Stress, Coping, and Corporate Stress Management: A Review

TANYA BONNER

Assignment submitted in partial fulfilment of the requirements for the degree of Master of Arts in Clinical Psychology at the University of Stellenbosch.

Supervisor : Dr Judora Spangenberg

DECLARATION OF AUTHENTICITY

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

ABSTRACT

This article provides a theoretical overview of stress and coping in the corporate environment. The article commences with a brief overview of the historical development of the stress concept, followed by a brief discussion of the concept of coping with stress. Subsequently, various factors that contribute to stress in the work-place are considered. This is followed by a discussion of stress that is specific to the executive employee and a review of recent research conducted on corporate stress management. Some of the difficulties experienced in researching stress management programmes are briefly considered. The article concludes with an attempt to illustrate, from reported findings, which stress-reducing interventions are effective and which are not.

OPSOMMING

Hierdie artikel bied 'n teoretiese oorsig van stres en streshantering in die korporatiewe omgewing. Die artikel begin met 'n kort oorsig van die historiese ontwikkeling van die streskonsep, gevolg deur 'n kort bespreking van die konsep streshantering. Vervolgens word verskeie faktore wat tot stres in die werkplek bydra, in oënskou geneem. Dit word opgevolg deur 'n bespreking van stres wat kenmerkend is van bestuursposisies en 'n kort oorsig van onlangse navorsing oor streshanteringsprogramme. Sommige van die probleme wat met navorsing oor streshanteringsprogramme ondervind word, word kortliks oorweeg. Die artikel word afgesluit met 'n poging om, op grond van gepubliseerde bevindings, te illustreer watter stresverminderende intervensies doeltreffend is en watter nie.

Table of Contents:

v

STRESS, COPING, AND CORPORATE STRESS MANAGEMENT:
A REVIEW

1.   HISTORICAL DEVELOPMENT OF THE STRESS CONCEPT

Historically, as with many words, the term stress antedates its scientific use. Lazarus and Folkman (1984) elaborates:

> It was used as early as the 14th century to mean hardship, straits, adversity or affliction. In the late 17th century Hooke (cited in Hinkle, 1977) used stress in the context of the physical sciences, although this usage was not made systematic until the early 19th century. "Load" was defined as an external force, "stress" was the ratio of the internal force (created by load) to the area over which the force acted and "strain" was the distortion of the object. The concepts of stress and strain survived, and in 19th century medicine they were conceived as a basis of ill health. (p. 15)

When stress was first studied within the field of human sciences, the term was used to denote both the causes and the experienced effects of various pressures. Around 1936, Hans Selye, who is commonly considered to be the father of stress theory, used the term stress to mean an arranged set of bodily defences against any form of harmful stimulus, including psychological threats (Lazarus & Folkman, 1984). According to Selye (1956, 1974), most people typically respond by working through a three-phase process consisting of alarm, resistance, and exhaustion. This response, which was conceptualised by Selye and has been referred to as the "General Adaptation Syndrome", has been used to explain the relationship between stress and its physical and psychological symptoms (Crampton, Hodge, Mishra, & Price, 2000; Lazarus & Folkman, 1984). Selye (1974) proposed that stress was not an environmental demand, which he referred to as a stressor, but a universal physiological set of reactions and processes created by such a demand.   Subsequently, more recently, the word stressor has been used for the stimulus that provokes a stress response. World War II and the Korean War gave an impetus to stress research because of its significance for military combat (Lazarus & Folkman, 1984). Later it was recognised that stress is not an isolated incident, but is an inevitable aspect of life and that what made the difference in human functioning was how people managed and coped with it.

