

Mirosława Adamus, Krzysztof Owczarek  
Warszawski Uniwersytet Medyczny  
Mariusz Jaworski  
Szkoła Główna Turystyki i Rekreacji – Warszawa

## DIFFICULT SITUATIONS IN THE PROFESSION OF A DIETITIAN-THERAPIST

### Summary

Occupational stress and burnout syndrome can lead to many negative individual, social and economic consequences. Dietitians' occupational stress is associated with many aspects. One of them is the need for flexible responses to the needs of clients and patients. Another, related to the existing knowledge, is the capability to select and assess the dynamically growing media space content concerning the nutritional value of various products, as acquired through the use of modern technologies. Dietitians face the challenge of the stereotypes associated with eating; changing patients' or clients' bad habits of eating is a challenge, often causing frustration.

Frustration, external and internal conflicts are the most difficult situations in the workplace. They can exacerbate the stress associated with the profession and consequently lead to unpleasant consequences in the form of occupational burnout. In order to counter this, it is necessary to increase the employees' own resources and changing the conditions and organization of work.

**Key words:** functioning as a dietitian, occupational stress, occupational burnout, stress coping, difficult situations.

**JEL codes:** I18

The problem of occupational stress occupies an important place both in health psychology and occupational psychology (Heszen i Sęk 2007; Ratajczak 2008). It is also not a detached topic in various fields of economics (Leśniewska i Stosik 2013). This is due to the fact that the effects of occupational stress translate into both the individual functioning of the experiencers and their economic impact – they are visible at the level of a single institution and in global performance indicators. Being a dietitian is related to many factors that are the determinants of a difficult situation. On the one hand, it is an interpersonal relationship with another person, often lost in thicket of unclear or contradictory information about nutrition, constant changes, conditioned by civilization, scientific development or cultural changes. The profession of a dietitian is committed to providing support to people motivated to active actions who, on the one hand, promote good health and wellbeing through an

appropriate lifestyle (nutrition as well) and, on the other, pursue the maximum fitness and beautiful appearance. Often, the goals are contradictory, but it is expected of a specialist to combine them in a coherent recommendation programme, finding solutions that will enable them to meet such client expectations (Gulla 2015; Podgórska, Paśnik 2014).

A significant group of the people seeking help with a dietitian are patients whose health problems are related to nutrition. Recent years have seen an increasing proportion of overweight people and those suffering from diet-related diseases, such as obesity, diabetes or the cardiovascular disease (WHO 2014). Analysis of epidemiological data suggests that the morbidity associated with taking up abnormal health behaviours related to nutrition increases regardless of age. Searching, together with the patient, the best ways to deal with chronic illnesses and introducing significant changes in the dietary habits of patients are serious challenges faced by their therapists.

The above-described situations another difficult challenge that can bring either satisfaction with the successful completion of a major therapeutic challenge, or frustration, due to the difficulties that inevitably occur in relationships with such patients.

Dietitians are also under pressure to follow the changing and rapidly developing knowledge and the need to select it according to the *primum non nocere* principle. The current research, resulting from social expectations, brings new technological solutions and causes that the food produced is changing; for example, it retains its freshness for longer and gains new flavours. There are new varieties of fruit and vegetables, products are combined in a way that was not accepted until recently. The way food is processed is becoming increasingly complex, which results in the average consumer's saved time (it is possible to make food in a simpler way and the meals are tastier). From a specialist perspective, it may be difficult to confront some of the food industry practices; for example, concealing information or labelling products in a way that is unclear to the client. Therefore, advising requires, on the one hand, a reliable knowledge of the changes taking place and, on the other hand, the capability of transferring it, gaining the trust of people who go to dietitians.

Cultural conditioning is another important determinant of the working conditions with the client. Food, for centuries, has had various meanings, determined by the specificity of a given culture, age, and ethnic group. It can be treated as a factor / means by which various meanings are communicated. In today's world, cultural determinants can be of great importance for interpersonal relationships and ignoring the basic norms and rules related to nutrition impedes communication, building relationships based on mutual trust (Ogden 2011).

