

# THE IMPACT OF THE ATTITUDES TOWARD WORK ON THE AFFECTIVE STATUS OF THE THERAPISTS IN THE TREATMENT OF ADDICTS

Nermana Mehić-Basara, Edina Borovac & Magbula Grabovica

Public Institute for Addiction Disorders of Canton Sarajevo, Sarajevo, Bosnia and Herzegovina

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## SUMMARY

**Background:** The attitude of health care professionals towards job is determined by the degree of their ability to work with addicts, educational and cultural factors, as well as the psychological profile of their personality, on which depend their emotional response in work with addicts.

**Aim:** To explore the therapist's relationship to job, whether that relationship has an effect on their affective status, and to what extent that relationship can lead to the development of tension (anxiety) during the treatment of opiate addicts.

**Subjects and methods:** The sample consists of members of the multidisciplinary teams of the Institute for Addiction Disorders of Canton Sarajevo (45 in total), of which 11 are physicians, 26 nurses/medical technicians, 4 psychologists and 4 social workers. Employee Attitude Questionnaire (16 questions examining level of information, feelings of insecurity, fatigue, teamwork and job satisfaction) and EMAS-S which has two subscales (for measuring cognitive worry factor and autonomic-emotional anxiety state factor) were used.

**Results:** From baseline, 32 (71%) of respondents have the opportunity to apply their knowledge and skills at workplace, which is proportional to their job satisfaction, reduction of anxiety and uncertainty. A large proportion of respondents 36 (80%) stated that they felt more responsible in their work compared to the beginning of career, which was followed by a decrease in the score on EMAS cognition and emotion subscale, what reflected positively on work efficiency. The degree of satisfaction at the end of the work day, often and almost always, has 60% of respondents.

**Conclusion:** Employees who feel satisfaction at work, who improve their knowledge and work in a team, have a better attitude towards work and less anxiety, and achieve better results when working with addicts.

**Key words:** opiate addiction - therapist - attitude to work - anxiety

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## INTRODUCTION

Drug addiction disorder represents a chronic recurrent brain disease in which, in the stage of advanced disease, there are consequences on both the psychosomatic and the social plane of functioning.

Without trying to explaining the known etiological factors about the onset of the disease as well as the pathognomonic symptoms, today it can be stated that catastrophic war devastation (1992-1995), led to social and economic disorganization of society and became the reason for the increase in the number of drug users both in Sarajevo Canton and throughout Bosnia and Herzegovina (Cerić et al. 2007).

Addicts on psychoactive substances, especially opiates (heroin) belong to the category of extremely demanding patients, and often besides substance addiction, they have some other disorders, which makes their treatment complex and time consuming. The approach to addict treatment is multidisciplinary and involves psychiatrists, nurses, psychologists, social workers and occupational therapists.

The attitude of health care professionals towards job is determined by the degree of their ability to work with

addicts, educational and cultural factors, as well as the psychological profile of their personality, on which depends their emotional response to the burden they have during the treatment of addicts. The treatment of addicts is specific, personalized and requires greater emotional involvement of healthcare professionals than in case with somatic illness, while the continuity of workplace stress can evolve into burnout syndrome, a serious illness that requires long term treatment.

Stress is a variable related to everyday life activities, which certainly includes workplace. Hans Selye, the founder of the term stress, said that „the only way to avoid stress would be to do nothing“ (Selye 1974), implying that the inability of modern man to avoid stress is indeed the generally accepted truth.

Occupational stress is the response that people have when faced with job demands and pressures that do not match their knowledge and abilities and, moreover, compromise their stress coping mechanisms. Occupational stress occurs in different working conditions and always, in some way, indicates a discrepancy between the person and the environment.

A study conducted in the United States by the National Institute of Mental Health (2007) found that

anxiety disorders are among the most commonly treatable mental disorders, and that more than 40 million adults in the United States experience anxiety at such an intensity that prevents them from functioning normally. Epidemiological studies have shown that anxiety disorders often occur together with depression or substance use (Sabol 2005).

