact the predominant means of managing stress was through 'off-loading' and discussion with colleagues.

Managing stress among staff was also shown to focus on individuals rather than the work group as a whole. For example, two managers talked with staff and helped them to rationalize the stressful experience. In contrast, two of the most junior managers reported that they believed stress to be a motivating force, both to themselves and individual team members. The findings therefore suggest an emphasis on developing ways to cope and deal with stress rather than eliminating the actual stressor.

Perception of the responsibility for management of stress

The respondents were asked to whom they would allocate responsibility for managing work stress. Only two identified themselves. Although all of them acknowledge work stress to be a 'Trust-wide' problem, none of the participants felt that the organization should take on responsibility for its management. The possibility of alleviating the stressors was not considered.

Management practice demonstrated an emphasis on dealing with individual behaviours to allow coping with stress. None of them considered alleviating the stressors in their personal work. There was a strong sense of acceptance of work practices and the consequent stress.

Limitations

Unusually the junior management structure within the NHS Trust studied was predominantly female at the time of the study, thus there is a gender bias to our study that may benefit from further exploration.

All participants completed critical incident diaries during the same week in July. It is therefore impossible to rule out any seasonal variation in responses.

The sample size of six is small and, although acceptable for an exploratory in-depth study, does limit the study's claims of general descriptive representativeness.

Nevertheless, strong themes emerged from the data that warrant further exploration.

Discussion

The findings imply a lack of awareness among junior healthcare managers about work stress. The sample demonstrated some ability to personally define and recognize stress. However, they were often unaware of the potential stressors within their own practice and had limited knowledge of either local or national initiatives in the area of work stress. The focus of their stress management was through support as a secondary intervention, both personally and with other staff. The possibility of considering alleviation of the actual stressor (a primary intervention) was not evidenced in their responses. Thus our respondents were choosing to deal with the symptoms displayed by their colleagues without determining the causes of the symptoms. Taking such an approach means that the likelihood of the symptoms recurring is very high.

Definition of the term stress was equivocal. Each respondent used different terms and expressions to articulate an individual understanding of the definition of stress. They concentrated on 'feelings' as a descriptor, but described recognition of stress as a change in behaviour both personally and with members of their team. It could be argued that a focus on the personal aspect alone may cause some difficulty in the effective management of work stress. We would argue that the management perception should also be organizationally focused. Significantly, only one of the group used an organizational outcome as an example of work stress among staff. Given that all of the respondents had operational and personnel management responsibilities, this was a surprising finding, not least because work stress has been linked to low job satisfaction, reduced job performance, increased turnover, customer complaints and litigation costs (Murphy 1984, Bhagat *et al*. 1985, Motowildo *et al*. 1986, Farrell & Stamm 1988, Daniels 1996). The respondents who took part in this study mentioned none of these indicators.

Identification of time constraints and conflict between tasks was, however, highlighted. Significantly, all the managers admitted and documented working additional unpaid hours over and above their contracted level. However, none of the respondents identified this work practice as a source of stress to them. The practice was considered to be both accepted and expected. The practice of working extra hours was justified and any suggestion that this was evidence of work overload was positively denied. It is suggested that this demonstrates a lack of

awareness of the potential impact of workplace stressors within the practice of the healthcare managers.

A focus away from organizational responsibility and a lack of use of organizational stress indicators are demonstrated by the findings. These results provide evidence which suggests that the Trust has a view of stress management as one which should be of individual responsibility. Discussion within the literature demonstrates the influence of the leadership on the development and perpetuation of culture. Previous studies within healthcare environments have recognized that leaders can influence cultural change (Schulz *et al*. 1985). However, the future leaders of the organization, the junior managers within our study, demonstrated a lack of awareness about their role in stress management. The perpetuation of a culture of individual responsibility is implied.

We also argue that the ready acceptance of extra work hours suggests a lack of awareness of potential work stressors. Without further in-depth study, it can perhaps only be assumed that the continuation of this practice is done either out of a fear of breaking an organizational norm, as a desire to demonstrate some sort of organizational commitment or as evidence of simple overwork. Thus, the fact that junior managers justified their practice suggests future perpetuation.

Conclusion

The findings demonstrated that secondary intervention was used as stress management; there was a focus away from organizational responsibility and a lack of organizational stress indicators. These findings support the idea that the cultural view of the Trust is one of individual responsibility.

The management of work stress is of both significant and topical concern. The consequences of stress at work have been shown to have both personal and organizational outcomes. Government initiatives (e.g. Department of Health 1998) have recognized the importance of health at work and include issues surrounding stress in guidance for employment practice. In short, the management of stress should be a major organizational interest. In contrast, contemporary practice would tend to suggest a prevalence of work stress and a lack of proactive organizational approaches.

Sang and McClenhan (1998) note that workplace health across the NHS is deteriorating. In particular, this is occurring among groups of senior managers. A government directive (Department of Health 1998) identified the need for provision of healthy workplaces, but there is little

documented evidence to suggest that healthcare managers appreciate the relevance. Discussion within the literature has suggested that leadership has a strong influence on the development and perpetuation of culture. However, the future leaders of the organization (the junior managers who took part in this study) have demonstrated a lack of awareness regarding their role in stress management. Therefore, the perpetuation of a culture of individual responsibility is implied. We can only echo the call from Cartwright and Cooper (1994) for a cultural shift to engender a proactive management approach that recognizes an organizational responsibility to manage stress at the level of the stressor itself. Unfortunately, the current junior management practice within the Trust studied suggests a culture of acceptance and expectation of work stress. In sum, the research suggests that current practice and perceptions of managers heavily influences work stressors, yet junior managers lack the awareness to effectively and proactively manage it.

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