

# Stress, Job Satisfaction and Ways of Coping among Suspended Health Services Staff

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## ABSTRACT

**Introduction:** The aim of this study was to document the levels of subjective stress, job satisfaction and the ways of coping among nurses and administrative staff of the 1<sup>st</sup> and 2<sup>nd</sup> Health Regions who were suspended and forced to turnover in September 2013.

**Method:** 275 employees were invited to participate in the study, 245 of which responded (response rate: 89.09%). Participants filled in the Greek versions of the Perceived Stress Scale (PSS), the Ways of Coping Questionnaire, the Employee Satisfaction Inventory (ESI), and a questionnaire on demographics.

**Results:** Most employees (65.6%) were married, with children (72.6%), graduates of secondary education (38.8%), had worked 16 – 26 years before the turnover (62.4%) and had no liability position (38.8%). Their average age was 45.3 years. Fear of dismissal was their biggest suspension-related concern (40.3%); half of them mentioned that they primarily faced psychological problems. 66.8% preferred their previous job, mainly because of good working conditions. Stress levels were moderate ( $18.9 \pm 6.9$ ). The results showed high levels of satisfaction with the working conditions ( $15.2 \pm 4.1$ ), the job itself ( $14.5 \pm 3.2$ ) and the Director ( $14.6 \pm 3.5$ ) and low satisfaction as regards promotion opportunities ( $7.2 \pm 2.5$ ) and salary ( $8.4 \pm 3.4$ ). Most participants chose to cope not only through “positive reappraisal” ( $22.4 \pm 3.2$ ), but also through “wishful thinking” ( $11 \pm 2.9$ ) and “denial” ( $10.9 \pm 2.6$ ).

**Conclusions:** Specific consequences of suspension and the vulnerable points of the process were recorded. It is suggested that there be detachment of suspension from turnover and the creation of a new, flexible system of internal turnover in the public health sector, which will combine the administrative needs in human resources and the staff’s individual choices for a professional career.

**Keywords:** suspension, stress, job satisfaction, coping strategies, health services

## INTRODUCTION

Turnover is defined as any movement from one work position to another within the public sector (internal turnover), between the public and the private sectors (external turnover) and between the public sector and international organizations. [1] There are many types of turnover: voluntary and involuntary, internal

and external, turnover of skilled or unskilled staff. Turnover may also be horizontal, that is, within the framework of the same rank, or vertical, in other words, from a higher to a lower level in rank, and vice versa. Finally, turnover may be voluntary or involuntary and involve either physical relocation or a shift in the type of work. [2] The reasons for voluntary turnover may be

the search for better working conditions, higher income and/or more convenient working hours. [3] On the other hand, involuntary turnover is decided on by the administrative board or government laws.

Job related stress is defined the disruption of the balance between the resources required by the working environment and those available to employees. [4,5] Thus, stress is the consequence of that disruption in employees' external and internal working environment and results when the available resources are insufficient in order to satisfy employees' personal goals and the demands of the work environment. [6] Research has shown different levels of job related stress amongst professional categories, between the two genders, educational levels and liability positions. [7,8]

Job satisfaction is defined as the multitude of emotions a person has for his job and includes dimensions such as: self-respect, respect stemming from society, communication, relationships with the colleagues, working conditions, type of the job, the nature of the organization, payments and motivation, insurance, lump sum, personal development, promotion opportunities, recognition and security. [9] In another way of defining, job satisfaction is considered the positive attitude that is derived from completing a specific work efficiently, through which the employee fulfills his own professional values. [10] The relationship between turnover and job satisfaction has been substantiated. More specifically, research among health staff has been focused on revealing the areas and the relationships in the workplace from which the staff members derive satisfaction, so as to enforce them, thus deterring the staff from expressing willingness to change posts or even job.

