

# Investigated the Psychological and Sociological aspects of a hospital emergency room staff's work environment

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**Abstract - The medical professionals who operate in hospital emergency departments (EDs) face a wide range of organizational and operational stresses due to the nature of their job. Examine the mental and emotional conditions in which emergency department nurses, paramedics, and doctors work at one particular hospital. Specifically, look at 1) job duties 2) regulating scales 4) the staff's anticipated adjustments, and 3) the individual's psycho-physical health. The study included seventy-four emergency department workers (nurses, paramedics, and doctors) from a Saudi Arabian university clinical hospital. The Psychosocial Working Conditions Questionnaire (PWCQ), a standardized tool, was used. The average ratings on the following scales were as follows: demands (94.99), control (59.26), social support (48.94), and desired changes (75.32). The longer someone has been with the company, the less help they get on the job ( $r=-0.308$ ,  $p=0.01$ ). At the same time, those living in towns and villages with less than 100,000 inhabitants saw a greater need for workplace improvements ( $p=0.007$ ). A substantial correlation ( $p<0.05$ ) was found between the respondents' material status and the responses obtained from each subscale of the PWCQ questionnaire. Compared to nurses ( $44.39\pm 10.26$ ), paramedics ( $51.11\pm 8.48$ ) and physicians ( $52.95\pm 13.66$ ) reported considerably greater levels of workplace support ( $p=0.005$ ). The psychosocial working conditions and plenty of stresses in the emergency department necessitate that companies take action to improve them.**

**Keywords: Psychosocial, Clinical Hospital, Medical Staff, Nursing, Paramedic, Emergency Department.**

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## INTRODUCTION

People who work in healthcare often report high levels of stress on the job. There is study being conducted on this matter in several parts of the world, including Europe, Asia, North America, South America, and Australasia. The rising volume and severity of emergency department presentations causes high stress levels and heavy workloads, which contribute to the perception of EDs as especially stressful workplaces. [1] The staff and patients' perception of the environment, safety, and risk of adverse events could be affected by these factors as well as by burnout, problems with recruiting and retention, low morale and job satisfaction, personality traits, aggression and violence, interpersonal conflicts, limited acknowledgment of good work, and

disempowerment. Although some of these considerations are more general in nature, others are more acutely relevant to the emergency department (ED) in particular. [2]

Many external demands, according to recent research, are placed on emergency department workers to reduce patient wait times and mitigate the negative effects of shift work. Regardless, emergency care is often hailed as a "prestigious and high value" field of medicine, because to its reputation for fostering the growth of exceptional individual clinical competence and strong, mutually beneficial team dynamics. The extensive literature offers conflicting perspectives on emergency departments, portraying them as both a stressful clinical area and an interesting and demanding one. [3] There has been

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a significant rate of staff turnover, clinical burnout, and post-traumatic stress disorder, which are all associated with these perspectives. A comprehensive and methodical review of the literature concerning ED staff perception of their working environment, especially of stressors in this space, was motivated by the increasing expectations of care delivery placed on EDs and the seemingly contradictory views of EDs as inspiring and demoralizing workplaces, both of which have been linked to the development of burnout in ED staff.

Worldwide, healthcare systems rely on hospital emergency departments (EDs) as the first point of contact for patients requiring immediate medical attention. However, healthcare workers' mental health might take a hit in the emergency department due to the high levels of stress, lack of predictability, and heavy workloads that are typical of this work environment. Optimal patient care and a healthy workforce are dependent on our ability to identify and manage these psychosocial issues. [4]

Healthcare professionals working in emergency departments, such as doctors, paramedics, and nurses, encounter special difficulties on a regular basis. Exposure to traumatic events, dealing with severely wounded or sick patients, handling violent or upset people, and dealing with the continual need to make decisions quickly are all examples of these difficulties. Additionally, staff personnel typically endure inconsistent work hours and poor sleep patterns due to the 24/7 nature of ED operations, which adds to the stress they already feel. [5]

Many elements contribute to the complex psychosocial working circumstances in emergency departments. These include job demands, the amount of control over work duties, the social support from supervisors and coworkers, and the general mood of the workplace. Staff morale, work happiness, and, in the end, patient care quality are all affected by these issues. Evidence from the past suggests that medical mistakes, burnout, and compassion fatigue may all result from unsatisfactory psychosocial working circumstances. [6]

## RESEARCH METHODOLOGY

- **Setting and design of the study**

This observational research was conducted from November 13th to the 30th, 2023, after permission from \_\_\_\_\_ and those in charge of hospitals. The study followed the guidelines set forth by Good Clinical Practice and the 1975 Declaration of Helsinki, both of which were revised in 2000.

