

Stress at Workplace- A Curse?

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Abstract: *In our fast moving work life, each and every person working in organizations are concerned about the impact of occupational stress in their life. People can make extra-ordinary demands on their life. Stress arises when they do not realize that they are expecting too much. Employees must be aware of their work assigned and be clear about the outcome, if it is completed successfully. Though stress is inevitable, it affects the employee turnover, productivity and the overall efficiency of the enterprise. Usually employees need higher wages and greater privileges in their working life. This often increases the responsibility, accountability and working hours. Also workplace promotion is a dream for each employee. For this he need some attributes on work, be creative enough and has to introduce different personality traits and so on to succeed. Successful delegation of work is a major boost to gain free time in a busy life. Understanding the realities of stress, this study explores how it affects the employees as well as the organizations and gives some practical approaches and adaptive strategies to overcome it.*

Keywords: *Occupational stress, Effects of stress, Stress interventions*

1. INTRODUCTION

Stress is a part of daily life. It's how we react to it that makes all the difference in maintaining our health and well-being. Pressures occur throughout life and those pressures cause stress. You need to realize that you will never completely get rid of stress in your life, but you can learn coping techniques to turn that stress into a healthier situation. Highly stressed individuals are at greater risk for multiple health conditions including cardiovascular disease (Hemingway & Marmot, 1999; Kivimäki, Leino-Arjas, Luukkonen, Riihimäki, Vahtera, & Kirjonen, 2002), cancer (Antoni et al., 2006), diabetes (Hu, Meigs, Li, Rifai, & Manson, 2004), depression and anxiety (Garcia-Bueno, Caso, & Leza, 2008), fatigue (Van Houdenhove,

V. Den Eede, & Luten, 2009), obesity (Black, 2003), and musculoskeletal pain (Finestone, Alfeeli, & Fisher, 2008). In fact, psychological stress and the associated chronic inflammatory response have been implicated in virtually all chronic conditions (Chrousos & Gold, 1992; McEwan, 1998; Black, 2006; Cohen, Janicki-Deverts, & Miller, 2007). Further, highly stressed employees incur productivity losses and health care costs above those with normal levels of stress (e.g., Baime, Wolever, Pace,

Morris, & Bobinet, 2011; Goetzel et al., 1998). To successfully address this issue for employees, worksite stress management programs must be accessible, engaging, and convenient in terms of scheduling, time requirements, and on-site locations, as well as have management support. To successfully address this issue for employers, the programs must be economically sustainable and demonstrate effectiveness by capturing data on relevant indices of stress, health, productivity, and/or costs. Mental stress adversely impacts physical and mental health. In addition to the health effects cited above, psychological stress is also widely recognized as a major contributor to poor morale, absenteeism, high staff turnover, and reduced productivity at work. (Limm, Gundel, Heinmuller, Marten-Mittag, Nater, Siegrist, et al., 2011; Michie & Williams, 2003; Noblet & LaMontagne, 2006). High stress also has been shown to significantly impair memory and the ability to learn (Lupien et al., 2005). Furthermore, stressed, chronically ill employees are expensive, both in terms of healthcare costs and decreased productivity (Baime, Wolever, Pace, et al., 2011; Goetzel et al., 2004; Thygeson, 2010). The International Labor Organization has "estimated that 30% of all work-related disorders are due to stress, and that the loss caused by such stress-induced disorders amounted to EUR 9.2 billion in the EU, EUR 1.1-1.2 billion in the U.K., and USD 6.6 billion in U.S.A." (Mino, Babazono, Tsuda, & Yasuda, 2006). In large scale studies, employees with high stress have significantly higher annualized medical expenditures (odds ratio 1.528) compared with those with lower stress, and their medical expenses are estimated at 45-46%.