Working conditions of the health services staff in Greece are very challenging, mainly due to the poor standard of the buildings and the lack of equipment. [11] Additionally, processes such as the objective evaluation, which are generally

applied to the private sector in order to ensure the optimum staff performance - are far away to be implemented in the public sector. [12] Thus, it is not surprising that increased intention to leave the posts or even the organization due to lack of job satisfaction has been documented among clinical staff. [13]

The conflict between work and family reservation, as well as the commitment to one's career are important factors affecting the intended turnover or even permanent dismissal from work amongst health services staff, on both small and moderately-sized hospitals. [14] Moreover, job satisfaction, the quality of the work environment; job related stress and one's loyalty to the organization as a whole were the essential predictive factors of the intention of the health services staff to leave their job and turnover, in general. [15,16] Other studies report that the working climate, the encouragement for ongoing education and the interventions for improving the quality of the working conditions not only have a significant impact on job satisfaction, but also strongly influence an employee's decision to remain within the organization. [17,18] Finally, the moral satisfaction, the recognition and the upgrading of health services professionals by the organization have been reported as the deterring factors for the employees' leavings and searching for better working conditions in another organization. [19]

The strategies used for coping with stressful situations have been defined as the efforts made by the individual, both in a cognitive and a behavioral level, to settle (reduce, minimize, impose, or endure) the internal and external demands of his interaction with the environment, which are considered challenging, or forcing to go beyond his/her capabilities. [20]

The choice and adoption of coping strategies are influenced by both gender - women tend to seek more "social support" [21] - and the educational level - primary school graduates use "wishful thinking" and seek "divine help" more often. [22] Coping

strategies are related with mental health and satisfaction, [23] and associated with higher levels of optimism, satisfaction with one's life and lower levels of subjective stress. [24]

In Greece, the basic forms of job relocation – turnover of civil servants, as stipulated in the articles of the civil servants' Code, are the detachment, the removal the transference and the realignment. On the other hand, suspension is defined as the condition during which an employee is temporarily removed from his post for various reasons.

In the present study, turnover is used as the general term to cover the involuntary internal realignment of the staff – as described below. In a wider sense, turnover includes both suspension, as an initial step, and the realignment, because within health sector, these two administrative measures were implemented consequently, but having a strong interdependence. The whole procedure was based on a point system which was used to decide which posts would be abolished and which members of staff would be suspended.

In September 2013, suspension was implemented by the central administration board, in combination with turnover, due to the demand for abolition of 25.000 posts and the transference of the staff to a different post in other organizations with a notable shortage of staff. An Act (4172/2013) and a Ministerial Decision regulated the overall procedure; imposed the abolition of posts, sectors and specialties in ministries, independent services, decentralized administrations, Regional and Local Authorities and Legal Entities; and defined the criteria and the selection procedure by which the superfluous staff to be suspended. At the same time, the time span of suspension was reduced from 12 to 8 months. The selection of the employees which were suspended after their posts were abolished was conducted after reappraisal of and awarding points to their qualifications, taking into special consideration the employee's working and administrative experience. The relevant data was collected

from employees' personal records within their organizations and evaluated by the Supreme Council for Civil Personnel Selection (ASEP). Particular attention was given to the way the employee had been hired by the civil service – those who had entered the service through the ASEP were awarded extra points. Initially, 4.200 employees (school guards, educators of technical high schools, drivers and technicians) were anticipated to be suspended. A further 3.500 municipal policemen followed suit. Those exempted from suspension were employees with at least 67% disability, those with more than three dependent children, employees whose spouses or children had at least 67% disability, those exercising parental care by court order and those with a spouse who had already been suspended.

Although health services employees had initially been exempted from this process, they were eventually included. It is worth noting that the process of suspension within health sector was not implemented in the same way as for the rest of the civil services: within hospitals only departments in the administrative sector merged, before a new administration infrastructure had been set up. Posts were arbitrarily abolished – the only criterion being the number of employees who had to be relocated.

As a whole, suspension was not implemented in the same way, regarding pay, time span, abolition of posts, inclusion and exemption criteria and, finally, its association with turnover. The only constant was that the suspension was involuntary.

It is obvious that the implementation of such a legally flexible administration tool will eventually have multiple effects on the employees. At the same time, studies concerning turnover focus primarily on voluntary turnover, which is more common than involuntary. Furthermore, there are no studies available investigating the effects of an involuntary turnover on the employees of both public and private organizations. The only study pertaining to the reduction in the number of public services employees

showed that this measure has been implemented without proper planning, as its only purpose was attaining the pre-designated Gross Domestic Product levels, tax revenue, and dismissal numbers. [25]

The current study on suspension, as a type of involuntary turnover and its effects on both health and administrative staff from two Health Regions in Greece fills the gap in the relevant literature and aims to contribute towards effective human resources management.

