



Guidance tool for hospitals (Denmark)

Introduction

Introduce the psychological work environment inspection.

By carrying out an inspection it is possible to make people aware that the psychological work-place is one of the subjects that people will always bring up when the Labour Inspectorate inspects the working environment of an organisation in response to the possible occurrence of psychological problems in all sectors.

When inspecting it may be appropriate to say, “One of the things we need to talk about is your psychological work environment”. If necessary, go into precise details on what you are going to talk about.

Preliminary questions

These questions can be useful for starting up a conversation on the psychological work environment.



Start with general questions about the organisation. For example:



Can you tell me a little bit about what you do?



Which patient groups do you have?



What is the structure of the ward?



Which professional groups are employed?



How do you work together?



What is a normal day like?



How is work organised around each patient?

You should then find out whether the company has addressed the psychological work environment in its Workplace Evaluation. If so, the interview guide can be used as inspiration for going into more depth with the questions on how the company has related to the psychological work environment in the Workplace Evaluation. If the company has not addressed the psychological work environment in the Workplace Evaluation, the interview guide can be used to ascertain if there are problems in that area.

Questions: Workplace Evaluation:



Have you addressed the psychological work environment in your Workplace Evaluation?



Have you found problems? If so, which ones?



What have you done to overcome these problems? Ask for a description.



Other preliminary questions:



How are you getting on here? Are things going well for you?



Is this a good place to work? Try to describe why this is your impression.



Are people happy here?



What types of assignments do you have right now?

Presentation of risk factors to be brought up

In relation to the psychological work environment, we will ask about the following risk factors:



Heavy workload and time pressure.



High emotional demands when working with patients and relatives.



Violence, threats and traumatic incidents.

In addition to this, we will enquire about bullying and sexual harassment, if we find this is a problem in the company.

Relationships can often be extremely problematic in this sector. All of these (with the exception of bullying and sexual harassment) are described in the sector's guide.

How have you approached these matters, e.g. in your Workplace Evaluation?

(Ask to see a Workplace Evaluation.)

(Surveying, evaluation, plan of action, follow up, sick leave.)

Factors that may be indicative of a poor psychological work environment

Is it your impression that some employees leave the organisation due to stress in the psychological workplace? Is there a high level of staff turnover?

Do you feel that absences occur due to problems in the workplace, e.g. stress and a poor psychological work environment?

Have there been changes in the number of people taking sick leave during the past year? (If so, ask for statistics.)

Are you under the impression that there are conflicts in the company which are due to tension at work, i.e. stress and heavy workload?

If conflicts do occur, try to find out whether these conflicts amount to bullying or sexual harassment.

Questions regarding the risk factors

Final questions

Is there anything else in your psychological work environment that we have not spoken about?

Is there anything else which the Labour Inspection should be made aware of?

Risk factor: **Heavy workload and time pressure**

Occurrence

Working on hospital wards is, from the outset, characterised by the following (basic) conditions:

- The requirement to take responsibility for the care and treatment of sick patients, including patients with life-threatening illnesses

In general, are you able to achieve what is expected of you vis-à-vis set goals?

Does this apply to all staff, or are there certain vulnerable groups/employees?

Try and find out whom, where, how often and when

Over what period of time has this pressure been going on? Does it look as if it is going to continue?

- Yes

The work is characterised by:

- Too many tasks for the staffing available
- The accumulation of many demanding tasks all at once
- A lot of administrative tasks
- Many interruptions when carrying out tasks which demand concentration (i.e. telephones ringing, colleagues requesting help, noise in the offices)

- Contradictory expectations – disagreements about what is offered to the patients and what is expected from the relatives of the patients
- Great demands for documentation of the work
- Problems due to the introduction of IT technology (e.g. electronic patient records)
- Extensive collaboration with other wards
- Patients with many different diagnoses
- High patient flow
- High bed occupancy rate (how often?)
- Constant demands for nursing
- Many urgent tasks
- Frequent busy periods
- Demands on attention and concentration during operations
- Other

In your opinion, what is the cause of this heavy workload and time pressure?