2. OCCUPATIONAL STRESS

Occupational stress is defined as the perception of a discrepancy between environmental demands (stressors) and individual capacities to fulfill these demands (Topper, 2007; Vermunt and Steensma, 2005; Ornelas and Kleiner, 2003; Varca, 1999). Christo and Pienaar (2006) for example, argued that the causes of occupational stress include perceived loss of job, and security, sitting for long periods of time or heavy lifting, lack of safety, complexity of repetitiveness and lack of autonomy in the job. In addition, occupational stress is caused by lack of resources and equipment; work schedules (such as working late shifts or overtime) and organizational climate are considered

as contributors to employees stress. Occupational stress often shows high dissatisfaction among the employees, job mobility, burnout, poor work performance and less effective interpersonal relations at work (Manshor, Rodrigue, and Chong, 2003). Johnson (2001) similarly argued that interventions like identifying or determining the signs of stress, identifying the possible causes for the signs and developing possible proposed solutions for each sign are required. These measures allow individuals to build coping skills and develop strategies to develop individualized stress management plans that include eliminating the sources of stress. Moreover, increasing individual coping skills is another intervention which will be used by the management to minimize stress.

3. STRESS AND THE WORKPLACE

Organizational factors linked to stress

Various definitions of stress gave rise to many theoretical frameworks over the years. A growing convergence of the stress definition has been on a harmful psychological and/or physiological response of the individual that has both emotional and cognitive components and that is a product of an imbalance between appraisals of environmental demands and individual coping resources (Cox & Mackay 1981; Israel 1996). The HSE taxonomy (Cox & Griffiths 1995) which later gave rise to management standards aimed at creating a healthy organisational environment have been narrowed down to the following seven factors (Mackay et al. 2004):

- Demands (including workload and work patterns)
- Control (how much say the person has in the way they do their work)
- Support (including management encouragement, supportive leadership and resources)
- Relationships at work (including interpersonal interactions and the processes of dealing with conflict)
- Role (clarity of the worker's understanding their role and the degree of role conflict)
- Change (how it is managed and communicated within the organisation)
- Culture (the way organisations demonstrate their commitment to fairness and openness).

This paradigm is a useful reminder of health-promoting aspects of work. While stress research focuses on the negative aspects of work that potentially cause harm, the same factors, when managed well, produce positive psychological and social outcomes.

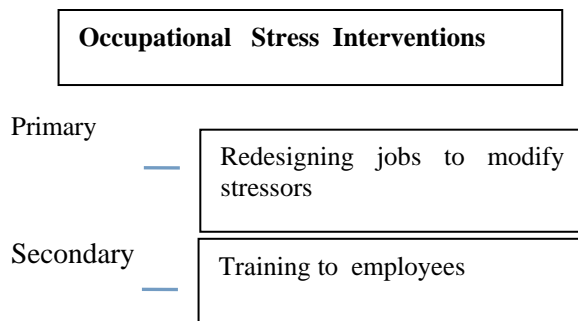
Certain Perceptions of Employees Concerning the Stressors They Experience on the job

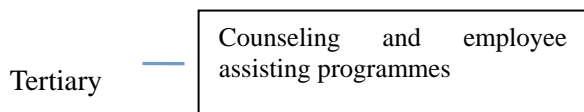
- Low/inadequate salary
- Unfair treatment by superiors

- Work overload
- Inadequate resources
- Uncertainty about promotion
- Work/family conflict
- Lack of superior interest in personal problems
- High responsibility
- Excessive supervision and criticism
- Rigid/authoritative system
- Competition with co-workers
- Need to make fast decisions

