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Occupational Stress and Intervention Strategies: A review

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ABSTRACT

Occupational stress according to the current World Health Organization's (WHO) definition "is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope". While planning for stress intervention a combination of organizational change and client centered stress management is often the most useful approach for preventing stress at work. Both organizations and employees can employ strategies at organizational and individual levels. This article tries to provide conceptual understanding on occupational stress and effectiveness of occupational stress interventions with trying to provide evidence for the effectiveness of stress interventions.

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Introduction

Stress is becoming part of life, recent lifestyle changes, growing demands on people to find suitable employment, rising cost of living, and growing competition in the market contribute to increase stress at the work place. Although stress has been found to have both positive and negative influences on the human mind and body, sustained or pervasive stress tends to have an illness producing effect on the individual especially if the person has a genetic predisposition or genetic vulnerability. However all persons who are employed may not be biologically and psychosocially adept at working in extremely challenging work set ups.

The field of occupational stress intervention in general has been rapidly expanding during the last three decades. There are many different intervention strategies available to prevent and cure the adverse health effects associated with occupational stress. These intervention strategies may focus on either the individual, the organisation or the individual-organisational interface. Most stress interventions however focus on changing the worker instead of the work environment (Semmer, 2003). This paper examines about conceptual development of occupational stress and intervention strategies against occupational stress.

Occupational Stress

Stress is a natural and anticipated feature of the experience of work. Occupational stress has consistently been related to the incidence of psychosomatic disorders and mental stress (Spurgeon et al., 1997; Mironov et al., 1994). For instance, Seyle (1976) in his early work on stress conceptualized two categories, namely distress (undesirable or bad stress) and eustress (pleasant, least challenging or desirable). Eustress provides positive effects such as maximization of output and the ability to manage challenging situations, whereas distress is likely to result in decreased productivity and psychological ill-health. The manifestation of stress has serious implications for the individual and the organization, wherein the worker's response to stress can be either psychological, physical or both (Cooper & Cartwright, 1994; Kristensen, 1996; Santos & Cox, 2000).

One theory that may provide some insight into these issues is the Lazarus and Folkman (1984) theory of stress appraisal. Lazarus (1991) provided a conceptualization of stress that focused on occupational stress as a process, involving a transaction between an individual and his or her work environment. According to Lazarus and Folkman (1984), this stress process is fully recursive and cyclical in that the outcomes of the stress process (strains) have the potential to influence future outcomes by becoming additional stressors or by depleting the coping ability supports and resources that are available to the individual.

These descriptions indicate some of the features of work that may make it unreasonably demanding. The presence of an item in this table should not be taken to mean that it is a hazard.

Stress Intervention Strategies:

As noted by Kendall et al. (2000), there is a need to develop a greater understanding of how stress is experienced in the workplace, the processes by which it can be ameliorated or minimized effectively and the factors that predict why some people experience stress-related conditions. In order to create some structure in the vast amount of stress interventions, reviewers have proposed several categorizations. Unfortunately they are not identical. DeFrank and Cooper (1987) propose a classification which distinguishes interventions as well as targets of stress management programmes on three levels: individual, organisation, and individual-organisation interface. Interventions may also be classified as being primary, secondary or tertiary in nature, each serving different purposes (Quick, Murphy and Hurrell, 1992). In primary prevention interventions the goal is to eliminate, reduce or change job stressors. The aim of secondary prevention interventions is to prevent employees who are already showing symptoms of stress from getting sick, by altering the way they respond to job stressors. Finally, tertiary interventions focus on the treatment of employees who suffer from severe stress consequences and the rehabilitation of employees after a period of sickness absenteeism (Kompier & Kristensen, 2001). Some of the intervention techniques are as follows:

Psychological Relaxation/Meditation

It is an active skill that reduces symptoms of stress and decreases the incidence of illnesses such as high blood pressure and heart disease. Usually relaxation starts from the lower part of the body and progresses up to the facial muscles in such a way that the whole body is relaxed. Deep breathing is used along with muscle relaxation to calm the mind and relax the body. A psychological method for achieving relaxation is described by Tsai (1993). It comprises three cognitive processes: focusing, passivity and receptivity. Focusing is the ability to identify, differentiate, maintain attention on and return attention to stimuli for an extended period of time. Passivity is the ability to stop unnecessary goal-directed and analytic activity. Receptivity is the ability to tolerate and accept experiences that may be uncertain, unfamiliar, or paradoxical. In the progress of relaxation, focusing, passivity, and receptivity is incorporated into the cognitive process, and the outcome of such relaxation is a calm mind and a relaxed body functioning also other techniques, such as Transcendental meditation, yoga, mantra singing, etc. can be used to induce relaxation.