Roskies (cited in Lazarus & Folkman, 1984) writes, somewhat ironically:

> In recent years our traditional understanding of the causes of disease has been transformed by a powerful new concept: stress. From its humble origins as a laboratory term in the 1950's, stress has now become a shorthand symbol for explaining much of what ails us in the contemporary world, invoked to explain conditions as diverse as nail biting, alcohol abuse, smoking, homicide, suicide, cancer and heart disease. From an anthropological perspective, stress serves the same purpose in modern society as ghosts and evil spirits did in former times, making sense of various misfortunes and illnesses that otherwise might remain simply random games of chance. (p. 373)

Furthermore, Lazarus and Folkman (1984) add that it would be un-westernised to accept a new cause for disease without seeking to cure or control it. Thus it is not surprising that there has been a current atmosphere of interest around stress and an enthusiasm in research and development of programmes to reduce or manage stress and its effects.

One recurrent disagreement among researchers concerns the definition of stress in humans. Is it primarily an external response that can be measured by changes in glandular secretions, skin reactions, and other physical functions, or is it an internal interpretation of, or reaction to, a stressor; or is it both? For instance, both Cannon's (1932) early fight/flight model and Selye's (1936) General adaptation syndrome regarded the individual as automatically responding to an external stressor. Cannon and Selye thus described stress within a straightforward stimulus-response framework. However, from the literature reviewed, it seems that currently, the common and most widely accepted understanding is that the symptoms of stress are both physiological and psychological in nature. Moreover, researchers generally agree that a certain degree of stress is a normal part of a person's response to the inevitable changes in his or her physical or social environment, and that positive as well as negative events can generate stress. Stress-related disease, however, results from excessive and prolonged demands on an individual's coping resources (Lazarus & Folkman, 1984).

Ordinarily, most individuals understand and can define the concept of stress. However, conceptualising a formal definition is not easy. The issues encompassed by the concept of stress are certainly not new. Lazarus and Folkman (1984, p. 31) explains, "Cofer and Appley wisely pointed out some years ago that the term stress has all but pre-empted a field previously shared by a number of other concepts, including anxiety, conflict, frustration, emotional disturbance, trauma, alienation and anomia." Selye (1936) defines stress as "a non-specific response of the body to any demand

placed upon it" (p.33). Stress is considered to be an internal state or reaction to anything we consciously or unconsciously perceive as a threat, no matter whether this is a real or imagined threat. Stress can evoke feelings of frustration, fear, conflict, pressure, hurt, anger, sadness, inadequacy, guilt, loneliness, or confusion (Cavanagh, 1988). Prolonged exposure to stressful circumstances can produce long-lasting effects on an individual's physical and mental well-being.

Stress is characteristically defined by the behavioural paradigm in terms of stimulus-response connections. Stress can be described as the stimulus or force that, if strong enough, can cause tension in the individual who experiences it. The response is the coping with or adaptation to the stimulus, which can either be successful or unsuccessful (Cannon, 1932; Rowe, 2000). What this basic definition misses, however, is that this relationship between stress and coping cannot be viewed in terms of exclusive attributes. The relationship can be better understood by also examining the circumstances or context surrounding the stressful events. It is for this reason that the transactional model of stress is deemed to be the most influential theory in stress research (Lazarus & Folkman, 1984; Rice, 1999). Basically the essence of the transactional model is that stress is not an environmental stimulus, nor a characteristic of the person, nor a response. Rather it is viewed as the relationship between various demands and the individual's power to deal with them effectively (Lazarus & Folkman, 1984). Hence, Lazarus and Folkman (1984) propose that stress and health have reciprocal influences. In other words, stress can have a powerful impact on health and health can influence a person's coping ability.

Arnold and Burchfield (cited in Hamberger & Lohr, 1984), also distinguish between psychological stress and physical stress. They write, " Psychological stress results from loss, frustration, conflict and failure. Physical stress, on the other hand, consists of burns, infections, injuries and the like"(p. 62). Furthermore, according to Arnold (in Hamberger & Lohr, 1984) psychological stress is accompanied by emotions whereas physical stress is accompanied by physical feelings, such as pain or discomfort.

The pathology of stress shows with especial clarity that mind and body are not separate at all, rather they are part of the same system. This interconnectedness can make the individual susceptible to other serious diseases such as heart attacks, cancer and Chronic Fatigue Syndrome (CFS). Hence it is felt that treating the effects of stress might also lessen the severity of other diseases (Dobson, 1982).