Prevention

How do you make sure that the pressures on time and work are not too great for the individual employee? Give an example. Does it work?

How do employees get help and support in their work from managers and colleagues?

- Continuous adjustments to staffing vis-à-vis the number of patients/demands set
- Appropriate allocation of assignments in relation to the nature of the task and level of difficulty
- Temporary cover/temporary staff
- Prioritisation of tasks generally and with unforeseen shortage of staff
- Prioritisation of urgent tasks
- Clear work expectations
- Job descriptions
- Necessary information for carrying out work
- Consensus with regard to care and treatment
- Dialogue with patients and relatives on expectations regarding staff/treatment/care
- Feedback and acknowledgement when the work has been carried out
- Work that requires high levels of concentration is organised so that it is possible to carry it out without being disturbed
- Guidelines for dealing with complaints about care/treatment/staff
- Suitable physical framework (sufficient space and relaxed atmosphere)
- Technical aids (IT equipment and IT software, equipment for investigations and treatment) suitable for the task

Prevention

- Efficient back-up where staff can receive help with many concurrent tasks (especially doctors)
- Good chances of assistance from colleagues and daily coaching

In what way do employees influence planning, prioritisation and implementation of their own work?

For example, do employees have any influence on:

- Staff rota
- Workload
- Breaks
- The distribution of tasks
- Which work methods they use
- Sequence of tasks
- Who they work with
- The goals set

Influenced achieved by:

- Frequent meetings (e.g. staff meetings, team meetings)
- Team organisation
- Frequent dialog with manager about own work and own working conditions
- Other

Which types of work-related instructions, training and courses are offered to employees on an ongoing basis?

- Systematic education and training relevant to diagnostics of the patient group, problematic areas and treatment
- Efficient training and education in IT systems

Is there anything else that contributes to reducing stress?

Work-related consequences

Can you recognise any of these as typical consequences of heavy workloads and time pressure?

- Error in treatment (e.g. wrong medicine)
- The methods of treatment and care plans are not followed/cannot be followed
- Regularly coming up against conflicting demands with the work
- Tasks that need to be done are not done (preparation, documentation, follow-up). Obtain specific examples
- High work tempo throughout the day (top speed)
- Not possible to take breaks
- A lot of overtime
- Overtime cannot be taken off in lieu
- Complaints from patients/relatives etc.
- Conflicts with patients
- Violence and threats
- Bullying
- Other

Risk factor: **High emotional demands when working with patients and relatives**

Occurrence

From the outset, work on wards is characterised by the following (basic) conditions:

- Need to sympathise and empathise
- Need for specific behaviour from staff
- Need to handle own feelings and reactions
- Need to keep everything in perspective
- Need to be on top of the situation at hand
- Need to know each patient
- Need to handle the feelings and reactions of others
- Need to work alongside colleagues
- Death among patients

The work is characterised by:

- Long-term patients
- Patient groups with special needs for psychological or social help and support from employees, e.g. those suffering from mental illnesses or dementia

- Patients requiring help when grieving or requiring crisis help, e.g. young patients, patients who have been diagnosed with a serious condition
- Patients with drug problems
- Palliative care (care of dying patients)
- Strong emotional reactions from patients are a daily part of the work
- Many patients with many different diagnoses
- Intensive collaboration with relatives
- Patients and relatives who do not speak the language of the country
- Great flow of seriously ill patients
- Frequent work under pressure on time
- Other

What do you believe is the cause of the high emotional demands in the work?

Prevention

How do you prevent work with patients from becoming too much of a strain on the employees? Does it work?

How do employees get help and support in their work from managers and colleagues?

-
- Systematic and regular external supervision
 - Feedback, coaching and acknowledgement from colleagues and managers
 - Specific objectives for work (when is the work result good enough/success criteria?)
 - Written care and treatment plans for each patient
 - Consensus and practice with regard to care and treatment

- Overlap/transfer for shift changes
- Interpreters when working with patients who do not speak the language of the country
- Possibility of withdrawing (a place for privacy)

In what way do employees have an influence on planning, prioritising and implementing their own work?

