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STRESS MANAGEMENT IN HEALTHCARE UNITS IN THE CONTEXT OF THE NEED TO IMPLEMENT STRESS MANAGEMENT PROGRAMS

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Purpose: The aim of this study was to analyze the validity of implementing stress management programs in healthcare units given the effectiveness of stress management by healthcare professionals as perceived by management.
Design/methodology/approach: A total of 300 healthcare units participated in the study, represented by individuals holding managerial positions within these institutions. The study was conducted using the diagnostic survey method and the technique. The questionnaire, developed by the authors, consisted of 38 questions divided into questionnaire 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 study revealed that in most of the healthcare units analyzed, there are no programs related to stress management. Still, more than 80% of respondents do not see the benefits of implementing such programs in healthcare units, which results in a lack of support for their employees in the face of stress in today's world. Only four healthcare units had a dedicated unit for dealing with stress management issues, and of these, only two had a stress management program in place and only nine establishments reported allocating funds for measures aimed at preventing workplace stress.
Research limitations/implications: It can thus be concluded that stress management in healthcare units is not sufficiently effective. Therefore, it is vital for those in charge to take action to prevent this phenomenon. Within this context, another study was conducted to determine the factors impacting the effectiveness of stress management, and the findings will be presented in subsequent publications.
Originality/value: Stress is a phenomenon that affects many people in today's societies, especially those dealing with a fast-paced lifestyle and intense work pressure. The present publication addresses the important issue of the need to develop stress management programs in healthcare units. It presents both the theoretical aspects of occupational stress among health professionals and the results of a survey assessing the validity of implementing stress management programs in healthcare settings.
Keywords: stress management program, healthcare units, stress, management staff.
Category of the paper: survey and empirical research.

1. Introduction

Stress is an inherent element of human life, serving both adaptive and destructive functions. As the body's response to environmental demands, stress enables the mobilization of energy in situations of threat or pressure. However, when it persists over time, it can lead to mental disorders, somatic conditions, or a diminished quality of life. A stressor is any environmental challenge that forces an individual to exceed their regulatory capabilities, often due to unpredictability and a lack of control (Lucassen et al., 2014).

The first medical references to stress date back to 1936, when Hans Hugo Selye, a physician and professor at the Institute of Experimental Medicine and Surgery in Montreal, presented his theoretical model of the general adaptation syndrome. He defined stress as a state induced in the organism by harmful stimuli. Selye observed that stress activates the body's defense mechanisms, but when prolonged—especially in acute forms—it leads to organic and psychosomatic disorders. According to Selye, stress is a dynamic process of adaptation that arises in response to the imbalance between environmental demands and an individual's ability to meet them. He defined stress as a "non-specific response of the organism to any encountered demands" (Seley, 1956).

In professional life, stress serves both motivating and destructive roles. Positive stress can enhance performance, motivation, and concentration. Conversely, negative stress leads to a decline in mental and physical health, absenteeism, reduced productivity, and job burnout. Chronic occupational stress is a significant risk factor for depression, anxiety, cardiovascular diseases, and decreased job satisfaction (Maslach et al., 2016).

In the workplace context, stress is a particularly important factor affecting effectiveness, interpersonal relations, and job satisfaction. Workers in healthcare units are especially vulnerable to the consequences of chronic stress. Factors such as the responsibility for patients' lives, the need for rapid decision-making, staff and equipment shortages, shift work, regular exposure to suffering and death, lack of recovery time, and insufficient sleep contribute to intense mental strain. Therefore, understanding the nature of stress and managing it effectively within medical settings has become a key component of maintaining both the quality of healthcare and the well-being of medical staff. The authors highlight the growing importance of the health of medical professionals who work under constant stress and pressure. Implementing stress management programs can lead to improved patient care, a reduction in medical errors, and decreased burnout among healthcare workers. The aim of this analysis is to justify the need for a systemic approach to supporting healthcare personnel through targeted preventive and educational activities.