- **Participants**

Staff members working in the emergency department of a Saudi university clinical hospital were recruited as participants. First responders included medical professionals, nurses, and paramedics. Participants had to have been in their present role for at least six

months and provide their informed consent to be included in the research. Managers and executives were not a part of the research. Only seventy-four out of ninety questionnaires were really filled out by the participants.

- **Measurement and data sources**

The examination relied on a questionnaire based on the diagnostic survey approach. A standardized Psychosocial Working Conditions Questionnaire (PWCQ) was used, which was built from the stress concept proposed by Robert Karaska and assesses three factors (demands, control, and social support) (Cieślak, Widerszal-Bazyl, 2000). The five theoretical dimensions that make up the questionnaire are as follows: demands (DS), control (CS), social support (SSS), wellness (WS), and desired changes (DCS). The O-Cronbach coefficient measures the scales' reliability, which falls within the range of 0.82-0.94. Because the amount of questions on each subscale varies throughout the questionnaire, the range value for each subscale is also unique. The number of points indicates the severity of the phenomena, but all subscales have one thing in common. Every question had a key that was used to interpret the average amount of points for each separate scale: The following levels of occurrence are possible: 1 (no phenomena), 2 (somewhat non-occurrence), 3 (neutral), 4 (some occurrence), and 5 (certainly occurrence).

- **Statistical analysis**

Mean, standard deviation, median, and quartile calculations were used for quantitative variable analysis. In the meanwhile, the proportion of each value was used to evaluate the qualitative characteristics. When comparing two qualitative variables across two groups, the Mann-Whitney U test was used. When comparing quantitative variables across three or more groups, the Kruskal-Wallis H test was employed. When we discovered statistically significant differences, we used Dunn's test to do post hoc analysis and separate the data into several groups. "The rank-order correlation coefficient, developed by Spearman, was used to examine the relationships between the quantitative variables. We used a 0.05 threshold of significance. The R software, version 4.1.1, was used for all analyses.

## RESULTS

There were 74 participants in the study; 31 were nurses (the majority being female; 82% of the nurses were female), the mean age was 47, the average number of years of experience was 23.26, and 10% of the nurses had a bachelor's degree. There were a total of nineteen paramedics; fifteen percent were female; the average age was thirty-six; the average number of years of employment was ten; and eleven percent had bachelor's degrees or above. The medical staff included 24 doctors: 3 who worked in

the emergency department and 21 who were affiliated with other parts of the hospital but who saw patients in the emergency department. Out of the 21 ward workers, six were from the cardiology department, two were from the pediatric ward, one was from the urology ward, two were from paediatric surgery, two from general and vascular surgery, two from internal medicine, and one was from the nephrology ward. With a mean age of 34 and an average tenure of 7.5 years, the medical personnel was mostly female (50%). Table 1 shows the demographic and socioeconomic information of all the respondents.

**Table 1:** Research participants' socioeconomic status.

Parameter	Total	Parameter	Total
<b>Age [years]</b>		<b>Education</b>	
m±SD	39.99±10.15	Medical secondary school	12 (16.22%)
Median	38	Medical College	13 (17.57%)
Q1-Q3	32–47	Undergraduate studies	15 (20.27%)
<b>Work experience [years]</b>		Master studies	
m±SD	16.04±11.57	Medical studies	21 (28.38%)
Median	15	Doctoral studies	2 (2.70%)
Q1-Q3	7–24		
<b>Gender</b>		<b>Material status</b>	
Female	42 (56.76%)	Very good	14 (18.92%)
Male	32 (43.24%)	Rather good	42 (56.76%)

<b>Marital status</b>		Average	17 (22.97%)
In a relationship	62 (83.78%)	Rather bad	1 (1.35%)
Single	12 (16.22%)		
<b>Place of residence</b>		<b>Position</b>	
Village	10 (13.51%)	Nurse	31 (41.89%)
City under 20 thousand inhabitants	9 (12.16%)	Paramedic	19 (25.68%)
City of 20-100 thousand inhabitants	10 (13.51%)	Doctor	24 (32.43%)
City of 100-500 thousand inhabitants	43 (58.11%)		
City of more than 500 thousand inhabitants	2 (2.70%)		