Interventions in managing the stress

There are many interventions used in managing stress in organizations but the interventions, which are commonly used, include the primary, secondary and tertiary. Primary interventions emphasize on identifying the possible causes of stress and their subsequent risks to employees. This is done by taking pre-emptive action to reduce the stress hazard or limiting the employee exposure to stress. Therefore, stress audit should take place using appropriate methods including face-to-face interviews with the staff or by the use of a dedicated questionnaire or through appropriate occupational stress indicator. Once data is collected decisions can be taken on the management stress. Basically primary interventions include redesigning jobs to modify work place stressors, increasing workers decision-making authority (Jackson and Schuler, 1983) or providing co-workers support groups (Defrank and Cooper, 1987; Kolbell, 1995). Secondary interventions are designed to provide training to the employees. These intervention includes seminar programs to help participants recognize and deal with stress and identify organizational stressors. They also serve a dual purpose of identifying the current stress factors and help inoculate seminar members from future stress. Secondary interventions are aimed at reducing the severity of stress, treating symptoms before they lead to serious health problems in an individual and the organization at large (Murphy and Sauter, 2003). Tertiary interventions are interventions, which take care of individuals who are already suffering from the effects of stress. These interventions include counseling and employee assistance programs, consulting a stress manager or mental health professionals to assist employees to cope with stress (Arthur, 2000).





A stress intervention program has been defined as “any activity or program initiated by an organization that focuses on reducing the presence of work-related stressors or assisting individuals to minimize the negative outcomes of exposure to these stressors” (Ivancevich et al. 1990).

Organization at times react to the need to reduce stress in their workplaces. Often this need is recognized through poor people-related outcomes, such as unplanned absences or high cost of stress-related workers’ compensation claims.

4. CATEGORIES OF INTERVENTIONS

Individual approaches

Interventions within the individual category include the following programs: relaxation training with and without biofeedback, meditation, cognitive-behavioral therapy, physical exercise, time management training, Employee Assistance Programs, other health promotional education (Giga et al. 2003b). Some approaches include a combination of these programs, however, all of these are based on the assumption that altering the individual’s perceptual, information processing, cognitive and behavioral responses are sufficient in order to reduce the probability of harmful stress effect. They also fundamentally ascribe the responsibility for managing stress to the individual.

Organizational approaches

Organizational level interventions tend to be proactive in nature and thus belonging in the primary prevention category of stress interventions. There are numerous examples of organizational-level interventions as they can include any program designed to develop and improve organizational health. All of these can have preventive effects on employees’ health.

Giga, Cooper & Faragher (2003a) have identified the following programs reported in various studies as organizational stress intervention: Selection and placement, training and development programs, improvements in physical environments, communication improvements, and job design/restructure, and combinations. There are also combinations of these approaches. Some of these organizational approaches listed above are immediately recognized as standard management programs adopted at various cycles of organizational life to effect change or improvement in performance. The extent to which these can be classified as stress intervention programs depends on the purpose for which they are enacted.

5. MULTI-MODAL APPROACHES

Stress intervention approaches combining individual and/or team with an organizational strategy are referred to as multi-modal. Examples of such programs at both individual and organizational levels are the creation of peer support groups, improving worker participation, Cognitive Behavioral Therapy (CBT) based training and relaxation. The most common approach observed in organizations is found in the secondary – individual category. These types of intervention programs aim at the individual altering his or her perceptions of the work environment and learning resilience and coping skills to reduce the negative impact of potential stressors (Richardson & Rothstein 2008).

Systems approach to stress intervention

An organizational intervention that has become known as comprehensive or a systems approach is noted by a number of components including context-specific identification of those aspects of work that pose hazard to employees’ psychological health. One formal approach to such an assessment is the risk management methodology which includes hazard identification, assessment of risk and planning (Cox & Griffiths 1995), as a component of the organization Occupational Health and Safety system.

The Vichealth study classified stress intervention evaluation studies as having a “high” systems approach if they were focused on primary prevention directed at the organization and environment, if they were integrated with either secondary and/or tertiary interventions, and if there was a stakeholder participation in the conduct of needs or risk assessment (LaMontagne et al. 2006). The following general hallmarks are typical of a stress intervention program that can be classified as being systemic (Jordan et al. 2003):

1. Risk assessment methodology
2. Top management commitment
3. A participative approach
4. A formal stress prevention strategy
5. Stress prevention activity.