2. Review of the literature

2.1. Stress in Healthcare Units – Scale of the Problem

A healthcare job is characterized by a high degree of responsibility, the necessity of making quick decisions, and frequent exposure to suffering, death, and the emotions of patients and their families. Due to these specific working conditions, healthcare personnel—especially nurses, medical doctors, and paramedics—belong to professions at high risk of occupational stress. The causes of stress in this field vary and depend on multiple factors, including individual predispositions. Working in healthcare involves unique challenges, and the stress experienced in this environment differs significantly from that in other professions. Healthcare workers have a direct impact on human life and well-being. The need to make difficult decisions, constant time pressure, and emotional strain are part and parcel of the daily lives of doctors, nurses, paramedics, and other medical professionals.

Time pressure is one of the most taxing aspects of working in health care. Every minute may be critical to a patient's life or health, generating a constant sense of urgency and tension. Studies conducted by Shanafelt reveal that doctors and nurses often lack time not only to fulfill their clinical responsibilities but also to rest, recuperate, or even eat a meal during their shift. This contributes to increased fatigue, reduced concentration, and a higher risk of making mistakes (Szanafelt et al., 2020). Time pressure also negatively affects the quality of patient interaction—limited time for conversation reduces empathy, which can lower patient satisfaction and heighten job burnout among medical personnel (McEwen, 2004). The emotional strain faced by healthcare workers is a serious issue that directly impacts their psychological well-being, professional effectiveness, and the quality of care provided. In Poland, this issue became especially prominent during the COVID-19 pandemic, which exposed the daily pressures and challenges experienced by health professionals (Łaskawiec-Żuławińska et al., 2024).

Health professionals, particularly in emergency situations, are often forced to make difficult decisions that can result in so-called moral injury. This refers to situations in which healthcare workers must act in ways that conflict with their ethical values, potentially leading to long-term psychological consequences such as depression, anxiety, or professional burnout (Orgambídez et al., 2023). Another major source of stress for medical personnel is patient aggression—a significant issue in the Polish healthcare system that affects the safety and well-being of health professionals. Studies conducted in various healthcare institutions in Poland have shown a high incidence of aggressive behavior—both verbal and physical—on the part of patients (Mosiołek et al., 2019). A survey carried out in a Polish hospital for patients with neurotic and mental disorders found that 27 out of 30 healthcare workers had experienced patient aggression in the form of vulgar language (including insults), taunts, bullying, and damage to hospital equipment.

More than half of those surveyed reported being exposed to patient aggression on a daily basis (Berent et al., 2009).

Recently, extremely tragic events were reported involving a patient's aggression toward their attending physician. On April 29, 2025, a tragic incident occurred at the University Hospital in Kraków. Dr. Tomasz Solecki, an experienced orthopaedist and traumatologist, was fatally stabbed by a patient during a routine appointment at his orthopaedic clinic. Despite immediate medical intervention, the doctor died on the operating table.

With the increasing number of cases involving patient aggression, it is necessary to take effective steps to protect healthcare personnel and ensure safe working conditions. Personnel-focused measures are essential, including training for all nurses on aggression escalation, violence prediction, and effective intervention at various stages of aggression. This is particularly important given that, in most cases, aggression follows a predictable pattern (Daseh, Obaid, 2017).

Long-term stress, which is an inherent part of working in healthcare, leads to a range of negative personal and professional consequences. One of the most common and well-documented outcomes is job burnout, which manifests as emotional exhaustion, depersonalization, and reduced job satisfaction. Prolonged tension results in loss of motivation, a negative outlook, and feelings of isolation. Research by Pochrzęst-Motczyńska revealed that as many as 60% of healthcare workers in Polish hospitals reported full-blown job burnout, with 70% admitting to experiencing negative effects of work-related stress (Pochrzęst-Motyczyńska, 2018).

