

Health Care Personnel's Mental Health Echelon Management Model Research

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Abstract.

The current tension between doctors and patients brings big interpersonal pressure to health care personnel. Coupled with pressure coming from work, personal development competition, and life, health care personnel have some outstanding psychological problems, leading to health care personnel occupational burnout, and the ultimate result is the loss of medical talents. This paper analyzes the causes of medical staff's psychological problems and the insufficiency of hospital management, and then puts forward echelon psychological management strategies, including age, difficulty, supervision and prevention, hematopoiesis, group psychological intervention and so on.

Introduction

Currently doctor-patient contradictions stand out [1-4], and doctors and nurses long-termly work in the social environment in which patients do not trust them. The experience of interpersonal stress is very obvious. Combined with complex work and significant responsibility, health care personnel' mental health problem is more common. Many scholars' survey by using mental health self-rating scale shows that [5-9]: health care personnel are significantly higher than normal in factors such as nurses somatization, compulsion, anxiety, depression, terror, hostility, interpersonal sensitivity and others, indicating that health care personnel' overall mental health problems are prominent and widespread. Under long-term psychological pressure, health care personnel' burnout is also more common. Job burnout is a kind of tired feeling for the occupation due to personal long-term job pressure and the questioning about the occupation. Health care personnel even want to quit and change their occupation. The survey shows that the occupational burnout rate of health care personnel is generally higher [10-12], especially in emergency department, severe subjects, etc.

Psychological problems of health care personnel come from many aspects, and the first priority solution is hospital management. This article puts forward health care personnel' s mental health echelon management methods and explores a new way out for health care personnel's mental health problem from hospital management point of view.

Related problems analysis of current health care personnel's mental health

The source of health care personnel's psychological problems. First, poor doctor-patient relationship leads to increased pressure on health care personnel. Current doctor-patient contradictions lead to a fact that doctors and patients do not trust each other and guard against each

other. Small things can lead to medical disputes and even medical trouble, so health care personnel often have to spend more time and effort to complete daily routine care tasks. In addition, both doctors and patients often quarrel and dispute because of small things, making medical staff under long-term interpersonal pressure and even threat from the patients, etc. For a long time the mental health of health care personnel will inevitably be influenced and then produce job burnout. And when health care personnel are tired of the work, it is often difficult to treat patients with normal mentality, which also affects work efficiency, and ultimately may lead to work errors and increased negligence.

Second, clinical work is full of complexity with difficult and high technology and the responsibility is significant. Health care personnel work three shifts. The often disrupted biological clock of health care personnel leads to irregular work and rest which will also affect their family. Clinical work is 30% treatment and 70% care. We can see the importance of nursing work, so nurses' work pressure is often greater. Because nurses' income is often lower than that of medical staff, so nurses' mental health problem may be more prominent and their job burnout is also higher than that of medical staff.

In addition, health care personnel are also facing professional and technical promotion examination, training, clinical teaching, medical research tasks, and many other pressures. In the long run, pressure often gets no effective release and transfer and gradually increases the psychological problems of health care personnel.

The lack and missing of hospital mental health management. In view of the current mental health problems and job burnout of health care personnel, many scholars have done sufficient investigations, and there are more data to prove that the mental health of medical staff urgently worthy of attention. Some scholars have also put forward some countermeasures. But in general, hospital's managers have not put enough importance on health care personnel's mental health and many hospitals also lack special work in this area. The reason is the lack of scientific management at present. How to manage the psychological health of health care personnel still lacks a scientific and easy model. Hospital in order to solve this problem, often do not know how to start.

In general, there is more theoretical research and less applied research. Although some scholars argue that the introduction of EAP (Employee Assistance Program) in hospital to solve the psychological problems of health care personnel, there are a few hospitals are in practice. But the implementation of EAP needs more psychological professional talents related materials and equipment, venues, etc., it is also a huge investment. In addition, people are not accustomed to accept western psychological counseling and think psychological problem is a disgraceful thing. Face problems make health care personnel often avoid talking about their own psychological problems. Therefore, EAP has been unable to get recognition and promotion in hospitals.

Inadequate self-coping ability of health care personnel. Psychological problems of health care personnel are often derived from the lack of self-psychological ability. Contradictory treatment experience and healthy lifestyle both have important relationship with the maintenance of mental health. But medical staffs are inadequate in doctor-patient communication skills, contradiction resolve methods, as well as self-psychological adjusting ability. These require additional learning or training to supplement. When health care personnel encounter medical disputes, taking evasion as usual without active treatment is often difficult to get lessons.

In addition, busy work and negative psychology work brings often also affect the family life of health care personnel. Three shifts lead to life disorder and affect family's life. Therefore, the life quality of health care personnel is also affected, and in turn, the life state will also affect the working status of health care personnel.

Health care personnel's mental health echelon management model

Age echelon management pattern. Medical staff of different age has different pressure from their work and life, so there are differences in psychological problems. Therefore, echelon division according to age can be more targeted to carry out psychological intervention and management.