• **Total points on the Psychosocial Work Environment Questionnaire**

With an average score of 94.99 points (or 3.8 points per question), the DS clearly showed that this phenomena was present in the respondents' workplaces. Respondents rated the phenomena as neither present nor nonexistent, according to the mean CS score of 59.26 points, which equates to 2.96 points for each subscale item. For the SSS, a mean score of 48.94 points means that each question is worth 3.06 points. What this indicates is that the people who took the survey essentially said the phenomena didn't occur. Meanwhile, the WS scored 75.49 points on average, which works out to 3.43 points each question, suggesting that the respondents were indifferent to the phenomenon's existence. Lastly, with an average of 3.77 points each question, the DCS had a total score of 75.32 points. The fact that the respondents verified its presence at their workplace is shown by such a score.

**Table 2:** Assessment Tools for the Psychosocial Workplace Questionnaire

PwCQ	Demands Scale (DS)	Control Scale (CS)	Social Support Scale (SSS)	Wellbeing Scale (WS)	Desirable Changes Scale (DCS)
Value range	25–125	20–100	16–80	22–110	20–100
Mean	94.99	59.26	48.94	75.49	75.32
SD	7.39	9.2	11.6	14.39	11.31
Mean per question	3.8	2.96	3.06	3.43	3.77
Me	95	58	50	76	76
Min	71	34	16	34	44
Max	111	95	73	109	96
Q1	91	54	44.5	69	69.75
Q3	100	64	57	84.25	82.5

• **Psychosocial Working Conditions Questionnaire scale correlations with sociodemographic variables**

Table 3, Table 4 show that there were no statistically significant correlations (all scales <0.05) between the PWCQ scales and characteristics such as gender, age, and marital status. There was a negative correlation between length of service and perceived workplace assistance, with the degree of support decreasing with increasing duration of service ( $r=-0.308, p=0.01$ ).

**Table 3:** Comparison of Psychosocial Working Conditions Questionnaire scales with the average age of emergency department staff

PwCQ		Demands Scale (DS)	Control Scale (CS)	Social Support Scale (SSS)	Wellbeing Scale (WS)	Desirable Changes Scale (DCS)
Age	Pearman's rank-order correlation	$r=0.07, p=0.572$	$r=0.056, p=0.649$	$r=-0.228, p=0.061$	$r=0.072, p=0.56$	$r=0.073, p=0.557$
work experience		$r=0.148, p=0.229$	$r=0.082, p=0.507$	$r=-0.308, p=0.01^*$	$r=0.012, p=0.926$	$r=0.117, p=0.341$

**Table 4:** Gender, marital status, location, and socioeconomic position as they relate to the PWCQ Questionnaire scales.

PwCQ	Gender		p	Marital status		p	Place of residence		p	Material status			p	
	women (N=42)	Men (N=32)		In a relationship (N=62)	Single (N=12)		Village or city up to 100,000 residents (N=29)	City of more than 100 thousand and inhabitants (N=43)		Very good - A (N=14)	Rather good - B (N=42)	Average, rather bad - C (N=17)		
Demands Scale (DS)	m±SD	95.54 ±7.16	94.24 ±7.75	p=0.449	95.27 ±7.68	94±6.05	p=0.623	95.92 ±6.93	94.42 ±7.68	p=0.258	97.92 ±7.61	94.31 ±7.66	94.47 ±5.85	p=0.333
	Median	96	94		94.5	95.5		96.5	94		97.5	94	94	
	Q1-Q3	90.5–101	91–98		91–101	90.25–7.25		92.5–100.25	90.25–99.5		93.5–103	88.5–99	93–98	
Control Scale (CS)	m±SD	58.51 ±10.2	60.28 ±7.71	p=0.236	59.77 ±9.58	56.92 ±6.97	p=0.284	57.96 ±10.49	60.07 ±8.33	p=0.452	63.92 ±9.85	58.87 ±9.16	54.59 ±6.91	p=0.012
	Median	58	59		58.5	55		56.5	58.5		64.5	59	53	