Excessive stress also significantly impacts work productivity—it reduces concentration, motivation, and the ability to make accurate decisions. Consequently, it can lead to an increase in medical errors that threaten patient safety. Furthermore, chronic psychological and physical strain contributes to the development of various health problems, including anxiety disorders, depression, cardiovascular diseases, and psychosomatic symptoms. Healthcare personnel may suffer from myalgia, headaches, cardiac arrhythmias, elevated blood pressure, sleep disorders, diarrhea, or indigestion (Garbacik, 2018). Given these risks, it is imperative to develop a systemic approach to stress prevention in medical settings and to provide appropriate support for healthcare professionals.

2.2. Stress Management Programs – What Are They and Do We Need Them?

Given the modern pace of life, demanding occupational and personal responsibilities, and daily stressors, stress management is becoming a crucial skill for maintaining both mental and physical health. In workplaces such as medical establishments in particular, stress can negatively impact productivity, job satisfaction, and overall quality of life. Therefore, growing emphasis is being placed on the implementation of stress management programs to help employees cope with pressure and prevent job burnout.

Stress management refers to organized activities aimed at eliminating or reducing occupational stress, providing support, and fostering the development of effective stress-handling techniques (Molek-Winiarska, 2010). These programs involve the conscious identification of stress sources, along with the application of appropriate techniques and strategies to reduce or control stress. Such activities may include a wide range of approaches, from relaxation techniques and organizational changes to psychological support.

The work environment—especially in sectors that require significant emotional involvement, such as health care—is associated with numerous sources of stress. Prolonged exposure to stress can result in serious consequences for the mental and physical health of employees. As a result, organizations are increasingly implementing stress management programs to support their staff in navigating challenging workplace situations and enhancing their overall well-being. A key component of these programs is educating employees on stress-reduction techniques and fostering a work environment that promotes mental health (Lazarus, Folkman, 1984).

These programs can take various forms and may include initiatives at both the organizational and individual levels, effectively reducing stress and enhancing productivity.

Stress management programs at the organizational level focus on creating favorable working conditions that minimize stressors and improve the overall work environment. The aim is to reduce employees' overall stress levels through changes in organizational structure and management practices. Key elements of such programs include (Graveling et al., 2008):

- Work organization changes: Improving internal communication, increasing work schedule flexibility, and introducing systems that support work-life balance (e.g., the option to work remotely or adopt flexible hours).
- Training courses for managers: Managers should be trained to recognize stress and burnout symptoms in employees, manage stress effectively within their teams, and implement preventive strategies.
- Building a supportive organizational culture: Promoting mental health by establishing policies that encourage open conversations about stress and burnout.
- Implementing employee support programs: Creating dedicated support systems such as self-help teams that assist employees in managing stress during difficult times.

Employee-focused stress management programs aim to help individuals cope with stress independently by providing tools and resources to effectively manage emotions and stress responses. These programs target individual needs and assist employees in addressing personal stressors. Such initiatives include:

- Training courses on stress management: Workshops and sessions that teach relaxation techniques such as meditation, mindfulness, deep breathing, or autogenic training.
- Therapeutic sessions and psychological support: Programs offering one-on-one sessions with psychologists or coaches to help employees manage stress and emotional challenges.

- Physical health support programs: Classes incorporating physical activities such as yoga, tai chi, Pilates, or fitness training to improve physical well-being and reduce stress and muscle tension.
- Training in emotional skills development: Courses that teach participants how to identify, understand, and express emotions effectively.
- Access to time management tools: Training that focuses on improving work organization, managing procrastination, setting priorities, and planning efficiently.

Stress management programs at both organizational and individual levels contribute significantly to improving employees' mental and physical health, while also enhancing productivity and job satisfaction. At the organizational level, such programs reduce absenteeism, burnout, and employee turnover, and help foster a positive workplace atmosphere. At the individual level, they equip employees with skills to better manage stress, thereby enhancing resilience and adaptability.