Are the above-described conditions of dietitians' work associated with stress? Undoubtedly, they are external circumstances that can be difficulties

in fulfilling the professional role. They may also be a source of internal (intrapsychic) conflicts that require resolving and ambiguous decisions, and are associated with the feeling of frustration.

## Sources of occupational stress

In the psychology of stress, both the situation of frustration and intrapsychic conflicts are treated as serious, and the most common sources of stress (Heszen 2013).

From the professional perspective, internal contradictions occur when there is a specific situation that obliges the therapist to make a decision to accomplish only one of at least two real and important goals for the patient. So, he or she is to choose which one to implement. Dietitians are aware that both goals are worth approaching, but they can only choose one – it is a approach–approach conflict. It is worth adding that the situation is favourable, as later, the chosen target becomes an attractive, appreciated choice.

There is a difference in the internal conflict when dietitians need to choose one of the actions they would like to avoid. Therefore, they choose the lesser evil, need to settle the void–avoid conflict. These types of situations are already more burdensome, they are related to long-hesitation and much greater emotional tension than in the previous case. After the decision is taken, the “attractiveness” of the chosen goal decreases and it increases in the case of the discarded variant, which is a source of dilemmas persisting over time and distorting the mental balance.

The approach – avoid type of intrapsychic conflict has the most serious effects in the sphere of mental functioning, it can be a source of neurotic disorders, a cause of doubting one’s professional skills. This condition occurs when the specialist is obliged to make a decision to perform a task or a goal that has both a positive and a negative value. The difficulty in decision-making is increasing as the goal is approaching and it is characterized by an increase in avoidance. A remote goal seems to be more attractive, but the closer it is the more negative are the characteristics perceived. This applies to making decisions painful, but perhaps effective, for the patient, the lack of conviction that the recommendations that are given can result in the patient’s unambiguous benefits (Busch 2017).

Frustration, in turn, is characterized by the presence of an obstacle that prevents or significantly limits the ability to achieve important professional goals. Ways of coping are varied, partly conditioned by the individual characteristics of the therapist.

In this case, the therapist can take action, aiming at achieving the goal by overcoming the limitations. These are activities cantered on a problem that is

the difficulty (Lazarus 2006). They can take a variety of forms, from trying to remove an obstacle, bypassing it, to achieving a substitute goal that delivers the same satisfaction. Such an active attitude is usually the result of treating obstacles or impediments as specific challenges, mobilizing to actions.

Another variant of behaviours is also possible, defensive, obstacle-oriented, aimed at ensuring the feeling of security. Such reactions lead to the discharge of unpleasant emotional tension but do not resolve the frustration. The most common defensive reactions are aggression, regression, fixation and withdrawal (Lazarus 2006).

Aggressive behaviours are motivated by the motivation to achieve the goal and the magnitude of the obstacle – higher levels of aggression occur when the motivation level is higher and there is a greater obstacle to achieving the goal. Aggression can take the verbal or physical form, it can be overt or hidden.

In turn, fixation is associated with stiffened behaviours, manifested by stubborn performance of the same ineffective activities.

Regression is a reaction characterized by a return to earlier behaviours, well-controlled and effective at the previous stages of development.

Escape is a defensive reaction, linked to fear. It can take two forms; the first is the psychological escape when a person “cuts off” from the situation, he or she resigns from the goal, while the other is a physical escape. Resignation thoughts, loss of the sense of work or life in general are extreme examples.

Resources of the body and the general psychophysical condition are important in the work of a dietitian. Other difficult situations, occurring in their professional work, are described below. They cause serious disturbances in the psychophysical balance and consequently decrease the efficiency of actions in all dimensions of the human, functioning in the professional role as well.

They include: threat, deprivation, overload and distortion.