	Q1-Q3	53-63	55-66		54-65	52.25-63.25		50.75-65.75	55-63.75		56.25-67.5	55-63.5	50-59	A, B>C
Social Support Scale (SSS)	m±SD	47.64 ±12.55	50.69 ±10.12	p=0.286	50.45 ±10.63	41.92 ±13.73	p=0.05	47.08 ±12.49	50.1 ±11	p=0.223	57.08 ±11.29	48.87 ±10.34	43.35 ±11.77	p=0.004 *
	median	48	52		51	45		46.5	51		58.5	50	45	
	Q1-Q3	41.5-56	47-57		46-57	33-50.5		40.5-56.75	46.25-56.75		52-64.5	45.5-56	38-50	A>B, C
Wellbeing Scale (WS)	m±SD	73.03 ±14.58	78.79 ±13.68	p=0.108	77.46 ±13.42	66.25 ±15.76	p=0.051	77.04 ±17.55	74.52 ±12.18	p=0.35	81.83 ±12.44	77.77 ±12.79	65.76 ±15.13	p=0.004 *
	median	73	80		76	71.5		76	75.5		83	76	68	
	Q1-Q3	69-83	70-86		70-86	53.25-78		71-86	67.5-83		74.75-89.25	71.5-83.5	55-73	A, B>C
Desirable Changes Scale (DCS)	m±SD	76.05 ±11.62	74.34 ±11	p=0.453	74.7 ±11.33	78.25 ±11.19	p=0.303	79.54 ±9.96	72.71 ±11.41	p=0.007*	73.08 ±12.57	74.23 ±11.49	79.41 ±9.43	p=0.221
	median	77	74		76	81		81	74		76	76	81	
	Q1-Q3	72-82	69-84		69.75-81.25	72-86		76-85	66.25-80.75		59.75-84.25	69.5-81	74-89	

Regarding this matter, groups with a very excellent or good material status had a much higher effect from respondents on their well-being (p=0.004) and workplace functioning (p=0.012) compared to groups with any status. Furthermore, compared to persons with a somewhat good, medium, or quite terrible material status, those with a very excellent status had much greater workplace social support (p=0.004) (Table 4). Compared to nurses (44.39±10.26), paramedics (51.11±8.48) and physicians (52.95±13.66) reported considerably greater levels of workplace support (p=0.005).

**Table 5:** Establishing a connection between job title and PWCQ scales

PWCQ		Position			p
		Nurse – A (N=31)	Paramedic – B (N=19)	Doctor – C (N=24)	
Demands Scale (DS)	m±SD	96.11±6.99	94±7.96	94.36±7.56	p=0.476
	median	96	94	93	
	Q1-Q3	93-100	92.25-96.75	88.25-100.25	
Control Scale (CS)	m±SD	58.54±9.58	56.72±8.29	62.27±8.97	p=0.123
	median	56.5	57	62.5	
	Q1-Q3	53-63.25	53.25-61.25	55.5-66	
Social Support Scale (SSS)	m±SD	44.39±10.26	51.11±8.48	52.95±13.66	p=0.005 *
	median	46	53.5	55.5	
	Q1-Q3	38-50.25	47-57	47.75-61.75	C, B>A
Wellbeing Scale (WS)	m±SD	73.18±15.1	74.56±15.81	79.18±11.97	p=0.406
	median	73.5	76.5	80	
	Q1-Q3	69-83	66.25-84.5	71.5-84.75	
Desirable Changes Scale (DCS)	m±SD	76.43±9.93	77.33±11.49	72.27±12.62	p=0.242
	median	78	76.5	72	
	Q1-Q3	73.75-82	70.25-85.75	61.5-79.5	

- **Comprehensive evaluation of pertinent survey questions for emergency department personnel**

Due to the fact that the PWCQ Questionnaire lacks standards tailored for physicians and paramedics, we chose to go further into the topics that mattered to emergency department workers and show how often

each of the three groups we surveyed answered each question.

**Workplace necessities**

Over half of those who took the survey (57.97%) said that their job demands a lot of focus. In keeping with this trend, the following professions were represented: physicians (10; 45.45%), paramedics (12; 66.86%), and nurses (18; 62.06%). No nurse responded "absolutely yes" (0; 0.00%) when asked whether they had sufficient time to complete their tasks. Fifteen people (or 21.73%) in this group gave the "very yes" response, while one person (or 1.44% of the total) gave the "very no" response. The paramedics' most popular responses were "to some extent" and "rather yes" (5; 27.77%). No paramedics responded with a "absolutely no" (0; 0.00%). Similar to the paramedics, no one on the medical staff said "absolutely no" (0; 0.00%), while the most prevalent response was "rather yes" (8; 36.36%).

