

Occupational Stress: Prevention and Well-being

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Abstract

Occupational stress is a known health risk for a range of psychological, behavioral, and medical disorders and diseases. Organizations and individuals can mitigate these disorders through preventive stress management and enhanced wellbeing. This article addresses, first, the known health risk evidence related to occupational stress; second, the use of preventive stress management in organizations as the framework for intervention; and third, the emerging domain of enhancing well-being, which strengthens the individual. Premature death and disability along with chronic suffering from occupational stress are not inevitable, despite being known outcome risks.

Keywords: occupational stress; occupational health; prevention; preventive stress management; stress; wellbeing

Stress in the Workplace

Occupational stress and workplace health have become issues of great concern over the last decade, both internationally and nationally (Kazmi and Dubey, 2019). Given the value of work in this society, the amount of time spent at work and the current changes that are affecting the nature of work, it is not surprising that work stress appears to be increasing (Szymanski, 1999). For instance, as a result of the rapidly changing global economy, organisations now operate in cultures of increased speed, efficiency and competition. Consequently, economic imperatives and the need to retain competitive advantage have resulted in restructuring and uncertainty. For instance, workforces are constantly being downsized, small organisations are merging or being subsumed by larger more competitive organisations, and change is the only constant.

These changes to the nature of work, together with definitional changes in the legislation, have paved the way for an alarming rise in claims that are associated with chronic stress in the



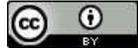
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workplace. In previous years, stress claims were mostly associated with the experience of a traumatic and/or life threatening event, such as violence, injury or a critical incident of some kind. Occupations most at risk of experiencing these types of events included police and prison officers, medical and paramedical professionals, banking staff, and community care workers (National Institute for Occupational Safety & Health – NIOSH, 1999). In recent years, however, the number of claims has been steadily increasing and the reported cause for these claims has moved away from traumatic stress to chronic conditions (Bull, 1996). This type of stress creates enormous costs, both financially and in human-terms, although the costs are difficult to quantify as a result of misleading statistics, unreported instances, staff turnover and inconsistent recording.

Definitions of Work Stress

It is important to note that not all stress is negative or bad. For instance, in his early work on the topic of stress, Selye (1976) conceptualised two categories, namely good or desirable stress (eustress) and bad or undesirable stress (distress). Eustress is pleasant, or at least challenging, and can produce positive effects such as the maximisation of output and creativity. Ironically, without this positive type of stimuli, life can become stressful. In contrast, distress is evident when a person perceives himself or herself as having no ability to control a stressful event. Distress is likely to result in a loss of productivity and a decline in overall levels of well-being. Although everyone manifests a response to stress, reactions vary widely across individuals. Even at a physiological level, when confronted with a major stressor, some people experience a rapid increase in heart rate while others feel a tightness or knotting in the stomach or tension headaches (Johansson, Cavalini & Pettersson, 1996). Stress is an integral part of everyday life and simply cannot be avoided. People encounter stressful stimuli many times a day in their personal and social domains and, as work is an essential aspect of human existence, in the workplace.

In accordance with the ‘stress-process’ definition, work stress has been described as an incompatibility between the individual and his or her work environment (Humphrey, 1998). A more specific definition was provided by NIOSH (1999), who defined work stress as being the



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harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.

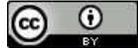
Causative And Exacerbatory Factors

there are several points in the work stress process at which causative or exacerbatory factors could be identified. In particular, movement along the trajectory could be associated with factors such as:

- Personal vulnerabilities;
- Characteristics of the job;
- Organisational climate;
- Congruence between the person and the environment;
- Perceptions and appraisal by the worker;
- Culture and socialisation processes;
- Human resource management practices;
- The medical, statutory and legal processes; and
- Injury management and return-to-work practices.

Management Strategies

Individual-focussed stress programmes became popular in the late 1980s. Although the content varies considerably, most involve some component of cognitive reappraisal, relaxation training, exercise and nutrition education, coping skills training, or communication. According to Ganster (1995), the vast body of literature evaluating individualised stress management programmes has indicated that well-designed programmes can produce short-term improvements in distress among workers. However, there has been too little in the way of long-term follow-up to draw conclusions about their impact over time. Thus, while there is no doubt that such interventions have a place they do little to address the climatic and cultural sources of work stress (Dollard, 1996). These programmes have also been criticised on the grounds that they misattribute responsibility for stress management to the individual – workers must develop



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greater resilience whereas employers are not required to monitor or change the working environment. While assisting workers to protect themselves from stress will remain an important activity, the long-term reduction of stress requires more fundamental changes to the organisation (Schurman & Israel, 1995).

Psychological Management

Some attempts are presently being made (especially in the United States) to develop ideal treatment guidelines for common psychological conditions, although a great deal of work remains to be completed in this area. There is, however, increasing evidence that cognitive-behavioural treatments are the most effective treatment for a variety of psychological problems, especially those relating to anxiety and depression (Clark et al., 1999). This has apparently been recognised by the directors of managed care in the United States of America who viewed cognitive behavioural treatments as acceptable in a setting where speedy, safe and reliable treatment outcomes are required for minimal funds invested (Peterson & Halstead, 1998).

Despite the best organizational programs to rally the work environment, individual differences call for supplementary individual skills. Preventive stress management for individuals offers such skills through three sets of interventions that aim at countering the sources of stress (primary prevention), alter the responsibility to inevitable stress (secondary prevention), and help alleviate any suffering that may arise (tertiary prevention). One or two prevention tools are probably insufficient for an individual. Rather, the greatest benefits come from using the prevention methods that are most appropriate for a specific person and her/his circumstances.

Primary prevention is stressor directed and aims to help the individual manage personal perceptions of stress, elevate her/his personal work environment, and maintain work-life balance. While a range of techniques can help achieve the best outcomes, two of the leading primary prevention tools are appropriate positivity ration and good social supports. Fredrickson, 2008 suggests that individuals flourish when their positive feelings outweigh their negative feelings. Social support is a robust primary prevention intervention for occupational stress, and Lyubomirsky, 2006 provides recommendations for creating positive relationships.



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Secondary prevention is response directed and aims to help the individual regulate stress-induced energy, emotions, and physical fitness. Physical fitness programs have become widely available to employees as a way to prevent distress. The relaxation response continues to be a time-honored stress antidote.

Tertiary prevention is symptom directed and draws on treatment therapies and counseling interventions to restore health and function. While a number of psychological and medical treatment interventions may help individuals suffering from occupational stress, emphasizing emotional health in the workplace should be a priority for organizations and occupations.

Conclusions

Occupational stress is an inevitable, even at times necessary, element of the work environment, but it does not have to translate into organizational dysfunction nor medical, psychological, or behavioral distress. We briefly reviewed the evidence concerning the health risks associated with occupational stress, then focused on the application of preventive stress management, developed from roots in preventive medicine and public health, to enhance eustress and avert distress.

It is emphasized that organizational protection and work environment prevention come first in managing occupational stress but must be supplemented because of individual differences. Therefore, we move from stress prevention to enhancing wellbeing by introducing positive psychology to broaden the TPSM framework. Addressing organizational protection, prevention, and individual wellbeing raises the overall public health of the work environment. In addition, positive psychology skills for occupational stress may have positive spillover effects into the home.

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