Frederick Herzberg, a famous psychologist in the 1970s, concluded that „external“ factors such as salary, status, working conditions cannot produce true job satisfaction, but merely reduce dissatisfaction. In order to find true job satisfaction, the key factors are in relation to the content of the job itself, its challenges, meaningfulness and the ability to creatively contribute to improvement (Herzberg et al. 1981).

Work with heroin addicts provides the opportunity for development of anxiety in members of the therapeutic team, depending on their primary personality structure. A substance abuse treatment program is a process in which the principle of reciprocal influence between patient and therapist directly influences the outcome of therapeutic treatment.

Chickenmihallyi, an expert in the field of happiness in life, defined something he called „Flow“, an area in which the challenge of the job and the competence of the one doing it are the same. He believes that a person who does a job beyond his or her abilities may feel anxiety that will block it, while a person who works below his or her abilities will experience boredom, which will have an equally demotivating effect (Chickenmihallyi 1997).

This kind of thinking confirms that the content of our work is crucial to how much we will feel integrated with it and be committed to doing it.

In this study, we wanted to investigate the therapist's relationship to job, whether that relationship has an effect on their affective status, and to what extent that relationship can lead to the development of tension (anxiety) during treatment of psychoactive substance addicts.

## SUBJECTS AND METHODS

The sample in this study consists of members of the multidisciplinary teams of the Public Institute for Addiction Disorders of the Canton of Sarajevo, who work with addicts (45 in total), and included: physicians (11), nurses (26), psychologists (4) and social workers (4).

The instruments used in the study are:

- Questionnaire on employee attitude to work (16 questions examining information level, feelings of insecurity, fatigue, teamwork, job satisfaction); the answers are categorized into 5 categories from 1-none to 5-almost always.
- EMAS-S Anxiety Scale (Endler Multidimensional Anxiety Scale - State, Endler NS, Edwards JM., Vi-

telli R., USA, 1991) presents self-rated anxiety as a condition and has 20 questions on a 4-point scale, where 1- not at all, 2- very rarely, 3 - sometimes and 4 - often. The EMAS-S scale has two subscales measuring the cognitive worry and autonomic-emotional state in subjects, with a higher score indicating greater anxiety symptoms within the range of 20-80, or 10-40 on the subscales, respectively (Endler et al. 1991).

The results are presented as total number, percentage, mean and standard deviation according to the type of data. Statistical analysis of certain aspects of job satisfaction influence on level of anxiety measured EMAS scale was tested using Student's t test and one-way analysis of variance (ANOVA). The analysis is performed using statistical package for social sciences IBM Statistics SPSS v 23.0.

## RESULTS

In the total sample the youngest employee was at the age of 27 and the oldest was 62 years old, with a mean age of  $41 \pm 9.7$  years. By gender, a slightly higher proportion of women was observed in the sample (25 or 55.6%) than men (20 or 44.4%). According to profession sample consisted of 26-57.8% nurses, 11-2.4% doctors, and 4-8.9% psychologists or social workers. The average duration of employment at this institution was  $12.8 \pm 8.9$  years with a minimum duration of 2 years and a maximum of 35 years (Table 1).

Analysis by occupation indicates that according to the total EMAS score the highest level of anxiety express psychologists ( $31.00 \pm 2.82$ ) and the lowest the nurses ( $29.65 \pm 7.64$ ). The score on the cognition subscale indicate the highest level of cognitive anxiety by the psychologists ( $17.00 \pm 2.16$ ) and the lowest by physicians ( $15.36 \pm 3.85$ ).

In the case of the emotion subscale, the highest average score was recorded in physicians ( $14.63 \pm 2.69$ ) and the lowest in case of nurses ( $13.54 \pm 3.42$ ). The average values of individual scores are not statistically significant ( $p > 0.05$ ) (Table 2).

