Managing Stress in the Workplace

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INTRODUCTION

A national health survey in Canada found that work-related stress was rated the number one health risk by employers, followed by depression and anxiety (Sunlife, 2012, 2013, 201). In the U.S., the American Psychological Association's 2014 Work and Well-Being Survey found that 31% of employees reported feeling tense or stressed out during the workday (American Psychological Association, 2014). The five major sources of stress reported were:

1. Low salaries,
2. Lack of opportunity for growth and development,
3. Uncertain or undefined job expectations,
4. Job insecurity,
5. Long hours (American Psychological Association, 2014).

Although 70% of employees reported being satisfied with their job, only 47% were satisfied with their employee recognition practices and only 49% are satisfied with the development opportunities offered by their employer. Only 52% of employees reported that they felt valued by their employers. Those that did report feeling valued were more likely to be in good overall psychological health and less likely to report feeling stressed out during the workday. In addition, they were more likely to report being motivated to do their very best and to recommend their workplace to others. Only 36% of employees reported that their employer regularly made changes in response to employee feedback (American Psychological Association, 2014). Trust and engagement played a major role in the workplace, accounting for more than half of the variance in employee well-being. Employees were more likely to report having trust in their employers when the employer recognized their contributions, provided opportunities for involvement, and communicated effectively. Employees were more likely to report higher engagement in their work when they had more positive perceptions of employer involvement, growth and development, and health and safety practices (American Psychological Association, 2014).

In 2005, 22.3% of the workers in 27 countries of the European Union (EU) reported symptoms caused by stress (Parent-Thirion et al., 2007). In the United Kingdom, an estimated 428,000 cases of work-related illnesses were attributable to stress; this figure represented 40% of all work-related illnesses (Kim et al., 2014). In Korea, one study found that 22% of workers experienced "critical levels of stress," with higher levels among workers in small and medium-sized companies; male white-collar workers with high job stress suffered from more depression, anxiety, and stress symptoms than did blue-collar automobile workers with low job stress.

Kim et. al. (2014) note that participation in workplace health promotion is associated with increased worker autonomy, and enhanced justice and social support in the workplace (Kim et al., 2014). Participatory action-oriented training (PAOT) is one of the methods for engaging employees in workplace interventions. Workers who participate in a PAOT workshop identify problems in the work environment

and then are guided to develop solutions to resolve the problems and improve the work environment (Kogi, 2012). This participatory approach to reducing work-related stress reduces psychosocial stressors and reinforces buffers against stress (Murphy, 1996). The application of both participatory approach methods and psychosocial stress reduction methods has been found to be effective in improving workers' mental health and productivity (Anderzen & Arnetz, 2005).

The role of stressful events in creating illness has been well documented (Csiernik & Adams, 2002). According to the Centers for Disease Control and Prevention (2015), U.S. workers are in poor physical health, with more than two-thirds of adult employees overweight or obese, and nearly half reporting having at least one of 10 chronic medical conditions (hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, weak or failing kidneys, asthma, and COPD). In addition, many workers suffer from mental health disorders. According to the National Institute of Mental Health (Kessler et al., 2005), anxiety disorders were the most common mental health illness in the U.S, affecting 40 million adults aged 18 and older; 12-month prevalence was 18.1%; of these cases, 22.8% were classified as "severe." Depression affected 12% of females aged 40-59 (7% of males of same age); 8% of the U.S. population 12 or older has current depression (National Health and Nutrition Examination Survey, 2015) . Physical and mental health issues are both equally important and need to be addressed by workplace health programs. In the past, employer health programs have focused primarily on physical health. It is vital to establish comprehensive workplace wellness programs that cover mental health issues such as depression and anxiety, and that implement stress reduction programs to reduce absenteeism and improve worker productivity (DeVries, 2010).

THEORETICAL MODELS OF STRESS

Hans Selye defined stress as "the nonspecific response of the body to any demand made upon it" (Selye, 1974, p. 14). Stressors may be positive (getting a promotion at work, getting married, having a baby) or negative (getting fired, getting divorced, losing a parent) (Greenberg, 2012). Positive stress is eustress, while negative stress is distress. Wolfgang Linden defines stress as "a mediational process in which stressors (or demands) trigger an attempt at adaptation or resolution that results in individual distress if the organism is unsuccessful in satisfying the demand" (Linden, 2005, p. 2). An individual's response to a stressor depends on his or her coping skills, personality, and supports and buffers (Greenberg, 2012).

In the area of occupational stress, many studies have shown the profound impact of job characteristics on employee well-being (Tetrick & Winslow, 2015). Negative stressors such as job pressure, emotional demands, and role ambiguity may lead to sleeping problems, exhaustion, and impaired health (Doi, 2005; Halbesleben & Buckley, 2004). On the other hand, resources such as social support, positive performance feedback, and autonomy may motivate employees and lead to enhanced job-related learning, work engagement, and organizational commitment (Demerouti et al., 2001; Salanova et al., 2006; Taris & Feij, 2004).

The demand-control model (DCM) (Karasek, 1979, 1998) of stress posits that workplace strain is caused by a combination of high job demands and low job control. Thus, according to the DCM, employees who can decide for themselves how to meet their job demands will not experience job strain (e.g., job-related anxiety, health problems, exhaustion, and dissatisfaction) (Bakker & Demerouti, 2007). Research findings support the claim that the combination of high job demands and low job control is an important predictor of psychological strain and illness (Karasek, 1979; Schnall et al., 1994). However,

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