The meditation consists of a sequence of learned techniques for refocusing of attention that brings about an altered state of consciousness. It involves such a thorough concentration that the meditator becomes unaware of any outside stimulation and reaches a different state of consciousness. According to Murphy (1996) meditation had positive effects on psychological and cognitive health outcomes and on job and organisational health outcomes. Meditation produced the most consistent results across outcome measures. Edwards and Burnard (2003) reported positive effects of meditation and relaxation on coping with anxiety and stress.

Biofeedback

It is a procedure to monitor and reduce the physiological aspects of stress by providing feedback about current physiological activity and is often accompanied by relaxation training. Biofeedback training involves three stages: developing an awareness of the particular physiological response, e.g. heart rate, learning ways of controlling that physiological response in quiet conditions; and transferring that control into the conditions of everyday life. In biofeedback training, a person is provided with feedback about the status of a physiological function. The intention of biofeedback is that over time a person learns to control the activity of that function (Murphy, 1996).

Cognitive-behavioural approaches

Cognitive-behavioural approaches aim at changing cognitions and subsequently reinforcing active coping skills (Van der Klink et al., 2001). Two examples of cognitive behaviourally oriented stress interventions are Rational Emotive Therapy (RET) and Stress Inoculation Training (SIT) developed by Meichenbaum, the essence of this approach is to replace negative and irrational thoughts with positive and rational ones. Kushnir and Malkinson (1993) give a description of a group setting RET. The first part of the intervention was educational: participants were provided with information on exhaustion and stress management outlining the causes of stress at work and various coping techniques. The RET workshop consisted of several units. Firstly, the ABC model is introduced. ABC stands for Activating event, Beliefs and Consequences. According to this model an event is (mis)interpreted which may lead to possibly negative consequences. Irrational and rational beliefs and their emotional and behavioural consequences are therefore identified.

Murphy (1996) remarked that the effectiveness of stress interventions varied according to the outcome measure that was

used. Cognitive behavioural interventions were more effective when psychological outcomes, such as anxiety, irritability and depression, were evaluated. In the meta-analysis by Van der Klink et al. (2001) cognitive behavioural interventions proved to be more effective than relaxation techniques and helped to improve perceived quality of work life and psychological response and resources. They also significantly reduced anxiety symptoms. It is suggested that employees with high job control profit more from being provided with individual coping skills than employees working in more constrained environments, because this high job control allows them to exercise these coping skills.

Employee Assistance Programmes (EAPs)

Employee Assistance Programmes (EAPs) is more common (Hill, 2000), in the larger organization as well as companies like IT/ITES/BPO and Call centers, where employees have to work in nightshift, extend their working hours, no fixed working hours etc. and it has been suggested that the main rationale for providing these services is to deal with work related stress (Briner, 1997).

Employee Assistance Programs allow employers to offer their employees short term confidential help to them, to address work related and/or personal problems which might be interfering with their performance on the job.

The primary purpose of these services is to support the well-being of employees and, by doing so, to promote healthy and cohesive working relationships. Healthier and more self-aware employees build stronger relationships, both with their team members and with customers. They are also typically more productive which affects the organisation's output and bottom-line. EAP counselling services can focus on areas around workplace issues and personal relationship concerns. Typical issues addressed in this process may include:

- Depression
- Anxiety and panic attacks
- Assertiveness
- Communication issues
- Financial concerns
- Divorce or separation
- Grief and loss
- Relationship concerns (both at work or home)
- Self-esteem and confidence
- Stress and fatigue,
- *Interventions aimed at changing one's work environment.* etc.

Strengthening social support at the workplace

Social Support: Social support is defined as the existence and availability of people on whom we can rely upon, people who let us know that they care about, value, and love us. Someone who believes that s/he belongs to a social network of communication and mutual obligation experiences social support. Studies have revealed that women exposed to life event stresses, who had a close friend, were less likely to be depressed and had lesser medical complications during pregnancy. Social support can help to provide protection against stress. People with high levels of social support from family and friends may experience less stress when they confront a stressful experience, and they may cope with it more successfully. Social support may be in the form of **tangible support** or assistance involving material aid, such as money, goods, services, etc. For example, a child gives notes to her/his friend, since s/he was absent from school due to sickness. Family and friends also provide **informational support** about stressful events.