**MATERIALS AND METHODS**

The study took place from December 2014 to May 2015 among the health and administrative staff, in 18 hospitals of the 1<sup>st</sup> and 2<sup>nd</sup> Health Regions, one year after the implementation of suspension/turnover.

**Sample**

The sample comprised 275 individuals, a number resulting through the RAOSOFT software for sample size calculation, after taking into consideration the amount of tolerated error (5%), the confidence interval (95%) and the total population (n=960) of the two Health Regions. During the sampling, the health and administrative staff ratio within the population under study, as well as its allocation per hospital and region were also taken into consideration and reflected in the sample. The participants were randomly selected for stratified sampling per hospital and field in the two Health Regions, proportionately. Only one hospital (“Agios Savvas” Oncology hospital) was exempted, due to the fact that only administrative staff was suspended.

**Questionnaires:**

The following data collection tools were used in the study: a questionnaire for the participants’ demographic characteristics, their post, job relations before and after suspension, their concerns and problems during the period of suspension and their views concerning the suspension itself. The Perceived Stress Scale of the ten questions (PSS-10) [26] was

used in order to assess the subjective stress during the previous month. Job satisfaction was measured with the Greek version of the Employee Satisfaction Inventory (ESI). [27] Finally, in order to document the strategies used in the management of stress in challenging life situations, the adjusted to the Greek language “Ways of coping with stressful situations” [28,29] scale was used. Permission was requested and granted for the use of all questionnaires. The internal reliability of the tools used in the study as checked with the use of Chronbach’s  $\alpha$ , was satisfactory, except one dimension of the Ways of Coping scale (Table 1).

Table 1: Reliability coefficient of study questionnaires

Questionnaire	Cronbach’s $\alpha$
Subjective stress (PSS)	0.87
Job satisfaction (ESI)	
Working condition	0.76
Salary	0.70
Promotion	0.70
Supervisor	0.83
Work as a whole	0.74
Organization as a whole	0.74
Coping strategies for stressful situations	
Positive approach	0.62
Solution to the problem	0.64
Pursuit of social support	0.73
Pursuit for Divine help	0.72
Resignation	0.60
Denial	0.60
Demanding a solution	0.30

**Procedure**

After receiving approval to conduct the study by the Bioethics and Research Ethics committee of the National School of Public Health and the Training Departments of the two Health Regions, a pilot study was conducted on 30 employees from the hospitals under study, who had already been suspended.

The distribution and collection of the questionnaires was conducted as follows: First, the granted permission from the two Health Regions to conduct the study was filed at the Secretariat of every hospital. Then, the suspended employees who had come to the hospital were located in their various sections, in co-operation with the Human Resources Department. The meeting between the researchers and the participants took place in the workplace. The

participants were informed about the purpose of the study and given reassurances as to its confidentiality. Further assurances on the voluntary character of their participation and their right to withdraw at any time were also provided. The questionnaires were filled out on the spot and were handed back to the researchers in a sealed envelope. In some cases, the collection of the envelopes with the completed questionnaires took place later, upon request, due to employees' load of work. Two hundred and forty five (245)

correctly completed questionnaires were collected (89.9% responded).

**Statistical analysis**

A Kolmogorov – Smirnov test and the regularity charts were used to control the regular distribution of quantitative variables. Pearson's *r* coefficient was used to investigate the relationship between the quantitative variables following the regular distribution. The bilateral significance level was defined as equal to 0.05. Data analysis was carried out using SPSS 21.0 (SPSS Inc., Chicago, IL, USA).

