Stress is an every day part of life. It is unavoidable and necessary. Most individuals think of stress as a negative event; however, stress is sometimes necessary for us to be productive. Examples of positive stress, or eustress, are hunger pains, motivation, or a physical stimulus that can cause harm to the body (hot items). Most of us tend to think of stress as negative, such as work, relationships, or personal problems. The sources of stress can be external, internal, or the interaction of both. Walter Cannon\(^1\) was the first to describe external stress. External stresses are physiological or emotional stimuli that may cause disruptions to homeostasis. They may consist of changing jobs, chronic illness, or exams that may cause physiological or emotional changes. Hans Seyle\(^2\) describes stressors as internal reactions to stress that are physiological or psychological that may disrupt homeostasis. Another source of stress is interaction between the environment (external) and the cognitive (internal) world. Thoughts generated as perceptions of the environment are perceived as stressors and influence physiological responses.

Stress can cause physical ailments such as high blood pressure, gastritis, peptic ulcers, and fatigue, many of which may result in:

- Increased number of sick days;
- Difficulty with problem-solving;
- Isolation or withdrawal; and
- Behavioral outbursts.

These eventually compromise the quality of patient care and team cohesion.\(^3\) Lastly, evaluating others or being evaluated and not recognized for one’s input can contribute to psychological stress and job unhappiness.\(^4\)

Your environment can be another form of stress. Characteristics such as density, temperature, noise, and illumination are examples of factors that can impact the psychological well-being of the individual.\(^5\) Psychological trauma reacting to unnatural environmental stress is post-traumatic stress disorder. This diagnosis is described as frequent flashbacks of the trauma causing physiological arousal, nervousness, nightmares, or sweats.

A study by Albrecht\(^6\) involved 54 nurse managers with an average of 17 years of experience. Almost half had earned diplomas, 22 percent being associate degrees. After an average of six years as nurse managers, most of the participants reported they had experienced work stress and mental and physical exhaustion from exposure to patients experiencing trauma.

Lazarus and Folkman\(^7\) concluded that stress results from environmental events or stressors. The amount of daily complex experiences of an individual appeared to be the most important environmental event in determining

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**Office Managers’ Perception of Stress, Control, and Satisfaction: A Comparison between Primary Care and Specialty Practices**

**Jyh-Hann Chang, Ph.D.,* Nathan Whittier,† Erin DeFries,‡ and Amanda Garfinkle**

Perception of stress, control, and satisfaction was measured by office managers in medical practices. Office managers spend enormous amounts of time each day handling difficult interpersonal issues among staff, physicians, and patients. As a group, physician disruptions were the most prevalent per day. Other staff members were considered the most stressful by rank order. Significant differences were discovered between primary care practices versus specialty practices in the areas of interactions with physicians.

**Key words:** Office manager; stress; physician; relationships.

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adaptation and health. Because community health nurses function within relatively unstructured settings, many complex situations that can tax or overwhelm the nurse may develop. When the nurse is aware of the concept of stress, the environmental events that appear as stressors can be addressed.

Stress researchers are focusing on the time-limited effects of chronic daily hassles as the most important causes of stress. Among nurses, specific environmental stressors include:

• Unpredictable staffing and scheduling;
• Lack of role clarity;
• Low involvement in decision-making;
• Poor status; and
• Poor support.

There are many other sources of stress. One’s perception of control or lack of control is a good indicator of how a stimulus is perceived as negative stress (stressor). Brehm believed that perceived control is to believe that one can influence the outcome of the situation either positively or negatively. He believed that individuals are motivated to have positive outcomes while avoiding negative ones. There are many studies that indicated when individuals have a positive sense of control it leads to positive coping and the ability to overcome adversity.

Life stressors and perceived control are highly associated. The individual with a perception or coping style of a “high need for control” spends large amounts of energy and job involvement with relatively low gain. This strong desire to control the “situation” ultimately generates an enormous amount of stress. This person underestimates demands or sets goals above his or her capacity.