3

Clarke and Cooper (2000) propose that stress is an individual's physical and mental reaction to environmental demands or pressures. Patel (1991) elaborates on this understanding:

> Stress not only can be imposed by external demands but can also be generated from within by our hopes, fears, expectations, and beliefs. It follows that what is stressful to one person may be a refreshing challenge to another, depending upon his perception of the situation as well as his perception of his ability to cope with that situation. (p. 175)

In other words, an individual's judgement that a stressful situation exists is important in initiating a stress response. Without this appraisal there is no stress in the person's psychological schema. Even though a situation is perceived as a demand or threat, it may still not mobilise a stress response. If the individual thinks that he or she is able to cope with it adequately, either on his or her own or with the help of external resources or support from other people in his or her life, they will probably not experience stress. The balance resulting from the interaction of external demands, internal needs and values, personal coping resources, and external resources or support, determines whether a particular situation will be experienced as stressful or not (Mak & Mueller, 2000; Patel, 1991). The experience of stress is therefore both subjective and dependent on individual differences. Lazarus and Folkman (1984, p. 119) writes, "Psychological stress, therefore is a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being."

Basically, stress has been categorised into two forms, namely acute stress and chronic stress (Aldwin, 1994). Acute stress is a response to imminent danger, while chronic stress is caused by constant emotional pressure the individual cannot control. The chronic stress that millions of people feel every day from simply trying to deal with the pressures of modern life can unleash a flood of hormones that are useful in the short term but subtly toxic if they persist. Psychologically, it is believed that chronic stress is generally more harmful since it takes a toll on an individual's overall well-being (Crampton et al., 2000). An extreme case of chronic stress is known as burnout. Burnout can be understood as a condition that occurs over time and it is characterised by emotional exhaustion and negative attitudes that include boredom, discontent, cynicism, inadequacy and failure (Crampton, et al., 2000). Burnout usually occurs when a person experiences physical, psychological and/or spiritual fatigue and can no longer cope.

Humanity's physical response to stress, known as the "fight or flight" response, probably evolved to help our primitive ancestors deal with a treacherous world (Cannon, 1932; McCarty, 2000). Hence, the protective mechanism that immediately springs into operation when one's life is threatened is

4

built in. No matter what the situation, when the demand we perceive exceeds the resources we think we have, the body and mind are aroused and all systems are geared up either to fight the challenge or to flee from the situation to avoid harm. In the biological usage of the concept stress, it is understood as an active and dynamic process. Lazarus (Lazarus & Folkman, 1984) wrote:

> When one views stress as a dynamic state, attention is turned toward the ongoing relationship between the organism and the environment, and interplay and feedback. With a dynamic formulation we are less likely to settle for incomplete and inadequate definitions of stress that are based solely on what is happening within the organism. (p. 113)

In 1966, Lazarus (Lazarus & Folkman, 1984) suggested that stress be treated as an organising concept for understanding a wide range of phenomena of great importance in human and animal adaptation. Later Lazarus and Folkman (1984) suggested that perhaps the most useful approach to stress would be to regard it not as a variable but as "a rubric consisting of many variables and processes" (p.12). It is still believed that this is the most useful approach to take when considering the over-arching concept of stress, since it considers the relationship between the person and the environment.

On the one hand, we can examine stress as an embodied phenomenon; i.e., sets of physical responses to unfavourable work conditions. Headaches, illness, fatigue and sleeping problems are examples of such embodied experiences. In this perspective, stress is not seen as being different from any other form of illness. Stress is simply a matter pertaining to the body and needs to be treated as such. On the other hand, stress can be seen as an emotional response to perceived problems. In this case, stress is perceived as being an intellectual and emotional reaction to external demands and expectations. The problem of stress operates within this dichotomization: on the one hand, stress is embodied; on the other hand, it is emotional. It is impossible to place the experience of stress in either of these two entities. It is experienced in the body, the stressed body, but equally it is experienced as an emotional state. There is thus a certain degree of indeterminacy in stress; it is in-between, embodied as well as emotional, personal as well as social. Stress, then, is not something that occurs from outside sources alone; much of it has to do with what goes on within the person.