The first echelon: 20s are mainly young health care personnel just graduated. As they are not familiar with working environment and business and their life law is not fully formed, their pressure is mainly to adapting problem and psychological and behavioral problems due to adaptive setbacks. This age group can be divided into those just get to work until 29 years old. Generally, doctoral graduates often have wealthy experience of life and clinical work. Young health care personnel are often not married, so personal feelings, marriage, and economic problems are often trouble sources.

The second echelon: 30s mainly includes 30-39 years old medical staff. At this stage, the majority of health care personnel have been parents. Because children are still small, so the responsibility of raising children is heavier, and child care, enrollment issues, children education, etc., are also factors involving in their work, leading to their inability to devote themselves to work.

The third echelon: 40s includes personnel older than 39 till retirement segment and this group of medical staff have more abundant work and life experience, so their means of handling working pressure is also more abundant. Psychological problems caused by work pressure are often lighter. In psychological intervention, satisfactory results can be achieved often without too much energy.

According to age echelon, the focus is on young health care groups and different age groups have different pressures, which should be treated separately. As young health care personnel's work and life have not yet stabilized, so individuals need to face more pressure sources, and their lack of relevant experience to scientifically respond are the focus of psychological management.

Difficulty echelon management mode. From the gravity of health care personnel's psychological problems, some health care personnel's psychological problems are prominent so it is the focus of psychological management, and some are good at self-regulation and can be not interfered in order to effectively reduce the burden of hospital management.

The first echelon: heavy difficulties crowd. This group's health care personnel's pressure often come from sudden work and life events blow, which may lead to personal development setbacks, such as medical disputes because of negligence or misunderstanding and personal work confidence suffering a blow. Medical staff's family change and divorce, life blow can directly affect their work efficiency and enthusiasm. In addition, there are often huge competitive pressures in personal promotion. Competition failures will give them significant psychological blow and then cause corresponding negative emotions and behavior. This group's psychological problems are often prominent, which is the focus of psychological intervention in the hospital.

The second echelon: although there are no major setbacks or blows, the slow development of personal career can often be tolerated for some people, so in the surface, it is often difficult to observe, but the heart is more complex. They have negative psychological and ideological situation but expose less. This group's medical staff can easily have prominent psychological and behavioral problems in the face of major setbacks and therefore hospital managers should pay attention to the crowd.

The third echelon: family harmony, the cause of the development of a smooth medical staff. This part of the psychological problems of health care personnel appears less than the situation, by a variety of events to combat a certain capacity, usually not the focus of hospital psychological management.

Master the medical care groups with prominent psychological problems is the key to psychological intervention in the hospital. Psychological intervention must be targeted to be able to do more with less. Otherwise, for the wrong group, the intervention may cause medical staff sensitive and boycott.

Echelon model's supervision and prevention system. It is necessary to carry out mental health management work, discovery or diagnosis of medical staff. How to accurately grasp the psychological state of health care personnel is just as a diagnosis process before the treatment of patients, but the psychological assessment facing a large number of medical staff is often complex and difficult. Therefore, it is very important to establish a psychological management system to monitor and evaluate the mental health level of multi-level health care personnel. This system can provide managers with the most cutting-edge and real situation so as to help make scientific decision.

The first echelon is based on departments. Department heads and managers have the responsibility to pay attention to the medical staff's psychological and behavioral status of the department in daily work and if necessary, understand personal difficulties and worries of health care personnel and timely report the situation to hospital management department. Each department can choose good business quality health care personnel to participate in psychological observation and assessment training as mental health observers responsible for the observation and reporting tasks of the department.

The second echelon is psychology profession monitor. It refers to the personnel with psychological expertise and skills go to departments and quietly observe the mental state of health care personnel, and make an assessment report. The priority should be on emergency department, ICU and other departments. Observation report must put forward the solutions and measures for hospital management reference. This part of observation work can be outsourced to professional psychological counseling clinics and psychological professional experts regularly go to the hospital for quiet observation, and make an assessment report. For example, we can invite these agencies to observe on a quarterly basis.

The third echelon is the senior leadership observation in hospital management. Set up medical staff mental health management work group or dedicated office, make regular visits to the departments and rounds to understand patient's assessment of hospital work or some specific departments and medical staff. Field view can better grasp the work of health care personnel.

Self-hematopoietic echelon model. Self-hematopoiesis is to cultivate and enhance self-psychological adjustment of health care personnel and the ability of communication with patients to help them reduce work frustration at the same time also reduce the hospital's management burden.

First, develop health care personnel and patients' communication skills and habits. Hold series of training courses or continuing education projects to introduce advanced enterprise management service concept and technology, so that medical staff can get on-the-job learning to improve their communication skills and practice in practice. For a long time, form good doctor-patient communication habits. Doctor-patient relationship began to get on a virtuous circle from good communication, which will reduce the pressure of interpersonal relationships of health care personnel and can effectively enhance their mental health level.

Second, we must strengthen the on-the-job training for psychological training of health care staff. In addition to psychological knowledge, the training content includes self-decompression skills.