For example, do employees have any influence on:

- Workload
- Breaks
- Distribution of tasks
- Which work methods they use

Prevention

- Sequence of tasks
- Who they work with
- The goals set

Influenced achieved by:

- Frequent meetings (e.g. staff meetings, team meetings)
- Team organisation
- Frequent dialog with manager about own work and own working conditions
- Other

Which types of ongoing work-related instructions, training and courses are offered to employees?

- Systematic training/further training appropriate to all patients with special needs (e.g. the mentally ill and dementia patients)
- Knowledge of the ward's objective
- Knowledge of consensus and practice with care

Is there anything else that contributes to reducing stress?

Work-related consequences

Can you identify any of these as consequences of working with patients and relatives?

- Complaints from patients/relatives etc.
- Conflicts with patients
- Loss of commitment on the ward
- Lack of surplus on the ward for empathising with the patients' situation
- Tendency to avoid contact with patients on the wards, besides basic nursing care
- Project work has come to a halt
- Treatment and nursing plans are not adhered to
- Bullying
- Other

Risk factor: **Violence, threats and traumatic incidents**

Occurrence

Are employees subjected to violence, threats and traumatic incidents?

(Ask for the ward's records and reports on episodes involving violence, threats and traumatic incidents.)

How many episodes involving violence, threats and traumatic events have there been within the past year?

Try and find out whom, where, how often.

Which types of violence, threats and traumatic events are employees subjected to?

- Attacks or other physical violence (being kicked, hit, spat at etc.)
- Threats of violence or other threatening behaviour, i.e. infringing personal physical boundaries
- Threats against employee safety
- Verbal abuse, harassment, discriminatory remarks

- Conflicts and fights among patients
- Employee's property being vandalised
- Deaths, including children who die
- Patients who commit suicide
- Other

Do violence and threats of violence occur in situations where people are working alone?

- Yes

The work is characterised by:

- Patients who are under the influence of alcohol or drugs
- Patients who are mentally ill (psychotic)
- Frequent work under time pressure

Prevention

How do you make sure that violence and threats are kept to a minimum? Give an example. Does it work?

Do you have a plan for handling violence, threats and traumatic incidents? What does the plan consist of?

How do you make sure that employees know the plan and keep to the plan?

How do you handle violence, threats and traumatic incidents before, during and after the incident?

Before

- Definition of physical and verbal violence
- Training – conflict management and communication
- Guidelines on how employees respond during episodes of violence, threats and other traumatic incidents

- Guidelines on how to respond to conflicts and fights among patients
- Appropriate guidelines for working alone
- Consensus on what behaviour is acceptable from patients and how to take steps to restrict unacceptable behaviour
- Planning work in relation to the risk of violence
- Information for patients on waiting times
- Systematic supervision

During and immediately after

- Efficient alarm procedures
- Managerial support (relevant coordination of tasks, clearly defined roles and duties)
- Psychological first aid (knowledge and application)
- Debriefing (staff group jointly)

Prevention

Long-term follow-up

- Crisis counselling – professional
- Investigations and analysis with a view to prevention
- Supervision
- Recording incidents
- Managerial support (e.g. telephone contact, getting back to work)
- Report to the Labour Inspectorate

Technical safety measures and layout

- Alarms
- Physical layout (escape routes, walking areas, room sizes in relation to the number of people)
- Rooms, living rooms and walking areas with a relaxing and warm ambiance

Is there anything else that contributes to reducing stress caused by violence and threats of violence?

Work-related consequences

Can you identify any of these as consequences of violence and traumatic incidents?

- ‘Anxiety’ in the organisation
- The Tarzan syndrome – the attitude that the risk of violence is a risk that one can live with
- Many urgent calls to the police
- Loss of commitment on the ward
- Physical settings defaced by graffiti
- Other