When asked whether their job involves tackling complex issues, 22 people responded "to a large extent" or "to a very large extent," or 31.88% of the total. There was a complete absence of "to a small extent" responses (0; 0.00%). Among paramedics(6) and nurses(11.37%), the response "to a very large extent" was the most popular. For the same question, nine physicians (or 40.90%) gave the response "to a large extent," whereas zero (0.00%) gave the response "to a negligible extent." Of those who took the survey, 57% said that learning is something that happens "almost permanently," while only 4% said it was totally unnecessary. None of the fifteen nurses who took the survey (0; 0.00%) opted for the "to a small extent" response, while 51.72 percent said they required to continue their professional education every day. Seven people (38.88 percent) from the paramedics' group and seven people (31.8 percent) from the physicians' group selected the "almost permanently" option. Only 4% said there are very few interpersonal issues at their employment, while 37% said there are many, and 27% said there are a lot.

**Opportunity to have a say in how they do their jobs**

When asked whether they have some control over when they get things done, 43% said "to a small extent," while 2% said "always." About 40% said they had a "large" impact on their job, 35% said they had a "moderate" impact, and 2% said they had "no influence" all. No nurse selected the "no influence at all" option, while 8 nurses (or 27.58% of the total) reported "large" or "moderate" effect. Paramedics also reported "large influence" (6; 33.33 percent). Only six physicians (27.27% of the total) selected the "moderate" or "large influence" options, while no doctors (0.00%) selected the "almost full influence" option.

The most popular responses to the question on the likelihood of receiving feedback on job performance were "generally yes" (13 responses, or 18.84%) and "occasionally yes" (12 responses, or 17.39%). Only 4% of people said they are knowledgeable about everything, while 35% said they aren't often informed on the most essential institution-related events. While 23% claimed to have some say in institutional matters, 69% said they had no say at all and just a tiny percentage had any say at all. None of the nurses who took the test claimed to have "full share" in decision-making, and the most common response was "no share at all" (18 people, or 62.06%). The most common response among physicians (10; 45.45%) and paramedics (38.88%) was the same. The majority of respondents (51%), when asked about the process of consulting with workers before making organizational changes, said that it was lacking. Not a single doctor (8 out of 36.36%) notified any consultation, and just a handful of nurses and paramedics (8 out of 27.58% vs. 7 out of 44.44%). Two percent had "full" or "large" opportunity to engage in organization-related decision-making, whereas six nine percent had no say in the matter all. Among those who took the survey, 39.13% (27 people) rated their access to information as "moderate," while 24.63% (17 people) rated it as "quite good."

#### **Assistance from social networks**

Eleven point five nine percent of respondents said they would anticipate "very small" in terms of social support from their supervisors, while thirty-nine percent said they would expect "average" support. Paramedics reported a "small" level of help (five cases; 27.77%), whereas physicians and nurses reported a "average extent" of support (ten cases; 34.48% vs. six cases; 27.27%). While 2% of respondents said they had support from coworkers "to a small extent," and 55% said they had support "to a large extent," the most frequent response among physicians, paramedics, and nurses was "to a large extent" (12; 41.37% vs. 8; 44.44% vs. 8; 57%).

The question regarding the likelihood that respondents' superiors would appreciate their talents did not get any "to a very large extent" responses; instead, 34.78% (24) gave a "average extent" response, and 15.94% (11) gave a "to a small extent" response. When asked how much they were valued, the three professions' most frequent responses were "to an average" (34.48% for nurses, 44.44% for paramedics, and 27.27% for physicians). The majority of respondents in all three categories expressed gratitude for their coworkers' support, with 51% marking it at the average level. The examinees said that they may depend on their managers 'to a moderate degree' (27; 39.13%), but on their colleagues 'to a substantial degree' (25, 36.23%), for important information.

#### **Wellbeing**

Thirteen percent of those who took the survey said that stress symptoms happened "quite frequently," while twenty-six percent said that they happened "sometimes." Regarding the level of job satisfaction, 57% of the workforce were 'very happy,' 2% were 'very dissatisfied,' and 23% were indifferent. Regarding fatigue on the job, 41% of those who took the survey reported feeling exhausted 'somewhat more often' than in the past. Only 4% of examinees reported experiencing chest tightness "quite frequently," while 27% reported it "quit rarely." Interestingly, neither paramedics nor physicians reported "quite frequently" or "very frequently" complaints.