**RESULTS**

**Table 2: Consequences and evaluation of suspension–The reception hospital**

	N	%
<b>Worry during the suspension period</b>		
Duration of suspension	65	26,6
Fear of dismissal	98	40,3
Concern over the adjustment for the new post	18	7,4
Hospital of relocation	19	7,8
Fear for not being able to cover financial obligations	42	17,2
<b>Employees' personal life affected during the suspension period</b>		
Far too much	100	40,8
Too much	45	18,4
Above average	58	23,7
Too little	34	13,9
Not at all	8	3,3
Yes	179	73,4
No	65	26,6
<b>Problems risen due to the suspension process</b>		
Psychological problems	83	50
Financial problems	45	27,1
Health problems	8	4,8
Social problems	30	18,1
<b>Was the evaluation procedure fair?</b>		
Yes	124	51,2
No	118	48,8
<b>What was wrong with the procedure</b>		
Unfair awarding of points	49	46,2
Rusted and disorganized process	25	23,6
Inadequate appraisal	32	30,2
<b>Degree of adjustment to new post</b>		
Not at all	1	0,4
Too little	41	16,9
Above average	106	43,8
Too much	49	20,2
Far too much	45	18,6
<b>Preference of current or previous post</b>		
New post	78	33,2
previous post	157	66,8
<b>Reception at the hospital of relocation</b>		
Very good /friendly deal	57	25,2
Good enough	31	13,7
Good /Formal deal	69	30,5
With no interest	13	5,8
With hostility	56	22,9
<b>Good co-operation with colleagues at relocation hospital</b>		
Not at all	4	1,6
Too little	40	12,3
Above average	102	41,8
Too much	52	21,3
Far too much	56	23,0

144 nurses (58.8%), 89 administrative staff (36.3%), 9 technical services staff (3.7%) and 3 laboratory staff (1.2%) took part in the study. The mean age was 45.3±7.5 years, most were married (n=160, 65.6%), with children (n=175, 72.6%), having completing the tertiary education and holding postgraduate degrees (n=135, 55%) and with an annual salary of up to 1.500 € (n=153, 63.8%). Regarding work before suspension, 78 members of staff (31.8%) had 21-26 years of work experience at their hospital and the majority (n=192, 78.4%) held the lowest rank (simple employee, nurse). Approximately 1 out of 6 claimed to be more than satisfied with their type of work (n= 146, 59.6%) and even more (n=176, 71.8%), were satisfied with their co-operation with colleagues.

The effects of suspension, the critical assessment of the participants for the process and data from the relocation hospital are presented in Table 2.

Employees' greatest concern during suspension was the fear of dismissal (40.3%). Their personal and social lives were affected to a large degree (58.8%), whilst their most serious problems were psychological. For most, (51.2%) the assessment procedure was fair, whilst for the rest, it was unfair mainly due to the points awarded by ASEP (46.2%) and secondly due to the incomplete assessment (30.2%). A significant minority (43.8%) claimed that they had been sufficiently adjusted to their new post. However, the majority of the participants preferred their previous post. One in three participants (30.5%) claimed that they felt well-accepted or with civility at their new hospital they, while approximately the same number (28.7%) were received with indifference or hostility.

Data for subjective stress, job satisfaction and coping strategies are shown in Table 3.

**Table 3: Subjective stress, coping strategies and job satisfaction**

	M±SD	Median	Range
<b>Subjective stress</b>	18.9±6.9	19	0-36
<b>Coping strategies in dealing with stressful situations</b>			
Positive reappraisal	22.4±3.2	23	13-28
Problem solution	12.2±2.3	12	6-16
Seeking social support	12.4±2.6	13	4-16
Wishful thinking	11±2.9	11	4-16
Seeking for Divine help	7.9±2.5	8	3-12
Relinquishment	11.1±2.5	11	4-16
Denial	10.9±2.6	11	4-16
Conformative solving	10±2.2	10	4-16
<b>Job satisfaction</b>			
Working condition	15.2±4.1	15	5-25
Salary	8.4±3.4	8	4-18
Promotion	7.2±2.5	7	3-14
Director	14.6±3.5	14	4-20
Work as a whole	14.5±3.2	15	5-20
Organization as a whole	9.9±3.4	10	4-20

M = Mean; SD = Standard Deviation

As shown in the table 3, moderate levels of subjective stress were documented. Participants claimed to be relatively satisfied with their working conditions, their job as a whole, and their superiors but poorly satisfied with their salary, promotion opportunities, and the organization as a whole. Finally, it seems that participants chose several stress management strategies

to cope with stressful situations: most chose “positive appraisal”, “seeking social support”, but also, “wishful thinking”, “denial”, and “relinquishment”.

**Tables 4 and 5** present the correlations between items of stress, job satisfaction and coping strategies for the health and administrative staff, respectively.

