

STRESS MANAGEMENT IN THE WORK OF MEDICAL PERSONNEL – STRATEGIES TO COUNTERACT ITS EFFECTS

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Purpose: The aim of this study was to subjectively assess the effectiveness of coping with stress by healthcare professionals through the skillful selection and use of available stress management strategies as a factor determining the maintenance of work-life balance.

Design/methodology/approach: The study covered 129 medical workers. As a research method, a diagnostic survey was used with the use of an original questionnaire, which consisted of 25 questions divided into two parts. The collected material was subjected to quantitative and descriptive analysis, and appropriately selected statistical tests were used to verify the hypotheses.

Findings: The results of the research indicate that health care establishments lack tools supporting the reduction of stress at work. In most cases, employees are forced to fend for themselves. Nevertheless, they are satisfied with their work stress management skills and consider their strategies to be effective. However, they say they would like to deepen their knowledge in this area, which is a positive attitude. However, the frequency of perceived stress situations at work by these employees is worrying.

Research limitations/implications: Therefore, it is important for health care establishment managers to take specific actions to prevent this phenomenon. In this context, further studies are needed, which are already in progress and their results will be presented in subsequent publications.

Originality/value: Stress is a common phenomenon in societies that experience a high pace of life and work-related pressures. This publication addresses the subject of occupational stress in a group of medical workers exposed to a high risk of professional burnout and high levels of stress, not only during epidemics or pandemics, but also due to difficult situations and requirements related to patient care. In this approach, on the one hand, the theoretical aspects of occupational stress are presented, and on the other hand, the results of surveys on stress management in the workplace of medical personnel and the effectiveness of using strategies to counteract its effects.

Keywords: stress management, work, medical staff, strategies for coping with stress.

Category of the paper: Research paper.

1. Introduction

Stress is a common phenomenon in societies that experience a high pace of life and work-related pressures. For this reason, as an inseparable part of modern life, it is one of the most important factors threatening health of those affected by it and is considered one of the civilization diseases of the 21st century. The issue of stress, its sources, causes and consequences is still a current subject of academic discussions and dilemmas both in terms of the intensity of this phenomenon and the consequences it causes.

We encounter the concept of stress in everyday life. Stress is usually bad for us. Few people know, however, that it is a neutral term. Stress has accompanied humanity since the beginning of its existence. Our ancestors lived in harsh environments long before scientists defined the term “stress”. The brain’s response to a stressor is exactly the same in modern humans as in our ancestors. The natural reaction is a result of the action of 20-30 stress hormones released into the bloodstream (Cichosz, 2018). When the brain notices a threat, it triggers changes in the body called the “stress response” or, simply, “stress”. These changes prepare us for action – flight or fight. The brain’s goes on alert, the senses become sharper, breathing quickens and becomes shallow. In addition, the heart rate increases and the muscles tense in readiness for action, blood sugar levels rise to provide more “fuel” to the muscles (Glenn Schiraldi, 2017). The person in stress sweats and panics (Clayton, 2012). This behavior is a natural phenomenon, and the purpose of the stress reaction is to enable the individual to adapt to changes occurring in the environment and then restore homeostasis, i.e. the balance of the internal environment of the human body in relation to external conditions (Popiel et al., 2012). Therefore, a stressor for a person will be any challenge from the environment, the appearance of which will exceed the body’s regulatory capacity due to the unpredictability of the situation and the lack of control (Lucassen, et al., 2013).

The concept of stress is an extremely broad subject, as indicated by the large number of definitions functioning in the literature on the subject. The term itself is used mainly in medicine and psychology, although it comes from physics and is understood as “load” – an external force (stimulus), “pressure” – an internal response to an external force, and “tension” – a change in state caused by the external force (Lazarus, 1984). The beginning of interest in stress in medicine dates back to 1936. It was then that Hans Hugo Selye, a physician and professor at the Institute of Experimental Medicine and Surgery in Montreal, presented a theoretical model of the “general adaptation syndrome”. He defined stress as a state caused in the body as a result of harmful stimuli. The scientist noticed that stress mobilizes the body’s defense forces, but its long-term effects, especially in severe cases, lead to organic disorders and psychosomatic diseases. According to Selye, stress results from the general adaptation syndrome (Selye, 1956). Lazarus and Folkman defined stress as a relationship between a person and the environment that is perceived by the person as burdening or exceeding his or her resources and threatening his or her well-being (Lazarus, Folkman, 1984).