Table 1: The context in which the work Stress takes place

Work characteristic	Conditions predisposing to stress
Organizational function and culture	<ul style="list-style-type: none"> • Rigid work practices – people unable to work out their own solutions to the day-to-day problems they encounter (in the workplace). • Poor communication within the workplace. • A non-supportive work culture – concerns and requests are dismissed without consideration.
Role in organization	<ul style="list-style-type: none"> • Role or task ambiguity/uncertainty – (for example), people are unsure about what they should doing. • Role conflict (from) imprecise or conflicting job descriptions. • Responsibility for people beyond the individual's capacity.
Career development	<ul style="list-style-type: none"> • Career uncertainty or stagnation (<i>where the employer has no jobs with greater responsibility or content to offer</i>). • Poor status or status incongruity – a mismatch between qualifications and job demands. • Poor pay. • Job insecurity and fear of redundancy. • A low social value of the employee's work. • <i>Lack of rewards (status, self esteem, recognition).</i>
Decision latitude/control	<ul style="list-style-type: none"> • Low participation in decision-making. • Lack of control over the speed and scheduling of work.
Relationships at work	<ul style="list-style-type: none"> • Physical isolation. • <i>No formal employee participation system.</i> • Poor relationships with supervisors and fellow workers. • Interpersonal conflict and violence at work (or at home). • A lack of social support at work or home.
Home/work interface	<ul style="list-style-type: none"> • Conflicting demands of work and home life. • Low social or practical support at home. • Dual career problems (having two jobs or juggling schedules with a working partner).
Task design	<ul style="list-style-type: none"> • Lack of variety and/or short work cycles. • Fragmented or meaningless work. • Under-utilisation of skill. • Continual dealing with customers.
Workload or work pace	<ul style="list-style-type: none"> • Lack of control over work rate/pacing. • Work overload or underload. • High work rate or time pressure.
Work schedule	<ul style="list-style-type: none"> • Shift working. The disruption to body processes caused by changes in shift work patterns especially when these are badly designed. • Inflexible work schedules. • Unpredictable working hours. • Long or unsociable working hours.
Work context	<ul style="list-style-type: none"> • Inherently hazardous work. • No two-way communication on workplace issues.

NOTE: The items were presented in the 1998 OSH publication.

For example, a student facing a stressful event such as a difficult board examination, if provided information by a friend who has faced a similar one, would not only be able to identify the exact procedures involved, but also it would facilitate in determining what resources and coping strategies could be useful to successfully pass the examination. During times of stress, one may experience sadness, anxiety, and loss of self-esteem. Supportive friends and family provide **emotional support** by reassuring the individual that she/he is loved, valued, and cared for. Research has demonstrated that social support effectively reduces psychological distress such as depression or anxiety, during times of stress. There is growing evidence that social support is positively related to psychological well-being. Generally, social support leads to mental health benefits for both the giver and the receiver. Van der Hek and Plomp (1997) evaluated three studies that examined the effectiveness of social support. One study reported a significant reduction in anxiety, depression and hostility. The other two studies had conflicting results: one reported a decrease in stress, whereas the other did not.

Interventions at the organisation level

Task characteristics can be changed by designing jobs in the light of workers' abilities and preferences, using workers' preferences in selection and placement, providing training programmes so workers can enhance their skills and individualizing the treatment of workers. Interventions aimed at

changing both role and task characteristics can be achieved by job (re)design.

Newman and Beehr (in Burke, 1993) mention interventions directed at changing the organisational structure; changing organisational processes, such as reward systems, selection and placement, training and development systems, job rotation policies, etc.; the development of health services; and policy on ergonomics.

Conclusion:

The aim of this paper was to give conceptual understanding on occupational stress and effectiveness of occupational stress interventions. Short description tried to provide on the different types of interventions that are used when patients experience work stress and tried to find studies providing evidence for the effectiveness of stress interventions. Majority of the research on the effectiveness of work stress interventions talks about individual directed interventions where self coping techniques are taught to the client and there is a need to strengthen and give importance to intervention at organizational level and focus on employee's social support level. Another important issue is the fact that interventions are indeed quite complex and need support from everybody in the organisation to make it a success. Therefore a culture must exist in which all working in the organization must be aware of the culture and endorse or come to endorse that culture.

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