**Table 4: Inter-item correlations among nursing staff**

Scales		Perceived stress		Job satisfaction											
Scale		Pearson's <i>r</i>	p	Working conditions		Salary		Promotion		Director		Work as a whole		Organization as a whole	
				Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p
Coping strategies	Positive reappraisal	-0.13	0.1	0.13	0.1	0.01	0.9	0.23	<b>0.005</b>	0.10	0.2	0.05	0.5	0.06	0.5
	Problem solving	-0.12	0.1	0.1	0.2	0.10	0.3	0.04	0.7	0.06	0.5	0.03	0.7	0.08	0.3
	Seeking social support	-0.01	0.9	-0.01	0.9	0.03	0.8	0.09	0.3	0.00	0.9	-0.13	0.1	-0.01	0.9
	Wishful thinking	0.33	<b>&lt;0.001</b>	0.01	0.9	0.00	0.9	0.13	0.1	-0.07	0.4	-0.22	<b>0.007</b>	0.03	0.7
	Seeking for Divine help	0.14	0.09	-0.11	0.2	0.13	0.1	0.21	<b>0.01</b>	-0.12	0.2	0.04	0.6	-0.02	0.8
	Relinquishment	0.23	<b>0.007</b>	-0.02	0.8	0.11	0.2	0.17	<b>0.04</b>	-0.12	0.1	-0.04	0.7	-0.01	0.9
	Denial	0.20	<b>0.02</b>	0.09	0.3	0.11	0.2	0.18	<b>0.03</b>	0.02	0.8	-0.10	0.2	0.16	<b>0.05</b>
Confrontive solving	0.14	0.1	-0.08	0.3	-0.01	0.9	0.05	0.6	-0.04	0.6	-0.19	<b>0.02</b>	-0.06	0.5	
Perceived stress				-0.56	<b>&lt;0.001</b>	0.16	0.05	-0.23	0.005	-0.33	<b>&lt;0.001</b>	-0.48	<b>&lt;0.001</b>	-0.29	<b>&lt;0.001</b>

**Table 5: Inter-item correlations among administrative staff**

Scale		Scale		Job satisfaction											
		Perceived stress		Working conditions		Salary		Promotion		Director		Work as a whole		Organization as a whole	
		Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p	Pearson's <i>r</i>	p
Coping strategies	Positive reappraisal	-0.04	0.7	0.17	0.1	0.25	0.02	0.22	<b>0.04</b>	0.15	0.2	0.14	0.2	0.31	<b>0.003</b>
	Problem solving	-0.24	<b>0.03</b>	0.07	0.5	0.11	0.3	-0.01	0.9	0.08	0.5	0.10	0.3	0.05	0.7
	Seeking social support	-0.03	0.8	0.02	0.9	0.14	0.2	0.08	0.5	0.14	0.2	0.02	0.8	0.18	0.1
	Wishful thinking	0.21	0.06	0.08	0.5	0.27	<b>0.01</b>	-0.04	0.7	0.06	0.6	0.02	0.9	0.24	<b>0.02</b>
	Seeking for Divine help	0.17	0.1	0.24	<b>0.03</b>	0.41	<b>&lt;0.001</b>	0.02	0.9	0.01	0.9	0.02	0.9	0.17	0.1
	Relinquishment	0.16	0.1	-0.01	0.9	0.21	<b>0.04</b>	-0.07	0.5	-0.03	0.8	-0.05	0.7	0.01	0.9
	Denial	-0.06	0.6	0.06	0.6	0.13	0.2	-0.03	0.8	0.04	0.7	0.10	0.4	0.13	0.2
Confrontive solving	-0.12	0.3	-0.01	0.9	0.08	0.5	0.01	0.9	-0.30	<b>0.01</b>	-0.11	0.3	-0.08	0.5	
Perceived stress				-0.06	0.6	-0.01	0.9	0.09	0.4	-0.20	0.06	-0.24	<b>0.02</b>	0.07	0.5

For the nursing staff, subjective stress is positively correlated with the adoption of wishful thinking, resignation, and denial, and negatively with satisfaction with working conditions, their director, the job as a whole, and the organization as a whole. As for the administrative staff, subjective stress is negatively correlated with confrontive solving of a problem, and with satisfaction from the work as a whole.