Nowadays, the WHO calls stress “the disease of the century” and defines this concept as any type of change that causes physical, emotional or mental strain. Stress is the body’s response to anything that requires attention or action (Stress, 2023). According to Heszen-Niejodek, stress is a change in an individual’s environment, which causes a high degree of emotional tension in the average person, preventing normal functioning and proper reaction to events (Heszen-Niejodek, 2028). According to Gałuszko, stress is a reaction that is mainly based on emotions, creating experiences for a person (Gałuszka, 2005), forcing the body to extraordinary, rare or unusual physical or physiological reactions. On the other hand, Everly and Rosenfeld explain the importance of the stress reaction as psycho-physiological preparation for physical effort (Everly, Rosenfeld, 1992).

One of the first symptoms of stress is sleep problems. Sleep disorders result in constant fatigue and even fear of falling asleep. The person affected becomes susceptible to diseases, numerous colds, runny nose, sore throat. Skin problems and herpes appear. Other signs of stress can also include problems with the digestive system: diarrhea, constipation, headaches. Back and neck pain is also more common. All this results in impaired concentration, difficulties in coping with duties and panic attacks due to uncompleted tasks. There is also an increased susceptibility to irritability and quarrelsomeness. Patience is being tested more and more. The person becomes explosive, forgetful and makes mistakes more often (Clayton, 2012).

2. Review of the literature

This publication addresses the issue of occupational stress among medical workers as a chronic factor, not only in times of epidemics or pandemics, but also due to difficult situations and requirements related to patient care.

There are two types of stress in the workplace: positive (motivating) and negative (demotivating). The latter over time causes negative professional, health and social consequences. Whether stress will have a negative character depends, on the one hand, on the employee, his or her physical and emotional intellectual abilities to cope with stress, and on the other hand, on the superiors and co-workers (Hart, 2005).

We talk about positive stress in the workplace when our superiors place demands on us that are adjusted to our physical, intellectual and emotional capabilities. What is more, the employee should have appropriate knowledge, skills and constant support from colleagues and superiors. Energy is used to get the job done and accumulated stress subsides. The work performed then becomes a source of success and satisfaction (Sowa, Hess, 2015).

In turn, we talk about negative stress in the workplace when our superiors place on us demands that exceed our physical, intellectual and emotional capabilities, especially if we do not have sufficient knowledge or skills or support. In the latter scenario, the employee is unable

to complete the task on their own and stress appears more and more often. If this condition is long-term and the employee or employer does nothing to change the situation, the employee becomes to feel angry and irritated. Over time, discouragement and helplessness appear, and then the feeling of “burnout” begins to prevail (Gólczyk, 2012).

Occupational stress is closely related to psychosocial risk factors, including excessive workload and its pace, job uncertainty, irregular hours, inflexible shift system, poor relationships with colleagues or superiors, communication problems, vagueness of the professional role of employees, poor career development opportunities and a conflict between work and home. The effects of experiencing stress at work have various consequences for the employee, including primarily health. Mental problems appear, mainly depression, cardiovascular diseases, musculoskeletal diseases and diabetes. It should be noted that the costs on the employer’s side are also significant: an increase in the level of sickness absence, increased employee turnover and a decrease in productivity (Terelak, Chodkiewicz, 2005).

In occupations involving intensive and frequent contact with many people, a higher risk of stress and excessive physical and mental strain can be observed. In addition, in many cases, stressful factors can make it difficult for a person to focus more and do a good job. One of the professional groups burdened with particular responsibility and having work of a special nature is medical staff (Cox, 1993). In British studies that analyzed mental well-being, health and job satisfaction among representatives of 26 professions, it turned out that nurses and related professions were among those least satisfied with their jobs (Johnson et al., 2005). Similar conclusions come from research conducted in Poland. Physicians and nurses are the occupational group most exposed to occupational burnout, and the exposure of nurses is much higher (Orzechowska, 2008). Therefore, skillful coping with stress can protect against burnout and affect the effectiveness of patient care. In addition, effective coping with stress through the use of an appropriate strategy is considered an important condition for mental health (Liu, 2008).