When asked „Are you able to apply all your knowledge and skills at your workplace?“ 20 (44.4%) of the respondents answered „often“ and 12 or 26.7% „almost always“ which makes a total, 32 (71 %) of respondents who have the opportunity to apply their own knowledge and skills in their daily work, which affects their job satisfaction, and directly reduces the potential for anxiety and uncertainty.

In this sense the lowest scores have the respondents who often had the opportunity to apply their knowledge or skills at the total EMAS scale in amount of  $26.90 \pm 5.91$ , cognition scale  $14.00 \pm 3$ , and emotions scale  $12.9 \pm 2.33$ . These differences are statistically significant at the total and cognition scales ( $p < 0.05$ ) but not at the emotion anxiety scale ( $p > 0.05$ ) (Table 3).

When asked “Do you feel more responsible to work now compared to when you started?” 15 (33.3%) of the respondents answered “often”, 21 (46.7%) said “almost always”, which is in total 36 or 80% of the respondents.

In this large proportion of respondents (80%) stated that they felt more responsible in their work compared to the beginning of career, was found the lower EMAS cognition (15.66±5.75) and emotions (13.66±3.82) scores, and which reflected positively on work efficiency (Table 4).

**Table 1.** Sociodemographic characteristics

	N (%); Mean±SD (range)
Age	41.02±9.7 (27-62 years)
Gender	
Male	20 (44.4%)
Female	25 (55.6%)
Profession	
Physician	11 (24.4%)
Nurse	26 (57.8%)
Psychologist	4 (8.9%)
Social worker	4 (8.9%)
Employment duration	12.8±8.9 (2-35 years)

**Table 2.** EMAS scores according to professions

		N (%)	EMAS Total Mean±SD	EMAS Cognition Mean±SD	EMAS Emotions Mean±SD
Profession	Physician	11 (24.4)	30.00±6.18	15.36±3.85	14.63±2.69
	Nurse	26 (57.8)	29.65±7.64	16.12±4.84	13.54±3.42
	Psychologist	4 (8.9)	31.00±2.82	17.00±2.16	14.00±1.41
	Social worker	4 (8.9)	30.50±12.12	16.25±7.50	14.25±4.65
	Total	45 (100.0)	29.93±7.25	16.02±4.59	13.91±3.18
			F=0.047	F=0.134	F=0.310
			p=0.986	p=0.939	p=0.818

**Table 3.** EMAS scores according to opportunity to apply knowledge and skills in everyday work.

		N (%)	EMAS Total Mean±SD	EMAS Cognition Mean±SD	EMAS Emotions Mean±SD
Are you able to apply all your knowledge and skills at your workplace?	Rarely	2 (4.4)	28.50±9.19	16.50±7.77	12.00±1.41
	Sometimes	11 (24.4)	34.63±8.65	19.27±5.44	15.36±3.77
	Often	20 (44.4)	26.90±5.91	14.00±3.85	12.90±2.33
	Almost always	12 (26.7)	30.91±5.82	16.33±2.83	14.58±3.57
	Total	45 (100.0)	29.93±7.25	16.02±4.59	13.91±3.18
			F=3.238	F=3.751	F=1.980
			p=0.032	p=0.018	p=0.132

**Table 4.** EMAS scores according to change in responsibility to work

		N (%)	EMAS Total Mean±SD	EMAS Cognition Mean±SD	EMAS Emotions Mean±SD
Do you feel more responsible to work now compa- red to time when you started?	Not at all	3 (6.7)	32.66±8.50	19.00±5.00	13.66±3.51
	Rarely	3 (6.7)	25.00±5.19	13.33±4.04	11.66±1.15
	Sometimes	3 (6.7)	32.33±4.04	16.66±3.51	15.66±0.57
	Often	15 (33.3)	29.33±9.25	15.66±5.75	13.66±3.82
	Almost always	21 (46.7)	30.33±6.16	16.14±3.90	14.19±3.04
	Total	45 (100.0)	29.93±7.25	16.02±4.59	13.91±3.18
			F=0.554	F=0.591	F=0.647
			p=0.697	p=0.671	p=0.632

