

Education-Family Physician Corner

“Work Stress”: Debate and Dilemma

Maysoon Al Thawadi, MD, Msc*

Occupational stress is a major threat to individual and organizational well-being. Despite unique factors some organizations have, general predisposing factors do exist. Over the past three decades, there has been a transition from focusing on identifying trends and causes of work stress towards establishing healthy strategies to halt its rising tides. The organizations that reported decline in their trends of work related stress are the ones successfully adopted and established stress management plans.

Workplace and Occupational Stress

While workplaces are very diverse in their structure, purpose and culture, research demonstrated that they tend to be similarly affected when they fail to address and tackle job stress.

Newman et al defined job stress as "a situation wherein job-related factors interact with the worker to change his or her psychological and/or physiological conditions such that the person is forced to deviate from normal functioning"¹.

Aspects of occupational stress in all work environments were defined:

(1) Job insecurity, (2) Low level of job control and low level of decision making, (3) A mismatch between person's capacity, skills, knowledge as well as expectations and organizational demands (4) Poor supervisory and peer support.

Contemporary research further emphasized the importance of the individual factors that tend to shape the perception and response to work environment and subsequently yield to work stress².

Mediators and Moderators of Work Stress

This refers to various physiological, psychological and social factors that may act by contributing to or reducing the sources that individuals can bring to bear in coping with stressors and ultimately altering stress-job performance outcome³.

* Senior Resident, FMB
Preventive Medicine
BDF Hospital
Kingdom of Bahrain
Email: maya1976@hotmail.com

(1) Social Support = Horizontal Cohesion

This refers to the support by group members. It also provides sense of purpose, meaning and can influence the commitment of individuals and subsequent organizational productivity⁴.

Research findings on social support revealed contradictory findings. It was perceived positively as a buffer between stress and performance. This perception was more apparent in military organization. For instance, the focus groups conducted by Hosek et al on military personnel revealed that talking to friends and workmates was more useful in coping than other formal measures as social workers⁵. It was also demonstrated that personnel of longer military working years tend to rely on social networks than newly recruited ones who tend to rely on formal sources of support.

However, other research indicated that overreliance on social and mutual support could act as a hindrance and organizational barrier that prevents using available appropriate resources and mental health care and could be adversely impacted on individuals and organizations⁶.

(2) Leadership/partnership = Vertical Cohesion

This relates to the relationship between superiors and subordinates, employers and employees and indicates a reflection of fairness and compassion that members perceive from their immediate supervisors. In the first instance, establishing a partnership between leaders and subordinates is stressed in order to reach an optimal performance.

Research on the influence of leadership has shown an association between a positive supervisory act and job performance, morale as well as job satisfaction⁶.

Workplace: A Player in Public Health Arena

Occupation is important for health as it fulfills personal needs and aspirations. From that perspective, workplace became a major concern of public health practitioners over the past three decades. Documents like the Alma Ata Declaration (1978) and the Ottawa Charter for Health Promotion (1986) tended to build a strong emphasis on the social determinants of health (SDH)⁷.

Additionally, WHO Commission on Social Determinants of Health recommended required actions basically to tackle inequalities in health⁷. One important task was about improving the working conditions to reduce workers' exposure to work-related stresses and health-damaging behaviors.

To help employers manage the causes of work-related stress, international organizations and governments proposed the Global Plan of Action on Workers' Health 2008-2017 and "Management Standard Approach"^{8,9}.

Organizations called for practical model advice and the provision of healthy work practices as well as appropriate support services for occupational health.

Global Trends of Work Stress

In 2010, the global workforce was estimated by the International Labor Organization to represent around 60% of the world's population¹⁰. Therefore, the health and well-being of the community is linked with the health of the workforce.

While statistics represent an annual loss of 4% of Global Domestic Product (GDP) because of work related disease or injuries, work stress alone contributed to 4 billion GBP annual losses⁹.

Trends have shown an impressive decreasing tendency over the past 5 years. In Britain between 2010/11, 1.2 million people were suffering from an illness caused or made worse by their work compared to 1.3 million in 2009/10¹¹. Similarly, in 2009/10, an estimated 9.8 million working days were lost through work-related stress in comparison to 13.5 million days lost in 2007/08¹¹.

Stress Coping Strategies

Coping refers to the thoughts and behaviors that tend to be utilized by an individual under stressful circumstances that are perceived as challenging individual's resources to deal with those circumstances¹².

In addition, coping strategies are used to avoid being harmed by stressors. These strategies range from avoiding the stressor, altering appraisal of the stressor to reduce the feeling of discomfort, and eliminating the stressor on the other extreme.

Research about coping strategies revealed two distinct forms:

Firstly, problem-focused (or active coping) which aims at problem solving by directly addressing the source of stress and looking for possible choices to deal with it.