One of the best-known theories on coping with stress was developed by the aforementioned R. Lazarus and S. Folkman, who stated that a stress coping strategy is a cognitive and behavioral action that an individual takes in a specific stressful situation in order to calm down emotions. These activities include, but are not limited to, seeking information to make a rational decision, or stopping activity (Lazarus, Folkman, 1987). The choice of strategies used by an individual in a stressful situation is related to the perception of the requirements of the situation, the style of coping characteristic of a given person and personality predispositions that are not included in the styles (Heszen-Niejodek, 2008). Nevertheless, it is worth noting that there are other categories of coping with stress, such as confrontation, seeking social support or distancing oneself, the purpose of which is to combat stressors or factors limited to “defensiveness” by improving well-being without eliminating the causes of stress. The rest are aimed at avoiding difficult situations (Ogińska-Bulik, Juczyński, 2008).

Based on various studies, it can be concluded that the effect of coping with stress depends on both individual and situational factors. According to Heszen-Niejodek, confrontational strategies are more effective in situations with a high degree of control, and avoidance strategies in uncontrolled situations (Heszen-Niejodek, 2000). On the other hand, Havlovic and Keenen distinguished 5 detailed strategies of coping with stress, divided into strategies of situation control (direct action, seeking help, positive thinking) and avoidance strategies (avoidance, resignation, alcohol use) (Havlovic, Keenen, 1991).

Effective stress management helps us alleviate the stress that has an impact on our lives so that we can be happier, healthier and more productive. The ultimate goal is a balanced life with time for work, relationships, relaxation and play – and resilience to stress and facing challenges. But there is no single formula for stress management. That is why it is important to experiment to find out what works best (Robinson, Smith, 2023). It is therefore worth asking about the best ways for a given individual to manage stress. The research conducted by the authors of this article focused on the main groups of stress coping strategies distinguished by Lazarus, among others (Lazarus, 1986). Based only on uncontrolled observations, it may seem that some people from the group of medical workers use strategies that bring only a temporary improvement in well-being, such as relieving or alleviating tension with the use of psychoactive substances, which is extremely harmful in the long run. Therefore, when analyzing the effectiveness of tools and techniques that can help medical staff cope with stress related to their work, it is worth checking to what extent this [improvement] is true in the analyzed research group. Meanwhile, in practice, we can use a few simple and, at the same time, relatively positive strategies that can help reduce the negative effects of stress (Kluczyńska, 2003). One of them may be confronting a stressful situation by recognizing the problem and planning its resolution. Another may be an attempt to relieve or alleviate tension, but this time through relaxation exercises, laughter, contact with nature, singing, music or physical effort. Thirdly, one can avoid stressful situations by denying, ignoring the stressor, distancing oneself or controlling one's daily duties by giving them a specific status, such as: important / not important or urgent / not urgent. Fourthly, one can try to seek help from others. In the process of coping with stress, social support is extremely important, in this case among superiors and co-workers, which should upkeep good self-esteem or provide emotional support. Fifthly, one can try to endure stress by mastering his or her emotions, self-control, and not giving in to impulses and provocations to an emotional outburst. It should be emphasized that there are no universal strategies, and a given strategy is effective only in certain situations and for specific people or groups of people. The most important thing when dealing with stress is the proper assessment of the situation and only then an action, i.e. the ability to choose an appropriate strategy and the ability to quickly change it depending on changing conditions.

3. Purpose and methodology

The aim of this study was to assess the effectiveness of health care workers in dealing with stress through the skillful selection and use of available stress management strategies as a factor determining the maintenance of work-life balance. The main research questions were formulated:

Are the stress management strategies chosen by medical workers effective in coping with stress at work?

Do seniority and the place of work affect the level of perceived stress among medical workers and do they play an important role in coping with stress through the skilful selection of appropriate stress management strategies for oneself?

Therefore, the following research hypotheses were put forward:

H1: There is a statistically significant relationship between seniority and the frequency of perceived stress among medical workers.

H2: There is a statistically significant relationship between the workplace and the frequency of perceived stress among medical workers.