The lack of control in multiple areas influences overall satisfaction of the individual. Most of the research on organizational stress has focused on its relationship with job satisfaction. Much of this research has taken the form of correlational studies that have used role ambiguity and role conflict to operationalize stress. These studies generally indicate that job stress and satisfaction are inversely related.

Nurses’ job satisfaction has been shown to be significantly related to burnout. In addition, job burnout is significantly related to intention to quit. Herzberg stated that the concept of job satisfaction or dissatisfaction is the balance between motivation (achievement, recognition, work itself, responsibility) and hygiene (company policy, administration, supervision, work condition, salary, and status).

OFFICE MANAGERS

One of the major stressful careers available in the nursing field is office manager for a medical practice. It consists of many of the stressors described previously, such as interpersonal relationships; evaluations; heavy workload; potential burnout; and/or difficult colleagues, staff, patients, and physicians. Certifications are available through several organizations to develop and educate nurses interested in moving into this specialty management area. Examples are the Professional Association of Healthcare Office Management (PAHCOM), the Practice Management Institute, and the Association of Registered Health Care Professionals. While older office managers learned on the job, some schools now offer an associate degree in healthcare office management. Nurses are well-suited to running a physician’s office—a hectic job requiring a wide range of skills and constant multitasking. Yet with all these special tasks and responsibilities, according to PAHCOM’s 2004 salary survey, medical office managers earned just under $61,000 in salary and benefits. This may not be competitive with the compensation nurses can earn in hospitals, which may facilitate the perception of the lack of recognition by the organization.

The stress of an office manager position can affect employees’ physical and mental health, potentially contributing to problems such as coronary heart disease, ulcers, depression, and anxiety, just to name a few. A healthcare facility can be a particularly stressful job setting because the office manager oversees many of the daily activities of a healthcare facility and has the opportunity to interact with all healthcare personnel. In the current study, we were interested in office managers’ perceptions with regard to sources of stress, perceived control, and job satisfaction. In addition, this study compares primary care practices with specialty practices.

Research Questions

To begin, we drew up a list of questions, as follows:
1. What is the office manager’s perception of stress in the areas of staff, patients, or physicians?
2. What is office manager’s perception of control in the areas of staff, patients, or physicians?
3. Which benefits is the office manager most satisfied with?
4. Are there differences between primary care practices and specialty practices for office managers in the area of stress, control, or satisfaction?

Methods

One hundred fifty questionnaires were sent to office managers and their respective medical practices in the midwestern region of the United States. The questionnaire was designed with Likert-scaled items addressing area of stress, control, and satisfaction. (See appendix A for sample questionnaire.)

Questionnaires were sent out through the U.S. Postal Service with a cover letter and consent form. A self-addressed, stamped return envelope was provided. The questionnaire contained items tapping into stress/control levels with regard to daily interactions as well as
satisfaction/control levels with regards to employee benefits as perceived by the office manager. Also, respondents were asked to rank daily stressors and provide an indication of time spent with disruptions per year.

Frequency tables and ANOVA statistical analyses were used on evaluating group differences between primary care practices and specialty practices.

### Results

Office managers reported most hours handling staff disruptions (Table 1). Table 2 shows how they ranked daily stressors on a scale of one to five. Practice managers reported the highest stress levels in the area of personal responsibilities (job tasks) and the lowest levels in interactions with patients (Table 3). Practice managers reported the lowest amount of control in the area of interactions with physicians and the highest with interactions with staff (Table 4). With regard to employee benefits, practice managers were most satisfied with accounting services and least satisfied with insurance companies (Table 5). Managers indicated the lowest amount of control in the area of insurance companies and the highest amount in accounting services (Table 6).