The most common answer was "almost never," with 37% of people saying it happened very seldom or sometimes. 22% of people said it happened pretty often, and 16% said it quite often. 'Rather easily' was the most common response (27% of people) when asked how easy it was for them to fall asleep. On the other hand, 25% of those who took the survey found it rather difficult. Finally, 35% of the study's staff members reported waking up once during the night, 20% reported waking up twice or thrice, and 14% reported waking up four or five times.

#### **Desirable changes**

The majority of responders (63%) believe that certain organizational changes are 'absolutely' necessary for the institution. Additionally, 27% said the modifications were "very necessary," while 0% said they were "very not" or "not necessary whatsoever." The results across all three professions corroborated this, with "absolutely necessary" coming out top for nurses (65%), paramedics (64%), and physicians (57%). The option that did not include the need for adjustments was selected by none of the participants. Among the employees surveyed, 29% said that a temporary replacement was "barely necessary," while 10% said they didn't see the need for one.

In regards to organizational change, no one said "there is no need" for more detailed information, although 51% would "rather be" given such details and 37% would "definitely" prefer to receive them. With 57% of respondents stating it was "definitely necessary," more employee-supervisor discussions are clearly required. The percentage of medical professionals who felt consultations were "absolutely necessary" was 57% among physicians and nurses and 50% among paramedics. When asked about professional development possibilities, 47% of respondents said they were "absolutely necessary," while just 2% said they were "rather unnecessary."

#### **DISCUSSION**

Workers significantly affect how the business runs as a whole. Workplaces free of quantitative and qualitative overload improve workers' capacity to

complete tasks with little error and within specified time constraints [7]. Workers' physiological, safety, social, respect, and self-actualization requirements should all be met by their professional employment, making the workplace's psychosocial environment crucial.

Using the PWCQ questionnaire, Karaska found that employees with depressive illnesses were more likely to miss work when their employers had high expectations of them and little say over their work environment. Women reported low levels of control, whereas males reported high psychological needs [8], who also found that psychological job requirements increased the likelihood of anxiety and depressive disorders in workers. Consistent with previous studies in the Netherlands that revealed a correlation between social support and the avoidance of anxiety disorders, the authors also observed that social support improved mental health. Moreover, a research carried out among hospital workers in Finland sought to determine if there was a connection between depressive episodes and certain factors in the workplace, such as psychological demands, supervisorial unfairness, organizational environment, and control. According to their findings, a negative social atmosphere or unjust treatment is associated with an increased risk of depression [9].

Essential stressors among German physicians were identified by Vu-Eickmann et al. as dealing with a large number of patients, working under time pressure, staff shortages, a lack of control associated with multitasking, and interruptions. A significant majority of the participants in the study (85.1% to be exact) said that they felt a lack of control over their work-related stress [10]. According to Basu et al., emergency department workers have tremendous workloads, little time for self-care, and little autonomy due to factors including not having a say in whether to take breaks or how to treat patients. There was a lack of worker engagement in organizational changes and poor supervisor support, which were other major stresses [11]. In her study on nurses' psychosocial working circumstances, Kowalczyk found that staff members with more years of experience and older ages had lower ratings of social support and opportunities for control, but higher ratings of job requirements. People with greater levels of education also had more favorable opinions when it came to evaluating social support and the chance for control [12].

One important component that impacts the amount of stress experienced at work is the social support obtained from supervisors and coworkers [13]. Nurses reported higher levels of social support than physicians did in a study of German medical professionals. As an example, paramedics in Australia were more likely to suffer from anxiety, sadness, or post-traumatic stress disorder (PTSD) due to a lack of external support. [14]

In the second quarter of 2020, 7.3 million Polish workers reported that their mental health was

negatively impacted by circumstances at work, according to the General Statistics Office. Dealing with a challenging client or patient was the cause for 20.9% of their stress, while 24.2% cited time constraints and an excessive workload. [15]

## CONCLUSION

Emergency departments (EDs) are notoriously stressful places to work, both physically and psychologically. As a result, employers should do everything they can to alleviate these stresses for their employees. Supervisors should provide their staff with more social assistance. Also, there has to be a better way for information to get from managers to workers.

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