The study covered 129 healthcare professionals. It was conducted using the diagnostic survey method – a proprietary questionnaire containing 25 questions divided into two parts. The first part concerned socio-demographic data and the other asked the respondents about sources of stress for medical workers and how to deal with it.

The authors' survey allowed to collect socio-demographic data of the surveyed persons. In addition, it was used to gather knowledge among their attitude to stress at work, its sources, knowledge of stress coping strategies, as well as information on support or lack of it from superiors in order to minimize stress in the workplace.

The survey was created using the Microsoft Forms application, which became a mobile response platform. All questionnaires were sent by members of the research team via electronic means. Taking into account the pilot nature of the research, it was considered that the sample was representative, and the results were subjected to statistical analysis.

Link to the survey:

<https://docs.google.com/forms/d/19m4EsknnEYj5JIB1iiBYTOpnKObJIVCJc9LWkoN7Og0/>

The collected material was subjected to quantitative and descriptive analysis. The data were collected in tables and subjected to statistical analysis using Microsoft Excel. Appropriately selected statistical tests were used to verify the hypotheses. Relationships between variables were shown using contingency tables (cross-tables) and chi-square tests were used. $P < 0.05$ was taken as the limit of significance. Explanation of the abbreviations used: n – number of persons in the group, Chi^2 – value of the chi-square test statistic, df – number of degrees of freedom, p – level of statistical significance, r – Pearson's C coefficient. This survey was anonymous and answering did not pose any risk to the respondents. The subjects were adults and consciously consented to participate in the study.

4. Results

The largest group among the 129 medical workers who took part in the study were women (90.70%) working mainly as general nurses, specialist nurses and ward nurses. There were 12 men including two general nurses, one paramedic and one ward nurse. The remaining respondents were doctors and physiotherapists. The detailed characteristics of the surveyed persons are presented in Table 1.

Table 1.
Characteristics of the surveyed medical workers (n = 129)

Characteristics	Test		Characteristic	Test	
	n	%		n	%
Sex			Place of work		
Woman	117	90,70	hospital	100	77,52
Man	12	9,30	clinic	19	14,73
Job position			emergency medical services	1	0,78
Medical specialist	9	6,98	hospice	2	1,55
Physician	1	0,78	individual practice	5	3,88
Dentist	2	1,55	social welfare home	1	0,78
Ward nurse	24	18,60	senior's house	1	0,78
Specialist nurse	36	27,91	form of employment		
General nurse	49	37,98	regular employment	106	82,17
General midwife	0	0,00	temporary employment	7	5,43
Specialist midwife	1	0,78	own business	8	6,20
Paramedic	2	1,55	contract	8	6,20
Physiotherapist	5	3,88	Locality		
Seniority			city, more than 100,000	71	55,04
Less than 5 years	26	20,16	city, 50,000-100,000	26	20,16
5-10 years	8	6,20	town, less than 50,000	27	20,93
10-15 years	6	4,65	village	5	3,88
15-20 years	10	7,75			
Over 20 years	79	61,24			

Source: The authors' own study based on surveys.

When analyzing the research problems included in the survey questionnaire, showing attitudes of medical workers of various groups towards stress at work and their knowledge on this subject, the first topic was the most stressful area in their lives. According to as many as 39 of the respondents, the only source of stress in their lives was work, and for 43.41% also family problems and health were important sources of stress apart from work. Personal relations and finances came next. Only 26.35% of the respondents did not list work as a source of stress. This attitude of the latter group, although small, may result from the fact that they feel great satisfaction from the work entrusted to them and performed. Interestingly, 72.86% of the respondents considered stress to be an exclusively negative and undesirable phenomenon at work, which may reveal incomplete knowledge in this area among the studied group. Only 9 respondents had no opinion on this matter. In addition, the respondents considered excess duties, followed by difficult cases of patients and traumatic situations, as the main sources of occupational stress. Slightly more than 40% of the respondents listed lack of support from their supervisors, poor management style and the need to make quick decisions at work

as the most important sources of stress. These dependencies are also confirmed by the question about personal sources of stress at work among those respondents who chose the answer clearly indicating excessive administrative work and documentation as the main source of stress at work. The detailed distribution of the responses is presented in Table 2.

Table 2.