Stress management has become a key element of public health policy in many countries, particularly in the health care sector, where personnel are especially vulnerable to stress caused by high-intensity work, emotional demands, and the challenges of patient care. Successful implementation of stress management programs around the world has contributed to improved mental health among employees and reduced job burnout. One example from the United States illustrates how such initiatives can be integrated into health care systems to support the well-being of medical professionals. Many healthcare institutions in the U.S. have introduced comprehensive support programs in response to rising rates of burnout. A notable example is the Mayo Clinic, which developed psychological support initiatives for health professionals, including mindfulness sessions, relaxation techniques, coaching, and psychological consultations. The goal of these programs is not only to reduce stress but also to enhance productivity and the quality of care provided (Shanafelt et al., 2012). These initiatives represent a vital component of health policy in the United States.

2.3. Challenges and barriers to the implementation of stress management programs

The implementation of stress management programs in healthcare establishments faces a range of challenges that may limit their effectiveness. Despite growing awareness of the importance of psychological support for healthcare personnel, numerous organizational, cultural, and systemic barriers hinder the introduction of such initiatives.

The primary challenge in implementing stress management programs in Poland is the lack of precise and clearly defined legal regulations regarding the protection of employees' mental health, including that of healthcare professionals. Currently, the legal framework consists of general provisions outlined in the Constitution of the Republic of Poland (Article 66, paragraph 1, which guarantees the right to safe and hygienic working conditions) and the Labour Code (Article 207, §2), which obliges employers to protect the health and lives of employees by

ensuring safe working conditions. However, there are no specific regulations addressing the prevention of occupational stress or mandating the implementation of prevention programs in this area. As experts have noted, Polish employers are not legally required to prevent the effects of occupational stress or to establish systematic psychological support in the workplace. In the absence of legal mandates, the implementation of such programs depends on the goodwill of employers or on temporary projects funded by grants (Czubak, Zboiński, 2024). This constitutes a serious barrier to the widespread adoption and sustainability of stress management initiatives, particularly in the public healthcare sector. Because the regulations concerning the protection of employees' health and safety are overly general, employers often lack clear guidelines for identifying and minimizing psychosocial risks, leading to varied and inconsistently effective efforts.

Another significant challenge is the lack of time among healthcare personnel. Working under intense pressure and tight schedules, they often cannot participate in well-being programs due to time constraints and excessive workloads (Schneider-Matyka et al., 2017). Limited financial resources also pose a barrier, potentially preventing the implementation of comprehensive psychological support programs. Many healthcare organization leaders prioritize spending on patient care, which may result in the marginalization of investments in staff well-being. Some employers fear that introducing specific regulations related to stress management would entail additional costs. Furthermore, a lack of awareness among employers—who may underestimate the importance of occupational stress and its consequences for both employee health and organizational performance—leads to the marginalization of the issue and the adoption of superficial measures for public image purposes. In reality, the implementation of meaningful structural changes could help employees manage stress more effectively and generate measurable benefits for employers, including reduced absenteeism, fewer workplace accidents, and improved productivity and service quality (Czubak, Zboiński, 2024).

3. Purpose and methodology

The aim of this study was to analyze the validity of implementing stress management programs in healthcare units given the effectiveness of stress management by healthcare professionals as perceived by management. Previous analyses have shown that stress is a significant and persistent factor in the daily lives of healthcare workers. What is more concerning is that they are often left to cope with this burden alone, struggling to maintain a work-life balance. The main research question was formulated as follows:

- Does the implementation of stress management programs in healthcare units impact the reduction of absenteeism among health professionals and improve the quality of provided services?
- Does the absence of stress management programs in healthcare units contribute to an increase in workplace conflicts among employees in the face of various challenges?
- Do healthcare units perceive the need to obtain external funding to support initiatives aimed at protecting employees' mental health in order to function effectively?

The following research hypotheses were formulated:

H1: In a healthcare unit, there is a statistically significant relationship between the need to implement a stress management program and the frequency of absenteeism among health professionals due to occupational stress.

H2: In a healthcare unit, there is a statistically significant relationship between the absence of stress management programs and the occurrence of conflicts among employees in response to various threats.

H3: In a healthcare unit, there is a statistically significant relationship between the necessity of obtaining additional external funding and meeting the demand for initiatives aimed at protecting the mental health of health professionals.