### Discussion

The results of the present study indicate that the office manager is spending an enormous amount of time with issues concerning other staff, physicians, and patients (3.37 hours/day, 877 hours/year). It is also clear that the office manager needs to have good interpersonal, coping, and stress-management skills to survive while effectively performing the job. Office managers reported difficult staff issues as taking the largest percentage of their time and as the primary source of their stress.
APPENDIX A

Please Complete and Rate the Following Categories

1. Difficult patients are disruptive (summarize total disruption to your medical practice) _____ hours per day

2. Difficult staff can also be disruptive (total disruption to your day) _____ hours

3. Difficult physicians disrupts a daily practice _____ hours

4. Please list in rank order from most stressful to least stressful. Practice managers top five daily stressors. 1)____ 2)____ 3)____ 4)____ 5)____

5. Name of practice ______________________________________________________________________

6. Self and others (please rate how stressful and how much control you have with each category)

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<tr>
<th></th>
<th>No stress</th>
<th>1 0</th>
<th>2 1</th>
<th>3 2</th>
<th>4 3</th>
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<tbody>
<tr>
<td>Interactions with physicians</td>
<td>No stress</td>
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<td>1</td>
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<tr>
<td>Interactions with staff</td>
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7. Service provided by (please rate how satisfied and how much control (decision making) you have in each category)

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Employee (Physicians and Staff) Benefits

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I may not have covered the most important areas of a medical practice. Please feel free to write any comments below. Thank you for your participation.
Most attempts to reduce stress in the work force focus on helping people to deal more effectively with their work situation. Typically, staff members are taught techniques such as relaxation or cognitive strategies to help them cope. However, work environment and personal skills are often not addressed. A stress policy targeted at reducing stress must address environmental factors, development of individual skills, stress management skills, and coping with crisis.

Much of the current literature addresses coping strategies for nurses. Traditionally, many office managers are nurses first, thus these interventions may apply. Aurelio writes that stressors associated with nursing provide a desirable, moderate level of stress, leading to high job performance. Nurse executives and administrators who understand the effects of the organizational culture on stress may help their institution operate in a stress-healthy mid-range. They pay strict attention to the values that they propagate, designing change around these values, teaching them in orientation programs, setting policies that use and reinforce them, and discussing them with nursing staff and others.

Realistic demands and expectations of themselves and others are important in developing a stress-controlled environment. This leads to stress, frustration, and burnout. Balevrev writes that a regular stress-management program consisting of rational emotive therapy can change irrational thoughts and thus lead to the reduction of potential stress and burnout.

Other forms of interventions postulated by researchers include “rational nursing” and being “present.” Rational nursing is a derivation of rational emotive behavioral therapy. It seeks to mitigate the emotional and behavioral human response to an illness situation by guiding the patient through the ABCs of that response (antecedent, belief, consequence). The most healing aspect of nursing is being present. When we are wholly present, we connect deeply with others and experience the preciousness and vitality of life, no matter how fleeting. In times of crisis, it is this presence that allows us to understand and listen to experiences of illness, pain, recovery, and sometimes death.

One can hypothesize many potential possibilities. For example, primary care physicians have tendencies or personalities that are suited for a primary care environment and responsibilities. They may have better interpersonal skills, larger blocks of time to spend with patients, and more opportunities to see the same patients on a regular basis. Specialists, on the other hand, see their patients only when conditions are more serious and the patients cannot be treated by primary care physicians. Patients, realizing that their condition may require more intensive and specialized care, can be under higher levels of stress when they are seen by a specialist. This higher level of patient stress can induce impatience, irritability, and limited sensitivity to others.

Strengths of the study were: (1) High response rate to the questionnaire; and (2) Good representation from primary care and specialty practices. Weaknesses of the study were: (1) All participants were located in the midwest/Ohio area; (2) Generalizability of the study is limited until further larger national studies are completed; and (3) Most items were measured by single-item methods. The study should be replicated on a larger scale, using multi-item questionnaires to assess satisfaction and control and involving a larger number of subjects.

Perhaps with additional training, office managers of specialty practices may be able to reduce their levels of stress while increasing control and job satisfaction. On the other hand, because specialty practices appear to have more stress that primary care practices, maybe office managers of specialty practices should command higher wages.

REFERENCES
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**SUGGESTED READINGS**