The distribution of answers related to the sources of stress at work (n = 129)

In your opinion, what are the most important sources of occupational stress among medical workers?	Test		What is your main cause of stress at work?	Test	
	n	%		N	%
Excess professional responsibilities	97	75.19	The work itself, the decisions and their consequences	48	37.21
Lack of support from superiors	42	32.56	Incorrect management of the employing establishment	27	20.93
Conflicts with co-workers	35	27.13	Lack of opportunities for self-development and improving qualifications	7	5.43
Bad management style at work	43	33.33	Excessive administrative work and documentation	72	55.81
Lack of resources and equipment	29	22.48	Long working hours and no free time	33	25.58
Shift work	20	15.50	Technical equipment at the employing establishment	11	8.53
The need to make quick decisions	43	33.33	Shortages of medicines	4	3.10
Difficult patient cases and traumatic situations	51	39.53	Interpersonal conflicts	28	21.71
Patient violence and aggression	33	25.58	Overload with patients and staff shortage	52	40.31
Low earnings	19	14.73	Difficult ethical decisions	13	10.08
Other: complaints or verbal aggression from patients' families, co-workers smoking at work, responsibility, work reorganization	5	3.88	Patient's death	29	22.48
			Form of employment	5	3.88
			Untimely payment of remuneration	3	2.33
			Other: untimely payment, fraud related to the form of employment, low trust on the part of patients and their families	5	3.88

Source: The authors' own study based on surveys.

It is worth emphasizing here that most of the respondents worked in hospitals located in cities with more than 100,000 inhabitants. In these units, one should take into account a large number of patients and, at the same time, a high workload, hence nearly 69% of the respondents felt frequently stressed at work (daily and several times a week). Only 15.51% experienced it rarely or very rarely. The next question was about the relationship between the workplace and the frequency of perceived stress at work. The statistical analysis did not show statistically significant relationships ($\text{Chi}^2 = 0.19$) between the place of work and the frequency of stress experienced there by the medical workers. Pearson's C contingency coefficient was 0.02. It can therefore be concluded that there is a very weak relationship between the place of work and the frequency of experiencing stress there. This data is presented in Table 3.

Also, no statistically significant relationships were found between seniority and the frequency of stress experienced by the medical workers ($\text{Chi}^2 = 0.52$). Pearson's C contingency coefficient was 0.05. Also in this case, it should be concluded that there is a very weak

relationship between the seniority of medical workers and the frequency of experiencing stress at work. The data is presented in Table 4.

Table 3.

Chi² test, the relationship between the place of work and the frequency of stress experienced there

Place of work	Daily/ several times a week		Once a week/ several times a month		Rarely/very rarely		Total	
	n	%	n	%	n	%	n	%
Hospital	69	79.31	18	81.82	13	65	100	77,52
Clinic	14	16.09	2	9.09	3	15	19	14,73
Other	4	4.60	2	9.09	4	20	10	7,75
Suma	87	100.00	22	100.00	20	100	129	100
Test Chi²								
Chi ²	df		p		r		N	
0.19	4		0.05		0.02		129	

Source: The authors' own study based on surveys.

Table 4.

Chi² test, the relationship between seniority and the frequency of experiencing stress

Seniority	Daily/ several times a week		Once a week/ several times a month		Rarely/very rarely		Total	
	n	%	n	%	n	%	n	%
Up to 20 years	32	36,78	10	45,45	7	35,00	49	37,98
Over 20 years	55	63,22	12	54,55	13	65,00	80	62,02
Total	87	100	22	100	20	100	129	100
Test Chi²								
Chi ²	df		p		r		N	
0,52	2		0,05		0,05		129	

Source: The authors' own study based on surveys.

The ability to separate work and private life is also important for mental health. As the results of the survey show, more than half of the respondents declared that there was, however small, an overlap between their private life and work, which is not overly optimistic. This data is presented in Figure 1.

