

# Evaluation of Workplace Stressors in Clinical Practice

Taking an Occupational History relevant to the  
Cardiovascular System

**Step A:**  
**Type of Occupation**

**Is it High Risk Category**

# High Risk for Hypertension and/or CVD

- Professional Drivers
- Air Traffic Controllers
- Sea Pilots
- Workers in the Explosives Industry
- Smelter Workers
- Chimney Sweeps
- Factory Workers

# High Risk for Burnout and/or Other Adverse Mental Health Outcomes

- Nurses
- Physicians
- Other Health Professionals
- Teachers
- Painters
- Firefighters

# High Risk for Repetitive Motion Syndromes

- Factory workers
- Workers mainly sitting behind Computer Terminals
- Nurses
- Professional Drivers

## Step B: Job Characteristics

- Underload
- High Psychological Demand
- Low Control/Physical Constraints
- Noxious Physical Exposures
- Disaster Potential-Symbolic Aversiveness
- Socially Isolated

# Under-load

- Monotonous work
- No decision-making
- No need to communicate with others  
(socially isolated work)

# High Psychological Demand

- Rapid flow of new information
- Receives and transmits important, job-related information to other people
- Many things going on simultaneously/must divide attention
- Must focus attention upon devices
- Complicated decision making and/or tasks
- Supervises work of others

# Low Control/Physical Constraints

- Strict time schedule
- Paced work
- No chance for creativity
- No influence over work conditions
- Works in a confined space/fixed body position
- Heavily Supervised

# Physician Influence over Working Conditions

How much **influence** do you have over:

	Major	Some	Little/None
44. Your own work hours and schedule			
45. Number of patients under your care/ outpatient scheduling			
46. Which colleagues and staff you work with			
47. Scheduling of vacation			
48. Planning and policy of your institution (Including those regarding indications for medical procedures and for hospital admissions)			
49. Whether and how much you will take on other, non-clinical duties			

# Heavy Supervision over Physician's Work

OSI-MD: Yes, if Q. 50=yes, with clinical judgment often questioned and Q. 58=c

50. Is your work **overseen** by others?  Yes  No

*If yes, please check all which apply:*

- a) By more senior physicians
- b) Non-physician personnel (e.g. administrators, nurses)
- c) Physicians of your level or lower

*If yes, is your clinical judgment questioned?*

- a) Often
- b) Sometimes
- c) Rarely or never

58. When obliged to display knowledge and/or skills in front of colleagues and/or supervisors (e.g. during rounds, journal club, other presentations, etc.):

- a) The atmosphere is constructive and conducive to growth and learning
- b) There is some tension. Oversights and/or lack of knowledge will be noticed and commented upon. If these are of major importance, there may be adverse consequences for me.
- c) These occasions are highly unpleasant. Even the slightest oversight or lack of knowledge inevitably becomes a point of ridicule and/or chastisement

# Physically Aversive Exposures

- Glare
- Noise
- Vibration
- Heavy lifting (isometric stress)
- Heat
- Cold
- Gases, Dusts, Fumes

# Disaster Potential- Symbolic Aversiveness

- Serious (even fatal) consequences of error or lapse of attention (threat-avoidant vigilant work)
- Encountering visually disturbing scenes
- Listening to emotionally-disturbing occurrences
- Danger of serious accidents (hazardous tasks)
- Threat of physical violence from other people

# Step C:

## Specific Work Conditions

*Likely to Vary Within an Occupation*

- Work schedule & rest breaks
- Actual Workload & its distribution over time
- Level of exposure to physical noxins
- Number of work accidents
- Hassles and barriers to task performance
- Social climate/social support/collective control

# Work schedule & rest breaks

- Number of work hours
- Shift work
- Irregular work hours
- Rest breaks: scheduled and unscheduled,  
Minibreaks
- Vacations

*Individual and collective worker control over these*

# Shift Work Conditions for Physicians

## 18. Frequency of **night call**

Can vary from Rarely (no more than once per month) or never to  
Every third night or even more frequently  
Or perhaps work the night shift

## 19. How much **sleep** during night call?

20. Obligated to be physically at the hospital during night call versus on pager, and only occasionally must come in.

## 21. **Free time adjacent to night call**

- a) I come in for the night shift, having been free that day
- b) After the night shift, I go home in the morning
- c) I go on call after having worked that day, and must work at least part (if not all) of the next day

*If you answered (c) immediately above:*

## 22. Do you have **guaranteed relief** at a specified time after being on call?

- a) Yes, I can go home and be certain that the patients under my responsibility are cared for by colleagues
- b) No, it can happen that I must stay late to be sure my patients are stable before I go home

23. Being called at home during free (not on-call) time regarding clinical care of patients

# Actual Workload & its distribution over time

*Best evaluated for the specific occupation, e.g.*

- Teachers: # of classes, class size, number of challenged pupils, etc.
- Air Traffic Controllers: Average and peak traffic density, etc.
- Physicians: Total patient load, # admissions, % emergency or otherwise difficult patients, etc.

# Level of exposure to physical noxins

- Usual and maximal level of exposure  
*(how cold, how hot, how noisy, how heavy?)*
- Characteristics of exposure *(e.g. specific chemicals)*
- Duration *(how many hours/day, days/week, etc.)*

# Work Accidents

- Number experienced
- Severity of accidents
  
- Witnessing fatal accidents
- Witnessing serious accidents
  
- Hearing about fatal or serious accidents at one's workplace

# Hassles and barriers to task performance

- Conflicting demands in time and space
- Technical problems/breakdowns



# Interpersonal Relations- Social Climate

- Conflicts with Supervisor
- Conflicts with Colleagues
- Conflicts with Staff—Workers of other profiles

## **Step D:**

### **Exacerbating (new) conditions**

- More overtime work than usual
- New deadlines
- Recent involvement in or witnessing serious work accident or other threatening situation
- New interpersonal conflicts

# Step E:

## Larger Questions

- Looming possibility of layoff or permanent unemployment
- Need to change occupation or Workplace
- Minority/refugee/immigrant: Discrimination and/or status incongruity
- Restructuring within the work organization
- Additive burden from major non-work stressors
- Low SES