A total of 300 healthcare units participated in the study, represented by individuals holding managerial positions within these institutions. The study was conducted using the diagnostic survey method and the questionnaire technique. The questionnaire, developed by the authors, consisted of 38 questions divided into two parts. The first part included 10 questions regarding the socio-demographic characteristics of the respondents. The second part asked participants to provide responses concerning the need to implement stress management programs in healthcare units and to assess the consequences of their absence.

The authors' questionnaire enabled the collection of socio-demographic data from the study participants. Additionally, it aimed to gather insights from the management of medical establishments regarding issues related to absenteeism among health professionals and its potential causes. It also included questions about workplace conflicts that could lead to stress, as well as the financial needs of healthcare units related to initiatives for protecting employee mental health and preventing stress.

The study was carried out with the assistance of an external company selected through a tender procedure. The authors applied systematic random sampling, which involved selecting an appropriate number of healthcare units from an ordered population set in various voivodeships. Given the budgetary constraints and the fact that this was a pilot study, it was assumed that the sample was representative, and the results were subjected to statistical analysis. 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.

The study was anonymous and posed no risk to participants. All respondents were adults who provided informed consent to participate in the study.

4. Results

The research sample included 300 healthcare units in Poland, operating as either public or non-public entities in accordance with the definition in the Medical Services Act. Public entities are those owned by the State Treasury or a territorial self-government unit, while non-public entities are operated by natural or legal persons such as companies or foundations. The majority of the analysed group—74.0%—were non-public entities. Among these non-public institutions, 52 were hospitals, while clinics accounted for 85%. The sample was predominantly composed of healthcare units located in urban municipalities, representing 85.66% of the total. Most units, according to the random distribution, were located in the Masovian Voivodeship. Table 1 presents a detailed profile of the analysed healthcare establishments.

Table 1.
Characteristics of the surveyed healthcare units in Poland (n = 300)

Characteristcs	Test		Characteristic	Test	
	n	%		n	%
Voivodeship			**Type of commune**		
Masovian	39	13.00	Urban	257	85.66
Silesian	34	11.33	Urban-rural	19	9.67
Pomeranian	23	7.67	Rural	14	4.67
Lower Silesian	33	11.00	**Units by organizational form**		
Opole	10	3.33	**Public institution**	**78**	**26.00**
Lesser Poland	23	7.67	Hospital	48	48.00
Swietokrzyskie	10	3.33	Clinic	30	15.00
Podlaskie	11	3.67	**Non-public institution**	**222**	**74.00**
Kuyavian-Pomerania	15	5.00	Hospital	52	52.00
Lubuskie	10	3.33	Clinic	170	85.00
Lublin	21	7.00	**Number of units by number of employees**		
Lodz province	10	3.33	1-50	165	55.00
Greater Poland	26	8.67	51-100	34	11.33
West Pomeranian	7	2.33	101-500	58	19.34
Warmia-Masuria	16	5.33	501-1000	30	10.00
Subcarpathia	12	4.00	Over1000	13	4.33

Source: The authors' own study based on surveys.

A total of 300 respondents participated in the survey, all of whom held managerial positions in healthcare institutions, with the majority being female. Notably, one-third of the participants had extensive professional experience. Approximately 95% of the healthcare managers possessed a higher level of education. However, only 20% reported having formal management

training. The majority—over 67%—had a background in medicine. A more detailed profile of the respondents is presented in Table 2.

Table 2.
Characteristics of the management group healthcare units in Poland (n = 300)

Characteristcs	Test		Characteristic	Test	
	n	%		n	%
Sex			**Staff education level**		
Woman	186	62.00	General secondery	6	2.00
Man	114	38.00	Post-secondery	4	1.33
Age			Incomplete higher	6	2.00
Up to 24 years old	3	1.00	Higher	284	94.67
25-29	6	2.00	**Field of education of staff**		
30-39	25	8.33	Medical	203	67.66
40-49	72	24.00	In management	18	6.00
50-59	90	30.00	Medical and management	42	14.00
60 years and more	104	34.67	Other	37	12.37

Source: The authors' own study based on surveys.