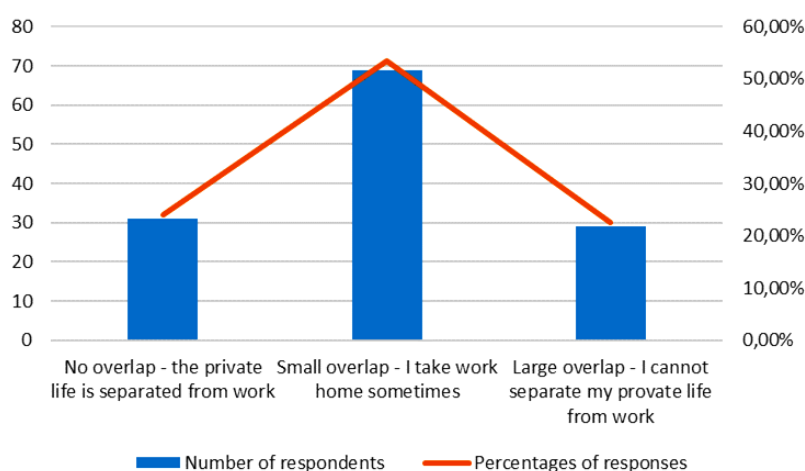


Figure 1. The overlap of private and professional lives in the subjective opinion of the respondents.

Source: The authors' own study based on surveys.

Results of studies on employees of various professions show that a wrong work-life balance may result in choosing unfavorable strategies for coping with stress (Shanafelt et al., 2008). Importantly, strategies for coping with stress most frequently chosen by the respondents, both male and female, were active, such as “confronting a stressful situation by recognizing the problem and planning its resolution.” Passive strategies were in the second place, such as “withstanding stress, surviving by controlling one’s emotions, self-control, not giving in to impulses and provocations. More rarely, which is important, respondents “relieved tensions using psychoactive substances” or, as one might assume, they did not want to admit it. This data is presented in Figure 2.

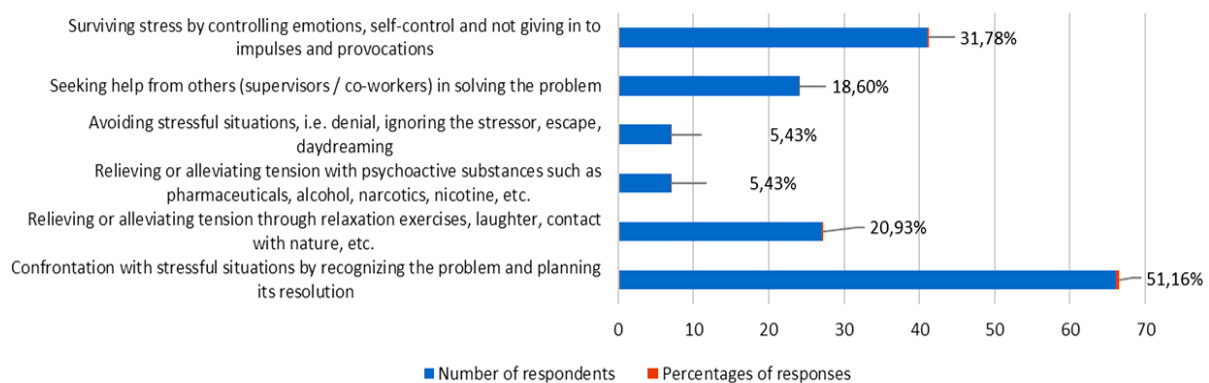


Figure 2. Groups of strategies adopted by medical staff in the fight against stress at work

Source: The authors’ own study based on surveys

However, it is disturbing that 10% of the respondents (13) did not use any strategy to counteract stress at work, even though 11 of them described their work as the main source of stress, which may consequently affect relationships with patients. Only 8.53% of the respondents used more than two groups of strategies to counteract stress, and 32.56% of the respondents chose only between two strategies. Despite this, half of the respondents consider the strategies they have chosen to be “very or rather effective”, especially the group of 24% of the respondents who subjectively assessed that they cope well with stress and are satisfied with their skills. This data is presented in Table 5.

Table 5.

Subjective assessment of the effectiveness of stress management strategies by the medical workers (n = 129)

Do you consider the stress management strategies you have chosen to be effective?	Test		What is your general opinion on stress management in your workplace?	Test	
	n	%		n	%
Very effective	12	9.30	I feel I am doing well and I am satisfied with my stress management skills	31	24.03
Rather effective	62	48.06	I am doing well sometimes but I could improve my skills	52	40.31
I’m not sure	34	26.36	I often have difficulty managing stress and would like to learn better strategies	39	30.23
Rather ineffective	19	14.73	I’m not sure	7	5.43
Absolutely ineffective	2	1.55			

Source: The authors’ own study based on surveys.