**Table 5.** EMAS scores according to feeling of satisfaction at the end of work day.

		N (%)	EMAS Total Mean±SD	EMAS Cognition Mean±SD	EMAS Emotions Mean±SD
Do you have ade- quate degree of satisfaction at the end of work day?	Not at all	3 (6.7)	37.66±14.29	21.33±9.29	16.33±5.03
	Rarely	3 (6.7)	32.00±1.73	17.66±2.08	14.33±3.78
	Sometimes	3 (6.7)	31.16±6.29	16.33±3.36	14.83±3.18
	Often	15 (33.3)	28.39±6.71	15.13±4.24	13.26±2.95
	Almost always	21 (46.7)	27.75±7.84	15.00±6.00	12.75±2.50
	Total	45 (100.0)	29.93±7.25	16.02±4.59	13.91±3.18
			F=0.554	F=0.591	F=0.647
			p=0.697	p=0.671	p=0.632

The degree of satisfaction at the end of the work day, "often" (15) and "almost always" (21), has 36 or 60% of respondents, "not at all", "rarely" and "sometimes" by 3 or 6.7%. The respondents who at the end of the working day were more likely to have an adequate level of satisfaction showed a lower level of anxiety toward the average EMAS values of the total score ( $27.75 \pm 7.84$ ), and a score on the cognition ( $15.00 \pm 6.00$ ) and emotion subscales ( $12.75 \pm 2.50$ ) without statistically significant difference ( $p > 0.05$ ) (Table 5).

The experience of satisfaction is directly linked to the reduction of symptoms of fear, insecurity, sensitivity and offers a sense of confidence and self-esteem.

## DISCUSSION

Numerous studies conducted around the world have found an association between anxiety and job or workload. Thus, in a comparative study on the satisfaction of health professionals employed in private and public practice in Italy in 2010, Cafaro and Sansoni indicate that the public sector satisfaction/dissatisfaction index was 12.75 (range 0.9-37.1), while in the private practice it was 13.08 (range 0.9-37.1) indicating low to medium satisfaction (Cafaro & Sansoni 2010).

Garza et al. (1999), in a study of job-induced anxiety among nurses in Mexico, stated that work-related activities were a threatening situation and contribute to anxiety. They also state that it is necessary to identify risk factors for job-related anxiety in order to develop coping strategies and prevent health damage (Garza et al. 1999).

In 2004, Andrea and colleagues, exploring anxiety and depression in the working-age population using HAD scales in the Netherlands, stated that a significant prevalence of anxiety and depression was found, and that the prevalence of anxiety was 8.2% for men and 10% for women, while the prevalence of depression was 7.1% for men and 6.2% for women (Andrea et al. 2004).

## CONCLUSION

Working with heroin addicts provides a chance for development of anxiety in members of the therapeutic team, as identified in this study.

Employees who feel satisfied at workplace, who are constantly improving their knowledge and working in a team, have a better attitude towards their job and less anxiety, and have better results in working with heroin addicts.

Conversely, individuals with more anxiety have more difficulties to cope with the challenges and demands of

the job, and have severe difficulties in coping with new and unpredictable situations, which leads to the conclusion that the personality structure of the therapist, among other things, significantly affects their relationship to the job and may have implications for the outcome of the therapeutic procedure.

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**Conflict of interest :** None to declare.

### **Contribution of individual authors:**

Nermana Mehić-Basara has initiated the writing of the article, critically reviewed the manuscript and had full control, including final responsibility for the decision to submit the paper for publication.

Edina Borovac has selected the survey test and and interpreted the results.

Magbula Grabovica has collected the informed consents of all the respondents and participated in the data collection.

All authors were involved in the study, had full access to the survey data and analyses, and participated the writing process.

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### *Correspondence:*

Assoc. prof. Nermana Mehić-Basara, MD, PhD  
Public Institute for Addiction Disorders of Canton Sarajevo  
Nahorevska 173, 71 000 Sarajevo, Bosnia and Herzegovina  
E-mail: mehicb@bih.net.ba