When analysing the research problems included in the survey questionnaire, in the context of the need to implement stress management programs in healthcare establishments, the analysed units were first asked whether they had such programs in place. The survey results revealed that most of the analysed healthcare establishments do not currently offer stress management programs. Only eight out of 300 establishments had implemented such programs—three of which used the services of an external company to develop them. The remaining five developed their programs internally, and notably, in seven of these establishments, management recognised the need to update their existing programs. Among the establishments with programs, six were clinics and two were hospitals. Alarmingly, over 80% of management teams still fail to recognise the benefits of implementing such programs, which results in a lack of support for employees exposed to stress. Figure 1 presents this data.

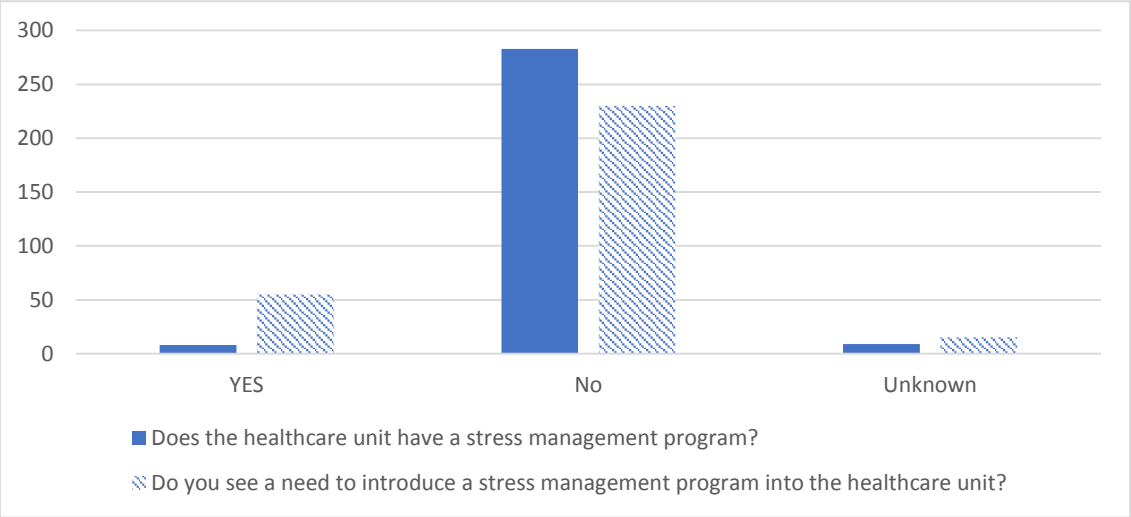

Figure 1. The relationship between having a stress management program and the need for it in the respondents' opinion.

Source: The authors' own study based on surveys.

It should be noted that only 15 healthcare units conducted studies related to working conditions and employee satisfaction. Importantly, in 14 of these units, management identified problems related to absenteeism among health professionals, while in nine units, the issue remained unrecognised. This led to an examination of whether there is a relationship between the perceived need for a stress management program in a healthcare unit and the work attendance of health professionals exposed to stress. The statistical analysis showed that there is no significant statistical relationship between these variables (Chi^2 = 1.15E-15). Pearson's contingency coefficient (C) was calculated at 6.63E-17, which is close to zero—indicating no significant relationship between the perceived need for a stress management program and levels of absenteeism among health professionals. Table 3 presents these findings.

Table 3.
Chi2 test, the relationship between the need to implement a stress management program in a healthcare unit and the problem with work attendance of medical personnel

	Daily / several times a week		**Once a week / several times a month**		**Rarely / very rarely**		**Total**	
The need to implement a stress management program	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Yes	11	78.57	3	33.33	41	14.80	55	18.33
No	1	7.14	2	2.22	227	81.95	230	76.67
Other	2	14.29	4	44.44	9	3.25	15	5.00
Suma	14	100.00	9	100.00	20	100	300	100
Test Chi^2								
Chi^2	df		p		r		N	
1.15E-15	4		0.05		6.63E-17		300	

Source: The authors' own study based on surveys.