The threat is related to the violation or anticipated probability of the infringement of not only professional resources (typical in the situation of sick people, victims of accidents in which they lost their abilities). In turn, deprivation occurs when a person is deprived of or has much limited access to the essential things. We can talk about different categories of this phenomenon. One of them is physical deprivation which occurs when you are unable to meet your body's important needs, such as sleep, thirst or hunger. Another form, mental deprivation, is characterized by the loss of the ability to fulfil important psychic needs, such as the need for closeness or significance. It may involve a loss of a loved one or a reduced contact with the social environment, e.g. due to hospitalization. Sensory deprivation is another type – it occurs in people isolated from the surrounding world for many hours, for example immersed in the virtual world, or staying in places with reduced sensory stimulation.

Such prolonged conditions can lead to disturbances in the overall functioning of the person.

## **What is stress – interdisciplinary approach**

The answer to the question of what is stress, is not clear. Representatives of various disciplines, such as medicine, psychology or sociology, debate on the definition of stress. The definition of *stress* in science refers to the pressure on a given surface. Such an approach is also a reference to the daily experiences of people. The various factors that affect all of the areas of functioning (occupational, social, family, personal) exert an influence both on the body and on the human psyche, necessitating adjustments to the resulting requirements (Stanisławski 1983). These factors can come from both the environment (external stimuli) and the state of the body (internal stimuli). While it is not easy to judge which situations are difficult situations, it is even more difficult to identify the state of one's own body, to be fully aware of one's own thoughts and beliefs, and the emotions that are the source and / or the effect of stress. The consequence of both internal and external stimuli (the pressure affecting people) are the specific, most difficult to name, tension / negative effects. Other elements of this process are the efforts to adapt, adjust or change the environment to deal with both the internal and external challenges, returning to the standard *hunting about the norm*. The research shows great individual differences in coping with stress, the effectiveness of this process, and the time it takes to reach the desired status quo (Heszen 2013; Ogińska-Bulik 2006; Owczarek 2011).

## **Stress – psychological perspective**

The term “stress” in psychology is used in three meanings: as a mental state or situation as well as a specific relationship between the individual and the environment (Lazarus, Folkman, 1987). It should be stressed that the tendency towards the holistic perception of the phenomenon is developing. Many researchers point to the fact that human functioning, wellbeing, both in health and illness, is the sum of the sensations coming from all of the previously observed as separable dimensions that affect human functioning. They include: the somatic, emotional and cognitive aspects, and the spirituality of man (Hobfoll 2006). In psychology, stress is most often understood as an interaction of the psychophysical factors (internal emotional, cognitive, vegetative-somatic) and the situational (external) factors; they result not only in simple behavioural responses but also complex human behaviours. By attempting to systematize the knowledge on this subject, it is difficult to uniquely isolate the individual

determinants of stress response; the sources of stress, its perception and coping strategies all include biopsychosocial components. They are often intertwined with the spiritual aspect that is not only related to religiosity, but also to the sphere of self-development, self-improvement, and the leading life ideas.

This view analyses the coexistence of three groups of factors of various nature. The first includes cognitive aspects, concerning the consciousness of changes in the content and power of emotions. Another group includes vegetative-somatic reactions – physiological factors of emotions (i.e., emotional reactions to external or internal stimuli). The last group, behavioural responses, is associated with a tendency towards specific behaviours that respond to stimuli.

We can then talk about the sum of the changes of a holistic nature within the regulatory mechanisms and behaviours, under the influence of various types of difficult situations. Combining different levels and ranges of body responses, it is also possible to plan and describe the most effective ways to deal with professional stress.

