Does multicultural health care unit influence physicians’ work-related well-being?

Anna-Mari Aalto

A Aalto1, T Heponiemi1, A Väänänen2, B Bergbom1, T Sinervo1, M Elovaara1
1Service System Research Unit, National Institute for Health and Welfare, Helsinki, Finland
2Development of Work and Organizations, Finnish Institute of Occupational Health, Helsinki, Finland
Contact: anna-mari.aalto@thl.fi

Background

International mobility of health care professionals is increasing, but little is known how working in a multicultural team affects the native physicians’ psychosocial work environment. We examined Finnish physicians’ perceptions of work related stressors, protective resources, and well-being according to...
whether they had foreign born colleagues (FBCs) in their work unit. We also examined whether work-related resources moderate the potential negative effects of multicultural work team on work-related well-being among physicians.

Methods
A cross-sectional survey was conducted for a random sample of physicians in Finland in 2010 (3826 respondents, response rate 55%). The questionnaire contained measures for work-related stressors (time pressure, patient-related stress, stress due to poor information system and lack of consultation possibilities), resources (organizational justice and job control) and work-related well-being (team climate and job satisfaction). The respondents were also asked whether they had foreign born colleagues in their work unit. Analyses were restricted to native Finnish physicians working in public health care. The results were analyzed by ANCOVA.

Results
Having FBCs in the work unit was related to higher patient-related stress (p < 0.001), stress related to electronic information systems (p = 0.005), low perceived procedural justice (p = 0.008) and poor team climate (p = 0.008) among native physicians. Procedural justice and job control buffered the negative association between having FBCs with job satisfaction (p = 0.007 and p < 0.001 respectively). Having at least as many FBCs as native colleagues in the work unit was related to poor job satisfaction only among those who reported poor job control or poor organizational justice. These associations were robust to adjustments for age, sex, health care sector, specialization, on-call duty, employment contract, full-time employment and leadership position.

Conclusions
The results indicate that multicultural work units face challenges in stress and team climate. The results also show that leadership has an important role for multicultural work units. The burden of multicultural teams for native physicians can be reduced by fair management and by increasing physicians' job control.

Key messages
- Physicians working in multicultural health care units face challenges in stress and team climate.
- Leadership has an important role for multicultural work units. The burden of multicultural teams for native physicians can be reduced by fair management and by increasing physicians' job control.