

INTRODUCTION

Work related stress (WRS) is a major problem for employees and organizations, and it may be cause of burnout, illness, labour turnover, absenteeism, poor morale and reduced efficiency and performance (Sutherland & Cooper, 1990). Health care professionals around the world are exposed to pressures resulting from the ongoing changing of health organizations, growing economic pressures, technological advances, increasing patient expectations, optimization of health care organizations evolving towards models based on the effectiveness, efficiency and appropriateness of health interventions, and the requirement for more evidence-based and high quality health care. Literatures data evidenced that health workers experience higher levels of stress and stress related health problems than other occupational groups (Reem et al., 2012; Gardiner, Lovell & Williamson, 2004; Voltmer et al., 2008; Lemaire & Wallace, 2010; Kumar, 2007).

Mental health workers (MHWs) appear particularly vulnerable to the experience of stress related to the healthcare activity; in fact MHWs are exposed to work related stressors such as the need to rescue the patient, a sense of failure and frustration when the patient's illness progresses or does not respond to treatment, feelings of powerlessness against illness and its associated losses, grief, fear of becoming ill oneself, or a desire to separate from and avoid patients to escape

2003; Alessio et al., 2008; Gandham, 2000).

Data of literature showed the effectiveness of organizational-level workplace interventions based on the occupational health principle of “hierarchy of controls”, with the aim to produce more sustainable effects on the health of healthcare employees than interventions targeting individual behaviors (Halperin, 1996; Argentero et al., 2010; d’Ettorre & Greco, 2015; Montano, Hoven & Siegrist, 2014); according to this evidence the authors conducted a retrospective observational study to detect and analyze the level of

2008), variable workloads and often non-programmable (Engström, Ljunggren, Lindqvist & Carlsson, 2006; Teng, Hsiao & Chou, 2010). These objective critical issues, related to the work content, appeared unsusceptible to be modified because they are intrinsically characteristic of the hospital healthcare work and required safety training courses among the workers, aimed at protect them.

In our study, the work context appears to be the main area on