## **How to counter workplace stress?**

The phenomenon of occupational stress, related to the development of burnout syndrome, has significant and dramatic practical consequences (Ogińska-Bulik, Zadworna-Cieślak 2015). That is why it is extremely important to prevent and counteract the negative effects of the interaction of the phenomena (Antonovsky, Grzegółowska-Klarkowska 1995). This can be facilitated by early detection and response to any adverse reactions observed in employees. To this end, it is particularly important, on the one hand, to prioritize adequate staffing skills with appropriate remedial skills and, on the other hand, to create favourable conditions in the work environment. The research has allowed us to identify the factors that effectively protect against burnout in the professions that mandatorily require contacts with clients or patients. Many reports emphasize the importance of relationships with other team members and the ability to systematically consult decisions and work experiences with experienced, motivated professionals. The feedback concerning the actions taken in contacts with patients or clients provided by co-workers or people with authority builds self-efficacy, strengthens self-esteem, creates an adequate image of one's own professional role. It is also a valuable experience of constructive collaboration and social support. Another group of factors includes the feeling of autonomy and having effective working methods, acquired during training, skills workshops, concerning both hard and soft skills. Learning the rules of contact with other people, improving the art of communication and conflict resolution increase the feeling of satisfaction of

both parties, the therapist and his client (Ruotsalainen et al. 2015). Social skills training is increasingly recognized, involving, on the one hand, empathetic contact with the patient or client and, on the other hand, assertive refusal or defence of one's own rights. Access to sound knowledge of coping with stress also seems to be a valued support and way of developing individual employee resources.

A well-equipped workplace and the use of the necessary modern equipment result in the comfort of both the therapist and patient / client. The feeling of impact on the functioning of the institution, the ability to express one's opinion on issues relevant to all employees are not without significance (Ziarek 2007).

Minimizing the stress and consequences of professional burnout means also reducing the negative impact of mental stress, uncertainty, hurry, that is, the elements that result from bad work organization (Molek-Winiarska 2012). The important factors related to the organization of work and aimed at improving the professional functioning include: participation in the prior planning of tasks to be performed, team scheduling of work, acquisition of information about the planned changes, adjustment of work and the number of tasks to the capabilities of the team and dividing very burdensome obligations among a larger number of people. It is also important to plan and use the holiday time within the limits set by the law. (Chief Labour Inspectorate 2015).

To reduce the sources of professional burnout, it is also important to reduce the adverse impact of interpersonal conflicts by developing clear rules for reporting and dealing with patients / clients and employees. Similar, albeit small, is also the function of improving the working conditions and a common desire to tackle hazards and nuisances.

For this purpose, the Chief Labour Inspectorate (2015) recommends that accident risk assessment should be systematically carried out and the conclusions of the assessment should be taken into account, periodic OSH training should be conducted and the hygiene and aesthetics of the workplace should be improved (Chief Labour Inspectorate 2012).

Basing on the results of the study, L. Sandrin (2006) presents suggestions that substantially minimize the risk of burnout. Taking into account the perspective of an individual employee, attention should be focused on:

- using the conditions to develop personal interests,
- striving to change the working environment to more favourable,
- using help with the most difficult patients / clients,
- developing remedial skills – continuous improvement of professional qualifications and competences,
- striving to cooperate with people with similar expectations and prepared for the planned duties,
- developing their negotiating skills in the work environment,

- developing creative, individual thinking and problem solving skills, eliminating unnecessary restless and routine activities,
- striving for greater autonomy and at the same time using support (obtaining feedback, e.g. from the superiors),
- active participation in work planning and implementation,
- in the case of a new job or responsibility –striving to work with people who perform their duties well, are competent and stimulate others to develop,
- maintaining a balance between family life and work, entertainment and duties (Sandrin 2006).