## **DISCUSSION**

A large proportion of the sample in the current study had long previous work experience within the health services sector. Although it is an overburdened sector, it offered to employees, job permanency, safety and security. At the same time most of the participants was of secondary education - meaning that they had received training on the job in order to execute specific tasks, together with colleagues who had permanent posts. Additionally, in Greece turnover within the public sector is uncommon.<sup>[29]</sup> The above mentioned three conditions probably explain why many of the participants phased psychological and social problems when suspended. Moreover, the current study showed that employees who previously had held liability positions, were subsequently placed in different, lower ranking positions. This probably resulted in the low satisfaction levels and possibly had a negative impact on the degree of loyalty to the organization, as previous research has verified.<sup>[30]</sup> Based on the above, it is suggested that in a future decision made by the central administration board where turnover is deemed necessary, the qualifications and other personal characteristics of the staff members who wish to be relocated (age, previous experience, post, education level) should be assessed fairly. In this way, not only the number of employees to be relocated but also the selection criteria will be discernible.

Participants' greatest concern during suspension was the fear of dismissal. This is reasonable when considering the way suspension was implemented: compulsory

holiday from work, abolition of the permanent post, vague duration of suspension and maximum waiting period of 8 months.

Although participants in the current study preferred their previous posts and spotted elements of unfairness in the suspension procedure, they claimed - to a great extent - that they had adjusted fairly well to their new post. This was mainly due to the fact that their new colleagues welcomed them in a proper way, despite that a significant number of employees claimed to have been treated with hostility in the new workplace. The overall working climate, having a good relationship with colleagues, the premises, as well as the motivation for ongoing training seem to have a great impact on job satisfaction and play an important role in the employees' decision to remain loyal to the company.<sup>[18]</sup> Nevertheless, findings of the present study point out the lack of preparation of the new framework for the implementation of turnover.

Stress levels among suspended employees were reported to be normal, confirming previous studies.<sup>[7,8]</sup> "Normal" stress is also justified if we take into consideration the fact that the questionnaire was filled out one year after the implementation of suspension, perhaps indicating that the employees had time to adjust to the new reality, easing the immediate psychological effects of the suspension.

Regarding job satisfaction, current study documented reduced satisfaction concerning pay and promotion opportunities, also verified in other studies.<sup>[31]</sup> More specifically, the nursing staff was not satisfied with most areas of their work (conditions, relationship with the director, work as a whole, and organization as a whole). This was subsequently related with high levels of stress and the extensive use of coping strategies based on emotion, such as wishful thinking, resignation and denial. The lack of satisfaction could be considered as "normal" cumulatively, due to the

recession, the suspension, and the challenges one has to face in the nursing profession.<sup>[11]</sup> It could also be interpreted as lack of confidence towards the organization and the assessment criteria it uses. Finally, satisfaction from the co-operation with the director, verified by previous research,<sup>[32]</sup> and from the work in the new post indicate the effectiveness of the coping strategies used by the participants in this study – particularly that of “positive reappraisal”.

As a notion, suspension carried negative connotation during its implementation and thus, had negative effects on the staff: financial (a period with limited payment), professional (change of post), and psychological (fear of dismissal). A more appropriate and integrated plan for turnover by the central administration board would have addressed these issues by avoiding long periods of suspension, preventing poorer pay, and eliminating fear of dismissal. Consequently, it is suggested that suspension should be detached from turnover. Suspension could, however, be maintained as a waiting period during which a permanent decision is taken in cases of charges filed against the employee.

Good planning is necessary for the implementation of involuntary turnover, with direct involvement of all interested parties (the Ministries, the Administrative bodies, organizations, and employees). It should be implemented only when there is a clear target posing, fair and proper assessment, and some form of motivation. In this way, the negative effects on both in the functioning of the organizations, and those staff members to be relocated are predicted and minimized.

The creation of a new and flexible system for internal turnover in the public sector, particularly in the area of health, is imperative. This system should take into account both the needs in human resources as well as the personal career choices of the employees. This system can be supported electronically to ensure transparency, directness and effectiveness.

Finally, it is essential that an evidence based assessment of the effectiveness of turnover implementation should be made in order to determine its acceptance and functionality.

## **ACKNOWLEDGEMENTS**

We thank our colleagues who took part in the study - both nursing and administrative staff - for their willingness to complete the questionnaires used. We also thank the training departments in the Regional Health Services Administration for responding to our request readily, and for their interest in the outcome of our study thereafter.

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How to cite this article: Depasta A, Pavlou M, Koulierakis G. Stress, job satisfaction and ways of coping among suspended health services staff. *Int J Health Sci Res*. 2017; 7(5):282-292.

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