Through the invitation of relevant psychology lectures, the main purpose is to help health care personnel to further understand their own emotional problems and to master methods and techniques for current society people's decompression so as to improve the psychological self-regulation ability of medical staff.

Third, strengthen the skills of medical staff to deal with feelings and marriage. Feelings and marriage problems are often the pressure sources from life. Because the pressure of life can directly affect the working status of health care personnel, so it is of great significance to give scientific guidance for the feelings of marriage. For example, we can invite love and marriage experts to the hospital to give lectures for the medical staff, answer questions and improve health care personnel's self-response to the problems in life.

Professionals and experts lectures should be recorded and make electronic version on the hospital website for medical staff to download free of charge, thereby reducing the frequency of foreign experts and saving hospital management costs.

Group psychological intervention management technology. The most direct way of psychological management for medical staff is psychological intervention. But psychological intervention cannot be one-on-one intervention. Group psychological intervention is often of high efficiency and also save management costs. Group psychological intervention has an additional function, that is, can effectively strengthen the emotional communication between health care personnel and enhance their friendship so as to promote the level of mutual assistance and collaboration and thus reduce work error.

First, take department as a unit and doctors and nurses can be separate. Through holding dinner, collective outdoor tourism, etc., strengthen the internal harmony between the staff. Have a good relationship with colleagues can enhance the affordability of individual's work pressure and frustration.

Second, the hospital is taken as a level to carry out full range of cultural activities while strengthening necessary places and facilities construction, such as festive park activities, spring and autumn sports competitions, excellent essay photography selection activities. Vigorously enrich the hospital's cultural life and enhance the hospital staff's cohesion. These activities have a traditional basis and thus health care personnel would more widely to participate.

Third, invite professional psychologists to the hospital to do group therapy, such as classroom fun psychological games and solutions for medical staff's difficulties. Through group psychological intervention, further strengthen the harmony between health care personnel.

Fourth, hold doctor-patient associations. That is, invite some patients who have been successfully cured, and the families of hospitalized patients to attend the associations. In a good atmosphere, provide communication platform for both doctors and patients and enhance the interaction between them. Strengthen communication between doctors and patients to enhance exchanges and win the reputation of patients. Thus the tension between doctors and patients can be eased and resolved.

Summary

In summary, the mental health problems of health care personnel can be managed from multiple levels according to the degree of difficulty, and age level echelon is used for management intervention. Targeted psychological management work can often get a multiplier effect. Hospitals at all levels should all pay attention to the mental health management of health care personnel and earnestly safeguard the mental health of health care personnel to avoid the loss of medical talents.

References

- [1] Liu Youning. What is the root cause of the contradiction between doctors and patients. *Chinese Journal of Tuberculosis and Respiratory Diseases*, Vol. 2012,35 (6) , p.401-403.
- [2] Zhang Wenjuan, Hao Yanhua, Wu Qunhong. Reasons and countermeasures for China's doctor-patient relationship tension. *Medicine and Society*, Vol. 2014,27 (4) , p. 44-46
- [3] Chen Qianwen, Zheng Hong'e. Review of the relationship between doctors and patients at home and abroad. *Journal of Medicine and Philosophy: Humanities and Social Sciences*, Vol.2014,35 (3) , p.44-48
- [4] Zhou Shenglai. Medical system from doctor-patient contradictory. *China Hospital Dean*, Vol.2013, (15) , p. 90
- [5] Zhang Gongzhen. Jiang Guanggen. Doctor's mental health problems. *Medicine and Philosophy: Humanities and Social Medicine*, Vol.2008,29 (8) , p. 55-57
- [6] Yan Bin, Chen Yuan, Li Fang. Comprehensive hospital nurses mental health status analysis and countermeasures. *Journal of Kunming Medical University*, 2 Vol.013,34 (11) , p. 152-154
- [7] Wu Xiuping. Top three best hospital nurses' working pressure and mental health status survey . *Chinese Medicine Guide*, Vol.2013,11 (36) , p. 293-294
- [8] Xi Yonghong. Nurses mental health status and its related influencing factors and countermeasures. *China Health Industry*, Vol.2014,11 (3) , p.71-73
- [9] Luo Guangqiong, Pu Jianwen, Li Bin. Psychiatric and general practitioners mental health status survey .*Guangdong Medical* . Vol.2010,47 (1) , p. 108-109
- [10] Xie Jia-ling, Lan Wenyu, Yang Bin. Health care workers occupational burnout survey , *Sichuan Mental Health*, Vol.2013,26 (2) , p.106-108
- [11] Lu Siqu, Yan Jin, Tang Yunxiang. Correlation between Job Burnout and Coping Style of Health Care Workers ,*Journal of Clinical Psychosomatic Diseases*, Vol.2012,18 (4) , p.340-343.
- [12] Zhang Yan, Song Shenchao, Yang Xing. 2079 health care workers' occupational burnout status ,*Journal of Guiyang Medical College*, Vol.2011,36 (5) , p.485-487,490.