It is also worth highlighting that only seven establishments investigated the causes of absenteeism. In four of these, stress was identified as the direct cause of health professionals' work absences, while the remaining cases did not specify a cause. Notably, only four healthcare units had a dedicated unit for dealing with stress management issues, and of these, only two had a stress management program in place. This suggests that the existence of a unit responsible for stress management does not necessarily correlate with the presence of a formal program. Interestingly, one respondent with a designated unit reported not having a clear opinion on the matter, while another expressed a clear need for program implementation in their establishment.

Only nine establishments reported allocating funds for measures aimed at preventing workplace stress, ranging from PLN 5,000 to over PLN 100,000. In contrast, as many as 185 managers indicated a need for funding to protect the mental health of their employees, with amounts ranging from PLN 1,000 to PLN 500,000, depending on the size of the establishment. It is worth noting, however, that despite identifying these financial needs, none of the analysed units—regardless of their legal form—sought external funding to address the requirements of a stress management policy. As a result, there was no statistically significant relationship between the need to obtain additional external funds and the filling of the demand for measures aimed at protecting mental health among health professionals.

Only in 10 healthcare units, a total of 171 individuals underwent training on managing work-related stress. Additionally, in 11 units, employees participated—over the past five years—in events thematically related to stress management at work, such as scientific conferences, lectures, or training courses. Regarding the enhancement of knowledge on work-related stress among health professionals, only 10 establishments provided access to specialist and popular magazines on health protection and stress management. These include publications such as *Medical Tribune*, *Lekarz Medycyny Pracy*, and *Nasza Troska*. Somewhat encouraging is the fact that, out of all 300 healthcare units, only three establishments—along with their employees—lacked free internet access at work, which otherwise offers a broad range of medical resources. Moreover, only 11 healthcare units organise employee meetings focused on stress management in the face of various threats and conflicts.

Interestingly, only 17 establishments reported clear conflicts, which mainly involved: lack of health measures in the workplace, insufficient information about threats during the pandemic—causing fear and significantly contributing to stress—and interpersonal conflicts. Figure 2 presents this data.

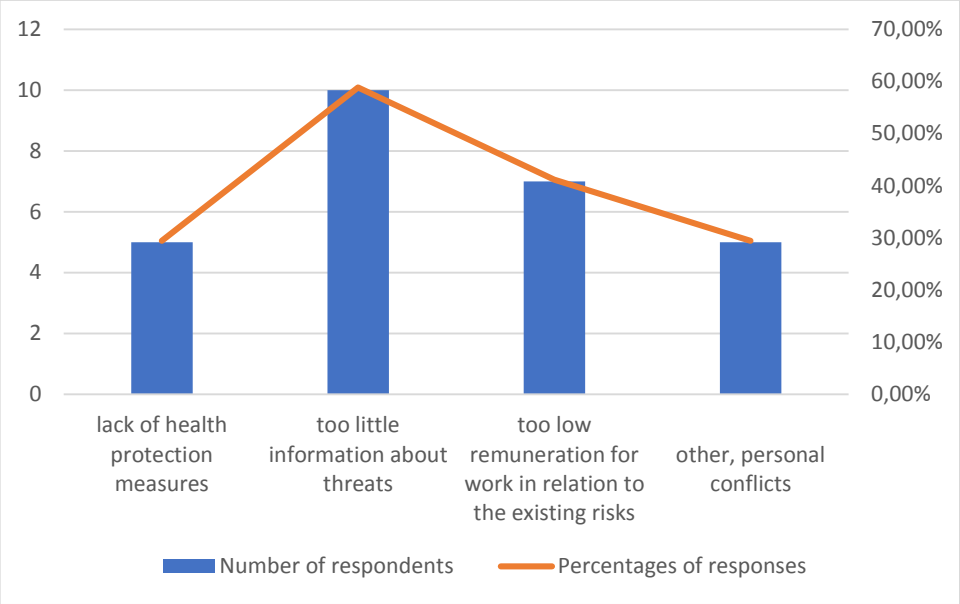

Figure 2. Background of conflicts recorded in 17 healthcare units.