Although these subjective assessments by the respondents may be somewhat optimistic, the frequency of stress experienced by respondents at work clearly contradicts this. Interestingly, only 20% of the respondents admitted that they had so far used help from a stress management specialist, such as a psychologist or therapist. The reluctance of medical staff to admit to using such specialists may result from the fear that, by expressing their own needs or difficulties, they will be perceived as weak or incapable of helping others. However, it is worth promoting awareness of mental health also among medical staff. Educating them about benefits of specialist help can help break down barriers and encourage them to seek it from a psychologist, if needed.

According to the survey results, over 70% of the respondents believe that regular breaks at work are crucial. They give an opportunity to calm down, catch internal balance and, as a result, better manage stress. Taking a breather at work helps reduce stress and is important for maintaining the health of medical workers, not only for their good mental condition but also for ensuring high-quality patient care. Only five of the respondents had no opinion on this matter.

Since persons at various levels of management and types of interactions took part in the survey, the answers about interpersonal relationships at work as a source of stress were distributed proportionally between relationships with superiors, co-workers and patients. Only slightly more than 6% of the respondents (8) perceived their relations with their subordinates as the main source of stress at work. It is difficult to draw any specific conclusions in this case.

The survey was extended to include questions regarding information on stress management support, or lack of it, from the organization or superiors, in order to minimize it in the workplace. Almost half of the respondents had no support from the organization, and over 60% lacked programs and training in this area. Also, organizations do little to prevent professional burnout, or the respondents had no information on this subject. Importantly, a large group of the respondents (62.79%) were interested in participating in recreational events and programs to reduce stress and improve well-being at work. Participation in such projects gives an opportunity to break away from the routine of work and relieve tension. In addition, such events offer good settings for building relations between employees outside the work environment. Such activities are very important because they can positively affect the mood of medical staff, which in turn should translate into better quality of patient care.

5. Conclusions

Stress is often considered an inevitable part of modern life, but for employees and their employers it is a problem that poses a huge challenge today. Constant civilizational, social and economic development cause changes in working conditions. What is important, especially

employees burdened with a large amount of responsible work, to which they devote huge amounts of energy, are particularly exposed to stress in the workplace. It can therefore be concluded that stress is part of the medical profession, regardless of its positive or negative nature. There is also no doubt that stress contributes to the emergence of many disorders in the health of the medical team. This is primarily due to the fact that medical workers experiencing stress are often physically and mentally exhausted, which in turn leads to a decrease in quality of their work and the risk of making wrong decisions. Therefore, managing stress in the right way is the key to reducing its harmful effects. The survey conducted with the group of medical workers has shown that these activities are currently not at best. There are no tools to support stress reduction in health care establishments. In most cases, employees are forced to fend for themselves. The results of the research show that, despite this, they are satisfied with their work stress management skills and consider the strategies they use to be effective. However, they would like to deepen their knowledge in this area, which is a positive attitude. The research conducted by the authors has shown that there is no statistically significant relationship between the seniority of medical workers and the place of work and the frequency of stress experienced there. However, the mere fact of the frequency of stress at the workplace among the respondents, which should be counteracted, is worrying. Most of the respondents do not see the need to use different stress management strategies that would be adapted to a given situation. They focus on using one or two. Some do not use any stress management strategies at all, claiming that they are ineffective, which may betray low awareness and knowledge of the respondents about strategies for coping with stress. In order to effectively manage stress, healthcare workers must be provided with the right environment that respects their needs and provides appropriate support. This can be achieved by offering them, for example, training that would help them cope better with stress. Training healthcare professionals on techniques and strategies for coping with stress is essential not only for them but also for ensuring safety and quality of care. Such training should ideally address all aspects of stress, from prioritization to dealing with difficult situations.

Stress management should primarily focus on eliminating its source in the workplace, modifying the way people react to stressful situations and minimizing the costs of stress, such as absenteeism at work, which translates into efficiency of operation of health care establishments. Therefore, it is important for health care establishment managers to take specific actions for this purpose. In this context, further studies are needed, which are already in progress and their results will be presented in subsequent publications.

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