Many authors also point to the right attitude to work – an attitude that encourages a positive assessment of events and transformations that occur in one's own professional life. In this context, there is also life satisfaction and a mature professional philosophy, in which the most important element is the acceptance of occupational stresses and the awareness of the need for constant development and improvement of one's own skills. Most professionals stress the positive significance of existential experiences; the feeling of the meaning of accomplishments is a factor that reduces professional stress and, consequently, protects against the burnout syndrome (Folkman, Moskowitz 2006). With a feeling of the meaning of accomplishments, it is possible to influence one's own experiences and well-being by improving interpersonal relationships, empathizing with them, and being kind. This results in a lasting change of attitude and attributing positive values to such qualities as protectiveness, caring, being helpful. Confessing deep moral spiritual values, coupled with a feeling of good enough personal psychic comfort, allows oneself to be distant from the difficulties experienced and to a large extent prevents adverse changes, the burnout (Heszen 2010). It is also important to seek the leading shared values in the team, a specific group work philosophy, which is related to the general philosophy of life. Such a team is more eager and effective not only to support people from their own environment but also other people (Ziarek 2007).

Another element, important in the process of counteracting burnout at work, is the formation of self-awareness; the knowledge of individual resistance to stressors, the knowledge of weaknesses and strengths constitute a resource that is useful in difficult situations (Molek-Winiarska 2012). Being aware of your own psychophysical abilities, combined with information about the genesis of the stress and the methods of its reduction and coping with difficult situations, leads to a better understanding of the dynamics of all stress-induced changes. Including also the element of proper and consistent use of the knowledge possessed in everyday life, a person gains valuable survival skills under stressful conditions, bearing the least psycho-physiological costs and the smallest burden to his or her own health.



## Stress management techniques

A number of reports on stress management techniques can be found in the literature (Bishop 2000). The following is an analysis of several examples of the methods that increase the skill.

Relaxation consists in reversing the negative effects of stress related to physiological stimulation and feelings of emotional tension. It increases control of the situation by addressing the problem with greater distance. The exemplary techniques enabling the achievement of such effects include: the Jacobson's muscular relaxation and the psychic relaxation, such as systematic desensitization. The muscular relaxation is a technique in which a person experiences relaxing circumstances by successive stretching and loosening individual muscle groups. On the other hand, systematic desensitization consists in experiencing an imaginary confrontation with a situation or object causing anxiety or unpleasant emotional tension in relaxing circumstances. Analysis of relaxation techniques indicates some common elements – they are conducted in a quiet, calm environment, require free sitting or lying, and eye closure along with muscle tone reduction. Experiencing relaxing circumstances is accompanied by the feeling of calmness and balance, which is necessary to reduce the activity of the central nervous system (Bishop 2000).

Meditation can be another form of stress reduction, it involves gaining awareness of the course of mental processes through passive introspection (Goyal et al. 2014). It facilitates the control of the body's stress response resulting in measurable physiological changes, such as slowing your heart rate and lowering blood pressure.

Researchers are very interested in another technique, which is biofeedback. Training in this area tends to develop conscious control over the physiological functions considered automatic and unconscious. Biofeedback can be used to get an effect on your skin temperature, your heart rate, muscle tone or brain wave patterns (Parnandi, Gutierrez-Osuna 2015).

The effect of physical exercise on the health and overall well-being of the body is also well-documented in literature, and consequently it positively influences the improvement of the emotional state and the reduction of anxiety (Grzywacz 2011). Recent studies have confirmed that physical activity causes an increase in beta-endorphin levels in the bloodstream, which may reduce the perception of pain and improve the overall wellbeing.

Stress resistance training also effectively increases stress control by supporting the development of the skill of coping with its destructive effects. The basic goals of this technique are to get to know the nature of stress and to develop coping skills in a difficult situation. In addition, they provide support in the search for knowledge and the ability to cope in unexpected situations (Flaxman, Bond 2010).