Secondly, emotion-focused coping (or passive coping) which is concerned with attenuating the negative emotions provoked by the stressful event including becoming physically withdrawn from the situation, trying to ignore the situation or even by negative behavioral reaction.

Surveys on coping revealed that the use of avoidance coping was linked to the level of strain reported by the military personnel and was a predictor of alcohol abuse⁴.

Adverse Effects of Workplace Stress

(1) Performance

The link between perceived work stress and performance is a classic inverted U-shape relationship which means that best performance is related to moderate level of stress and those with the extremes of stress tend to get their performance efficacy affected, see figure 1.

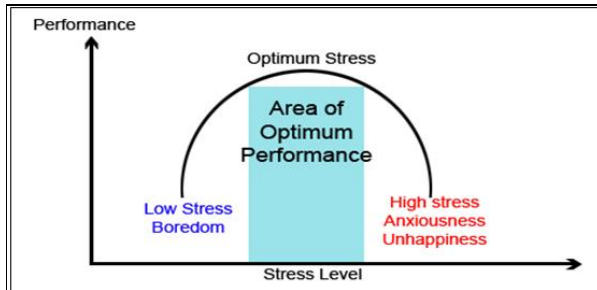


Figure 1: Relationship between Stress and Performance

(2) Personal Well-being

Job strain generally has been shown to be associated with psychological distress and common mental health illness. This is impacted on decision making, a salient issue in certain jobs like the military, where little margin of error is left, and is also impacted on increased task completion time².

Stressed employees have been reported with physical and mental complaints, less productivity at work and more frequent use of health services. They also tended to express symptoms of anxiety, exhaustion and depression¹³.

There is a reported tendency for stressed employees to engage into negative health behaviors like alcohol and substance abuse and to report poor overall life satisfaction¹³. The percentage of soldiers committing sexual crimes has increased by 32% since 2006¹⁴. It was shown that domestic abusers rose by 50% and child abuse by 62% between 2008-2011 among the US army¹⁴.

Stressful working conditions, however, tend to impact on health indirectly by limiting the ability of employees to make positive changes to lifestyle behaviors.

In addition, immunodeficiency disorders and cardiovascular diseases have been reported, as well as muscle pain, stomach and intestinal problems and decreased fertility. However, long term exposure to high levels of stressors can lead to post traumatic stress disorder (PTSD) which is a psychiatric illness with multiple symptoms including nightmares, difficulty sleeping, flashback and social isolation.

(3) Organizational Well-being

Job commitment has been proven to be affected by work stress and research indicated that employee with high stress levels miss more days work. Research also indicated that

occupational stress can reduce productivity, increase mistakes and accidents at work and increase conflict with others.

(4) Job Satisfaction

Research on job stress and job satisfaction yielded contradictory outcomes. Most research linked work stress to poor job satisfaction. However, some found that job stress was positively associated with job satisfaction¹⁵.

(5) It was argued that group level stress could be influenced by individual level stress. It would also lead to increased tension and decreased group functioning as well as group communication³.

(6) Job stress has always been a determinant of ever existing negative attitudes which people hold towards certain jobs as the military, as well as individual's decision to stay or leave.

How to Tackle Work Stress?

(1) Organizational-focused Strategies

It is argued that the preparedness of a workplace to address its own work practices, management structures, or the explicit and implicit expectations of workers is evidence that the concept of a healthy workplace is in action.

A comprehensive approach for stress reduction is the one tends to develop strategies that combine both individual and organizational-directed interventions that should be “tailored” to accommodate the needs of certain organizations. An example of such model is the “International Stress Management Association UK” which designed the five steps risk assessment model to help prevent and manage stress at work⁹, see figure 2.

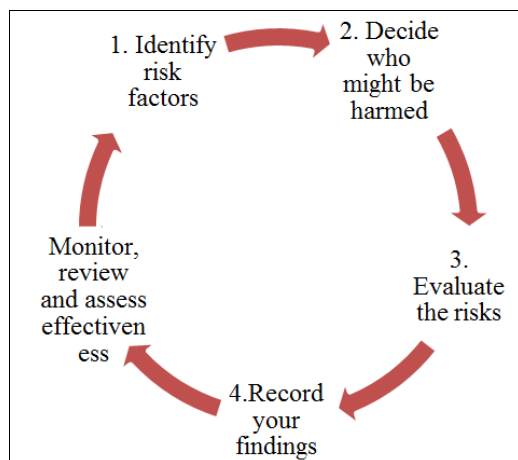


Figure 2: The Five Steps Risk Assessment Model

The six management standards that need to be covered at the stage of risk assessment are:

- Demands which includes workload, work patterns and the work environment.
- Control: how much a person has in the way they do his/her work?
- Support which includes encouragement, sponsorship and resources provided by the organization, line management and colleagues.
- Role which includes understanding their role within the organization and ensures no conflicting roles.
- Change: how organizational change is managed and communicated to workers.
- Relationships: promoting positive working to avoid conflict and dealing with unacceptable behavior.

