

## Keeping Health Professionals' Healthy and at Work: Why Prevention has to Start during Education and Should Never Stop

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### Editorial

Health psychology has two main topics in educating Health professionals. First, an obvious goal is to increase the ability of health professionals to provide health knowledge to their patients and improve their ability to become or stay healthy. Second, health psychology should help health professionals to cope with their numerous challenges on their work place. Stressful events, difficult interaction with patients and colleagues and often tough working environment increase the chance for stress-related disorders, e.g. burnout [1, 2].

Most research and prevention efforts focus on work place variables. Unfortunately, some studies show that distress levels in health professionals are high – even before they start with professional career [3]. In a not yet published study we aimed to identify predictors for chronic stress in nursing students. Predictors for Chronic Stress in Austrian Nursing Students

In a cross sectional design we asked 131 students of an Austrian nursing school to complete a self-administered questionnaire including chronic stress, depression, physical symptoms, pathological eating and other psychological variables. Chronic stress was measured by the screening scale of the Trier Inventory for the Assessment of Chronic Stress (TICS) [4]. The sample had a high stress score ( $M=23.14$ ,  $SD=9.37$ ). High frequency of physical symptoms ( $OR=7.27$ , 95% CI: 2.45-21.58) and high depression score ( $OR=5.54$ , 95% CI: 1.94- 15.79) were significant predictors for chronic stress in students. Pathological eating and working hours were associated with chronic stress but remained insignificant in regression analysis.

Furthermore, proactive coping strategies (“engagement”) were negatively correlated with chronic stress (Pearson’s  $r=-0.21$ ,  $p=.02$ ), while passive coping strategies (“disengagement”) were

positively correlated with chronic stress score (Pearson’s  $r=0.37$ ,  $p<.01$ ). Nevertheless regression analysis did not reveal a significant role as predictors for chronic stress.

Although other studies conducted in different nations are not consistent regarding the amount of distress measured in nursing and other health professional students, they conclude as well that education is not “a safe, stress-free place”. There is strong support that prevention activities have to start during education programs [5-7].

However, it is a lack of many prevention programs that they are not evidence based. It is significant that prevention programmes and activities to help nursing and other health professional students to cope with the exceeding strain associated with their professions are based on reliable data. Therefore it is important to evaluate where the problems exactly are, and consequently evaluate what works best to address these problems. A framework for that is evidence based workplace health promotion (EbWHP). Ideally EbWHP is part of an evidence based management of the organization (EBMgt) [8]. We described how this can work in practice, elsewhere [9]. The willingness of nursing students to participate in prevention activities seems to be high, at least in our small sample: e.g. approximately 56 percent are open for relaxation exercises to reduce exam nerves.

Recently researchers reported that intention to leave in nurses is associated with burnout level [10]. Undoubtedly, prevention activities to prevent health professionals to leave their jobs have to include work life balance, productive ageing and creating better work environments. Another important aspect is that human resources development and work health promotion have to work much more together than they do it today. Career paths that offer opportunities in clinics, teaching and research can help health professionals to keep on working in their field of expertise [11].

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