Source: The authors' own study based on surveys.

In line with the formulated hypothesis, the study also analysed the relationship between the presence or absence of a stress management program in a healthcare unit and the occurrence of conflicts among employees in the face of various threats. The statistical analysis showed no statistically significant relationship between these variables ($Chi^2 = 2.26E\text{-}15$). Pearson's contingency coefficient (C) was calculated at 1.30E-16—close to zero—indicating no significant relationship between the existence of a stress management program and the prevalence of workplace conflicts among health professionals. Table 4 presents this data.

Table 4.
Chi^2 test, the relationship between having or not having a stress management program in a healthcare unit and the frequency of conflicts in the work of medical personnel in a given unit

	Noticeable conflicts		Hardly noticeable		No conflicts		Total	
Stress management program in unit	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Yes	2	11.76	0	0.00	6	2.18	8	2.67
No	13	76.47	4	50.00	266	96.73	283	94.33
Other	2	11.76	4	50.00	3	1.09	9	3.00
Suma	17	100.00	8	100.00	275	100	300	100
Test Chi^2								
Chi^2	df		p		r		N	
2.26E-15	4		0.05		1.30E-16		300	

Source: The authors' own study based on surveys.

It is important to note that health professionals from only 10 healthcare establishments reported maintaining contact with personnel from other units as part of an exchange of experience in dealing with workplace threats. Similarly, within this group of 10 units, five healthcare establishments maintained contact with research institutions or local associations involved in health protection and combating workplace stress.

5. Conclusions

Occupational stress is one of the major threats to the mental and physical health of health professionals. This paper presents a comprehensive analysis of the causes, consequences, and the need to implement systemic stress management programs in healthcare units. Health professionals—doctors, nurses, paramedics—face significant daily strain due to the responsibility for patients' lives, time pressure, exposure to suffering, and frequent resource shortages.

An additional and increasingly prevalent stress factor is patient aggression. Research confirms that more than half of health professionals experience verbal or physical aggression almost daily, negatively impacting their mental well-being and sense of safety.

Nevertheless, research results reveal a surprisingly low level of awareness among healthcare unit management: only 20% of respondents recognised the need for stress management programs, while over 80% saw no benefit in such initiatives. The absence of support programs, poor awareness of the consequences of stress and burnout, and systemic negligence are alarming—particularly given the growing pressure on healthcare personnel.

Stress management programs should encompass both organisational and individual-level measures. Such initiatives have been successfully implemented in healthcare systems across multiple countries, where they have demonstrated positive effects in reducing burnout and improving work productivity.

In Poland, however, the implementation of stress management programs faces multiple obstacles. These include the lack of specific legal obligations requiring employers to address occupational stress, insufficient funding, limited managerial education, and overworked staff who have no time for preventive activities. Existing regulations, such as provisions in the Constitution of the Republic of Poland and the Labour Code, are too general and lack concrete mechanisms for occupational stress prevention. Furthermore, some decision-makers still view support programs as unnecessary costs rather than investments in the effectiveness and safety of the healthcare system. To change this perception, it is essential to educate leadership and develop a clear legal framework that promotes systemic initiatives supporting mental health in the workplace. Encouragingly, although responses from healthcare managers may suggest limited awareness of their personnel's stress-related issues, they simultaneously highlight the need for funding measures to protect employees' mental health and prevent related problems.

Given the ongoing human resource crisis in healthcare and rising societal expectations, the implementation of stress management programs is no longer a luxury—it is a necessity. Investing in the mental health of healthcare workers is tantamount to investing in patient safety and the overall quality of the healthcare system. A crucial next step is transitioning from incidental measures to a systemic approach grounded in awareness, regulation, funding, and an organisational culture based on empathy and respect for employees. Are we ready for such a change in Poland? This question demands a swift answer—and even swifter action.

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