## Bibliography

- Antonovsky A., Grzegołowska-Klarkowska H.J. (1995), *Rozwikłanie tajemnicy zdrowia: Jak radzić sobie ze stresem i nie zachorować*, Fundacja IPN, Warszawa.
- Bishop G.D. (2000), *Psychologia zdrowia*, Wydawnictwo Astrum, Wrocław.
- Busch F.N. (2017), *A model for integrating actual neurotic or unrepresented states and symbolized aspects of intrapsychic conflict*, "Psychoanal.Q", No. 86(1).
- Flaxman P.E., Bond F.W. (2010), *A randomised worksite comparison of acceptance and commitment therapy and stress inoculation training*, "Behaviour Research and Therapy", No. 48(8), <http://doi.org/10.1016/j.brat.2010.05.004> [access: 13.04.2017].
- Folkman S., Moskowitz J. (2006), *Positive affect and meaning-focused coping during significant psychological stress*, (in:) Schut, H., de Wit J., van den Bos G. (Eds.), *The scope of social psychology: Theory and application*, Psychology Press, Hove UK.
- Goyal M., Singh S., Sibinga E.M., Gould N.F., Rowland-Seymour A., Sharma R., et al. (2014), *Meditation Programs for Psychological Stress and Well-Being*, "Comparative Effectiveness Reviews", No. 124, Johns Hopkins University Evidence-based Practice Center Rockville (MD): Agency for Healthcare Research and Quality (US); Report No.: 13(14)-EHC116-EF, <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0063263/> [access: 11.04.2017].
- Grzywacz R. (2011), *Brak aktywności ruchowej i jej wpływ na stres u ludzi pracujących zawodowo*, „Borgis – Medycyna Rodzinna”, nr 3.
- Gulla B. (2015), *Zakaz czy nakaz? Skuteczny przekaz zaleceń zdrowotnych*, „Zeszyty Prasoznawcze”, nr 222(2).
- Heszen, I. (2013), *Psychologia stresu*, Wydawnictwo Naukowe PWN, Warszawa.
- Heszen I. (2010), *Duchowość i jej rola w radzeniu sobie ze stresem*, (in:) Suchocka L., Sztembis R. (Eds.), *Człowiek i dzieło*, KUL Press, Lublin.
- Heszen I., Sęk H. (2007), *Psychologia zdrowia*, Wydawnictwo Naukowe PWN, Warszawa.
- Hobfoll E.S. (2006), *Stres, kultura i społeczność: Psychologia i filozofia stresu*, GWP, Gdańsk.
- Lazarus R.S., Folkman S. (1987), *Transactional theory and research on emotions and coping*, DOI: 10.1002/per.2410010304 [access: 14.04.2017].
- Lazarus R.S. (2006), *Stress and Emotion: A New Synthesis*, Springer Publishing Company, Inc., New York.
- Leśniewska A., Stosik A. (2013), *Problem dopasowania jako wyzwanie dla współczesnych organizacji*, „Prace Naukowe Uniwersytetu Ekonomicznego we Wrocławiu”, nr 277.
- Molek-Winiarska D. (2012), *Rozwój umiejętności pracowników w aspekcie radzenia sobie ze stresem*, „Prace Naukowe Uniwersytetu Ekonomicznego we Wrocławiu”, nr 249.
- Ogden J. (2011), *Psychologia odżywiania się. Od zdrowych do zaburzonych zachowań żywieniowych*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.