Researchers consider that practice in the above five areas to be essential to the development of a comprehensive stress prevention program and a culture that supports healthy workplace practices (Jordan et al. 2003). An important point of differentiation of a systemic approach is the emphasis of an accurate assessment of specific and context-specific risks. By focusing on the work aspects to which the employees are exposed and which they report are most associated with negative effects employers, the prevention programs can be intelligently designed and evaluated [2]. A prevention program that adopts the international risk management standards has built-in components of a systems approach.

An Emerging Positive Approach

As organizations seek ways to help employees navigate the ever-challenging work environment, they increasingly are recognizing the importance of positivity and concentrating on developing employee strengths, rather than dwelling on the negative and trying to fix employee vulnerabilities and weaknesses.

This approach does not claim to discover the value of positivity but, rather, calls for a more positive approach than the dominant negative perspective regarding occupational stress.

For example, a recent survey of the articles in the occupational health literature found about a 1 (positive) to 15 (negative) ratio (of positively to negatively focused articles)

(Schaufeli & Salanova, 2007). Drawing from positive psychology (e.g., Seligman & Csikszentmihalyi, 2000; Snyder & Lopez, 2002), the emerging positive organizational behavior approach (introduced by Luthans, 2002a, 2002b; for a recent review article see Luthans & Youssef, 2007, and also see Nelson & Cooper, 2007; Wright, 2003) provides such a positive perspective and serves as the foundation for this study. Specifically, positive organizational behavior (POB) is “the study and application of positively oriented human resource strengths and psychological capacities that can be measured, developed, and effectively managed for performance improvement” (Luthans, 2002b, p. 59).

6. CONCLUSION

Work stress is a costly phenomenon that has been increasingly recognized as a serious organizational and health issue internationally. There is a growing body of research evidence that some aspects of the work environment are hazardous to employee's health through a stress response that can lead to long-term poor health outcomes. The evidence for the causal relationships between stress and poor health outcomes is overwhelmingly convincing and has been gathered over decades of research through work base observations, and studies of biological pathways and epidemiological evidence. There is a converging agreement on the definition of work stress as well as its theoretical process after many years of confusing and multiple definitions and frameworks.

The consensus regarding its negative effects on individuals extends to organizations. However, there is a widening divergence between the known research and managers' beliefs about the causes of stress. While research points increasingly to organizational factors, the predominant belief in organizations is that it is a personal and individual issue. The assumption that the worker is responsible for dealing with stress stems from these beliefs and the lack of acceptance of work factors as a causation of stress. While the organizations recognize the negative effects of work stress they predominantly respond to it by implementing stress intervention programs that are individually rather than organizationally and preventively focused. Although there are few studies of organizational interventions with robust research designs, there are clear indicators that systemic and comprehensive prevention programs have a significant and positive effect on the individual and organizational health. Issues need to be addressed concerning the organizational responsibility for preventing and managing stress within the ethical framework of corporate responsibility for providing a risk free environment for employees. The approach by governments to treat the issue of work stress as a health and safety aspect of organizational life has emphasized the Board's moral and legal obligation to ensure it is managed at the organizational level. The evidence clearly points to the need for more systemic and preventive approaches to managing stress in the workplace as these can be more valuable for both organizations and their employees. There is also a potential for organizations to benefit significantly from a healthier work environment created by focusing on those aspects of work that reduce employee distress and increase well being within a specific context.

REFERENCES

- [1] R.S. Bhagat, S.J. McQuaid, S. Lindholm and J Segovis, Total life stress: A multimethod validation of the construct and its effect on organizationally valued outcomes and withdrawal behaviors, *Journal of Applied Psychology* **70** (1985), 202–214.
- [2] W.B. Cannon, *Bodily Changes in Pain, Hunger, Fear, and Rage*, New York, Appleton, 1915.
- [3] D. Clarke, *Stress Management*, National Extension College, Cambridge, 1989.