

## Emotional demands, workplace violence and mental health by gender in Chilean public hospital workers

### Demandas emocionales, violencia laboral y salud mental según género en trabajadores de hospitales públicos chilenos

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#### Background

It is key to establish the distinction between the emotional demands present in any occupational sector and the emotional nature of the work carried out in health, where emotional demands are intrinsic to the content of the task and they do not depend only on the ways of organizing work, therefore, they are unavoidable and to these emotional demands are added other risks for the health of the workers coming from a bad design of the work organization such as quantitative demands, a bad system of rewards, under control over work, among others. The emotional demands of health work derive from direct contact tasks with those who experience suffering or emergency situations, which allows us to understand that workers in the health area are among the most exposed to this type of demands. Previous literature has linked violence work experience with emotional demands, since these demands imply an additional workload and can become a source of conflict.

#### Aims

Analyze the prevalence of emotional demands and study the association between emotional demands and indicators of mental health problems and between emotional demands and workplace violence in health workers.

#### Method & procedures

The study design was empirical and cross-sectional. A self-report questionnaire was applied to 1,023 workers (302 men and 721 women) from three highly complex Chilean public hospitals. The sampling was segmented by sex and class, in one of the hospitals it was random (stratified sampling) and in the remaining two it was a quota sampling because the sampling frame was not accessed. The study received the approval of the ethics committees of Universidad Diego Portales and the three hospitals in the sample. The independent variables were: workplace violence, psychological distress and depressive symptomatology. The independent variables were emotional demands and gender. Social support and public attention were used as control variables. Descriptive and bivariate analyzes (chi square) of exposure to emotional demands, workplace violence and mental health indicators were performed. Subsequently, the association between exposure to high emotional demands and workplace violence was analyzed, as well as between the presence of emotional demands and indicators of mental health problems (distress and depressive symptomatology). For this, odds ratio was used as a measure of association (95%) to determine the chance of occurrence of the independent variables.

## Results & discussion

When analyzing according to the simultaneous positive response to the four applied items, 63% of women are exposed to high emotional demands compared to 55% of men ( $p < 0.001$ ). This can be understood in light of the sexual division of labor in which the preservation of traditional gender roles assigns care tasks to women, which makes it possible to understand the report of a greater proportion of emotional demands on women due to the nature of the tasks they perform on a daily basis in their work. Coinciding with previous international studies, it was found that women experience more emotional demands than men, this is related to the fact that health occupations, like other occupations, have incorporated gender stereotypes that include high requirements of emotional skills and influence what patients and colleagues interpret as appropriate behaviors on the part of the employees. There were no significant differences between men and women in the rest of the study variables, except in the proportion belonging to the non-professional class (60% of women vs. 46% of men). High demands increase more than four times the possibility of reporting Workplace Violence in men and women ( $OR = 4.15$  [CI: 2.55-6.76]), than those not exposed to high demands. The association between high emotional demands and workplace violence can be explained because these are intrinsic job demands that are added to those of the work organization and can generate greater exposure to conflicts with patients, companions, co-workers and/or managers. This is consistent with the recognition of associations between organizational dimensions, where emotional demands are registered, and workplace violence.

## Conclusion

Every health act is a unique act, even when it is highly protocolized, because in addition to the technical-professional aspects, it involves putting into play emotional and relational aspects that will affect the quality of the service provided and the health of those who work in health. Given that emotional demands are inescapable and are part of the nature of health work, the results of this article challenge training institutions as health workers, professionals and technicians, need to understand the context in which they will carry out their work, work, know the risks to their health and the mechanisms to process the stress, tension and suffering derived from work so as not to get sick from it. It is also necessary to consider the role of gender both when analyzing exposure to risks as well as adverse health outcomes, therefore preventive action must recognize the extent to which the sexual division of labor is reproduced in work spaces, exposing women differentially to work risks, which has a direct impact on well-being, health and quality of care.

**Keywords:** labor violence, mental health, occupational health, psychic symptoms

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