- Ogińska-Bulik N., Zadworna-Cieślak M. (2015), *Spirituality and the negative and positive effects of traumatic experiences in a group of emergency service workers*, "Polish Journal of Applied Psychology", No. 13(2), DOI: <https://doi.org/10.1515/pjap-2015-0027> [access: 14.04.2017].
- Ogińska-Bulik N. (2006), *Stres w zawodach usług społecznych. Źródła. Konsekwencje. Zapobieganie*, Wydawnictwo Difin, Warszawa.
- Owczarek K. (2011), *Zjawisko stresu*, (w:) Fiedor P., Pawłowski W. (red.), *Medycyna katastrof*, Oficyna Wydawnicza WUM, Warszawa.
- Parnandi A., Gutierrez-Osuna R. (2015), *Physiological modalities for relaxation skill transfer in biofeedback games*, "IEEE J Biomed Health Inform.", DOI: 10.1109/JBHI.2015.2511665 [access: 14.04.2017].
- Podgórska L., Paśnik K. (2014), *Rola dietytyka w prowadzeniu chorego leczonego bariatrycznie*, „Piel. Zdr. Publ.”, nr 4(3).
- Ratajczak Z. (2008), *Psychologia pracy w organizacji*, Wydawnictwo Naukowe PWN, Warszawa.
- Ruotsalainen J. H., Verbeek J. H., Mariné A., Serra C. (2015), *Preventing occupational stress in healthcare workers*, "Cochrane Database of Systematic Reviews", No. 4. Art. No.: CD002892, DOI: 10.1002/14651858.CD002892.pub5 [access: 13.04.2017]
- Sandrin L. (2006), *Jak się nie wypalić pomagając innym*, Wydawnictwo Jedność, Kielce.
- Sprawozdanie Głównego Inspektora Pracy z działalności Państwowej Inspekcji Pracy 2015*. (2015), <https://www.pip.gov.pl/pl/f/v/156451/Sprawozdanie%202015.pdf#page=161> [access: 10.04.2017].
- Stanisławski J. (1983), *Wielki słownik angielsko-polski*, Państwowe Wydawnictwo Wiedza Powszechna, Warszawa.
- WHO, *Global status report on noncommunicable diseases 2014* (2014), <http://www.who.int/nmh/publications/ncd-status-report-2014/en/> [access: 13.04.2017].
- Ziarek E. (2007), *Zagrożenie wypaleniem zawodowym u pracowników pomocy społecznej*, (w:) Poleszak W. (red.), *Pomoc osobom wykluczonym społecznie*, Fundacja Kultury Chrześcijańskiej Artos, Lublin.

## Trudne sytuacje w pracy dietytyka-terapeuty

### Streszczenie

Stres zawodowy i zespół wypalenia zawodowego może prowadzić do negatywnych konsekwencji w wymiarze indywidualnym, społecznym i ekonomicznym. W pracy dietytyka-terapeuty stres wiąże się z wieloma aspektami. Jednym z nich jest konieczność elastycznego reagowania na potrzeby zgłaszających się klientów i pacjentów. Kolejnym, wiążącym się z posiadaną wiedzą, jest umiejętność dokonywania selekcji i oceny dynamicznie rosnącej w przestrzeni medialnej ilości informacji na temat wartości odżywczych produktów, pozyskiwanych z wykorzystaniem nowoczesnych technologii.

Wyzwaniem są stereotypy związane z odżywianiem się; zmiana nieprawidłowych nawyków żywieniowych pacjentów czy klientów jest wyzwaniem, niosącym często poczucie frustracji.

Najczęstszymi sytuacjami trudnymi w pracy zawodowej są frustracja oraz konflikty interpersonalne i intrapsychiczne. Mogą one nasilać stres związany z wykonywanym zawodem i prowadzić do przykrych skutków w postaci wypalenia zawodowego. Aby temu przeciwdziałać, konieczne jest zwiększenie zasobów własnych pracowników oraz zmiany warunków i organizacji pracy.

**Słowa kluczowe:** funkcjonowanie w zawodzie dietetyka, stres zawodowy, zespół wypalenia zawodowego, radzenie sobie ze stresem, sytuacje trudne.

**Kody JEL:** I18

Artykuł nadesłany do redakcji w kwietniu 2017 roku.

© All rights reserved

Afiliacje:

prof. Krzysztof Owczarek

dr Adamus Mirosława

Warszawski Uniwersytet Medyczny

Zakład Psychologii Medycznej

ul. Żwirki i Wigury 61

02-091 Warszawa

tel.: 22 57 20 533

e-mail: k.owczarek@wum.edu

e-mail: adamus.mirka@gmail.com

dr Mariusz Jaworski

Szkoła Główna Turystyki i Rekreacji

Wydział Turystyki i Rekreacji

ul. Stokłosa 3

02-787 Warszawa

tel.: 22 457 23 00

e-mail: m.jaworski@vistula.edu.pl