Further, reducing stigma of and disclosing mental health problems has been a proven effective primary initiative in reducing workplace stress. Several steps were recommended by Department of Work and pensions to promote the understanding of health problems¹⁶.

Other organizational strategies include increased employer engagement in employees' mental health, increased opportunities for flexible working hours, location and workload management.

(2) Individual-focused Strategies

These are more individualized and divided into secondary and tertiary initiatives. Secondary initiative is to teach employees to cope with stressful working events without addressing the adverse work conditions that contribute to stress. Tertiary level responses apply to those already suffering stress at work where treatment is mandated and usually provided by specialists.

Research outcomes associated with individual focused strategies have found that they produce short term psychological benefits that do not last long and have little impact on organizational effectiveness¹⁶.

CONCLUSION

Work stress is a dilemma which has been extensively scrutinized because of related adverse individual and organizational health and productivity outcomes. In spite of the fragmented efforts that many organizations proposed, optimal control of work stress could not be achieved. Ultimately, tackling work stress is by establishing evidence-based universal preventive parameters and tailoring them to accommodate the local needs of both individual and organizational domains.

Potential conflicts of interest: None.

Competing interest: None.

Sponsorship: None.

Submission date: 27 June 2013.

Acceptance date: 30 July 2013.

REFERENCES

1. Newman J, Beehr T. Personal and Organisational Strategies for Handling Job Stress: A Review of Research and Opinion. *Personal Psychology* 1979; 32(1): 1-43.
2. Nobelt A, LaMontagne AD. The Role of Workplace Health Promotion in Addressing Job Stress. *Health Promot Int* 2006; 21(4): 346-53.
3. Bowers C, Weaver J, Morgan B. Moderating the Performance Effects of Stress. James Driskell, Eduardo Salas, eds. *Stress and Human Performance*. 1st ed. USA: Lawrence Erlbaum Associates, 1996: 163-92.
4. Sudom K, Dursun S, Flemming S. PERSTEMPO in the Canadian Forces: The Role of Coping and Cohesion in the Relationship between Job Stress and Morale. Available at: <http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA472680>. Accessed on 24.7.2013.
5. Hosek J, Kavanagh J, Miller L. How Deployments Affect Service Members? Santa Monica, CA: Rand Corporation 2006. Available at: http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG432.pdf. Accessed on 7.7.2013.
6. Langston V, Gould M, Greenberg N. Culture: What Is Its Effect in The Military? *Mil Med* 2007; 172(9): 931-5.
7. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization 2008. Available at: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf. Accessed on 18.7.2013.
8. WHO Global Plan of Action on Workers' Health 2008-2017: Baseline for Implementation. Geneva, World Health Organization 2007. Available at: http://www.who.int/occupational_health/who_workers_health_web.pdf. Accessed on 18.7.2013.
9. Health and Safety Executive (HSE) How to Tackle Work-related Stress: A Guide to Employers on Making the Management Standards Work 2009. Available at: <http://www.hse.gov.uk/pubns/indg430.pdf>. Accessed on 11.7.2013.
10. Global Employment Trends: ILO (International Labour Organization) (Geneva); 2010. Available at: http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_elm/---trends/documents/publication/wcms_120471.pdf. Accessed on 22.7.2013.
11. International Stress Management Association (ISMA) UK. Available at: <http://www.isma.org.uk/about-stress/facts-about-stress.html>. Accessed on 18.7.2013.
12. Fleming P. Healthy Workplaces: Balancing Employee Health and Economic Expediency. In: Scriven A, Hodgins M, eds. *Health Promotion Settings Principles and Practice*. 1st ed. London: SAGE, 2012: 191-207.

13. Al-Tuwajri S, Feitsans, I, Fedotov I, et al. Beyond Death and Injuries: The ILO's Role in Promoting Safe and Healthy Jobs. XVIII World Congress on Safety and Health at Work Introductory Report. International Labour Organization (Geneva) 2008. Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_094524.pdf. Accessed on 25.7.2013.
14. Zoroya G. Army Suicide Rate in July Hits Highest One-month Tally. Available at: <http://usatoday30.usatoday.com/news/military/story/2012-08-09/army-suicides/57096238/1>. Accessed on 19.7.2013.
15. Bokti L, Talib M. A Preliminary Study on Occupational Stress and Job Satisfaction among Male Navy Personnel at a Naval Base in Lumut, Malaysia. *The Journal of International Social Research*. 2009; 2(9): 299-305. Available at: http://www.sosyalarastirmalar.com/cilt2/sayi9pdf/mohdbokti_abutalib.pdf. Accessed on 20.7.2013.
16. Workplace Health - The Role of Line Managers. Draft Scope for Consultation 2013. Available at: www.nice.org.uk/nicemedia/live/13660/64176/64176.pdf. Accessed on 21.7.2013.