It is important, however, to note that not all stress is bad for an individual. Some stress is essential for our existence as well as our continued personal growth (DeLongis, Folkman, & Lazarus, 1988). A completely unstressed environment will render a person's life boring and frustrating. A certain amount of stress gives us a zest for life and releases our creativity. In life a certain amount of stress

occurs all the time. There is no life without stress. It may be deduced that positive stress adds anticipation and excitement to life, and that we all thrive under a certain amount of stress, because it adds depth and enrichment to our lives. Therefore, our goal is not to eliminate stress altogether but to learn how to manage it and how to use it effectively.

2.   COPING WITH STRESS

The conceptualisation of coping is based on a schema proposed by Lazarus and Folkman (1984) in which coping is viewed as a response to perceived stress and is defined as "constantly changing cognitive and behavioral efforts to manage specific external and /or internal demands that are appraised as taxing or exceeding the resources of the person" (p.141). Some studies have suggested a distinction between two general types of coping with stress. Problem-focused coping which is aimed at actively solving a given problem and emotion-focused coping which is directed towards reducing emotional distress (Rowe, 2000). Rowe writes:

> Although most types of stress elicit a combination of both coping strategies, individuals tend to use problem-focused coping when they feel that something constructive can be done to change the stress conditions, and tend to use emotion-focused coping when they feel that the stress is unchangeable. (p. 218)

It is argued that the ways in which people cope with stress can reduce or amplify the effects of adverse life events and conditions - not only on emotional distress and short-term functioning, but also on the development of physical and mental health or disorders in the long term. Coping is thus regarded as an adaptive process, which mediates between stress and its long-term effects on mental and physical health as well as on a person's functioning (Skinner, Edge, Altman & Sherwood, 2003).

Most life changes evoke a stress response, which prepares an individual for active coping. This is the basis of learning through experience (Patel, 1991). In the instance of stress, the individual will bring an active coping response into play and thus the stressful stimulus will lose its threatening value. It is not only actual coping ability but also the perception of one's ability to cope that is important in the management of stress. In this case, personal characteristics such as high self-esteem, an internal locus of control, and a feeling of personal hardiness can affect the way a person interprets the environment and thereby determines the degree of stress that is experienced (Aldwin, 1994; Hull, Van Treuren & Virnelli, 1987).

Abascal, Brucato, and Brucato (2001) identified five main coping modes/mechanisms: information seeking, direct action, inhibition of action, intrapsychic processes and seeking social support. They added to the description of coping behaviour by distinguishing between direct and indirect coping. Coping approaches applied outwardly to the environmental sources of stress are direct. Indirect coping approaches are those applied inwardly to one's own attitudes, emotions and behaviour.

Kirk and Koeske (1993) report that "several researchers have found evidence that attempting to exert cognitive or behavioural control over a problem was a useful coping approach" (p. 325). They go on to cite research done by Latack (1986) who found that various procedures that enable the individual to exercise control in the work setting may be helpful, whether they involve planning, seeking help from others, confronting others or fostering positive cognitions. Lazarus and Folkman (1984) also put much emphasis on the cognitive components of stress. They state that much confusion concerning the concept of stress is due to the fact that stress-related emotions have been designated as causes rather than as effects of cognitive and behavioural stress responses. According to Lazarus and Folkman (1984) this misplaced emphasis has caused scientists to turn away from the critical problem of identification of processes and conditions that produce different stress responses. Instead, they propose that emotions be regarded as effects, rather than causes. These effects are dependent upon cognitive processes that lead to the emotions. Thus, the cognitive-emotion sequence functions to organise coping responses or behaviour.

There seems to be no coping style that is most adaptive across all situations. Specific contextual factors can affect which style of coping is more effective. It is suggested that the capability of implementing many different strategies, that is, flexibility in coping, is critical to effective coping (Kirk & Koeske, 1993). It is striking that many individuals remain healthy during fairly stressful conditions. This is believed to be a consequence of "resistance resources" that somehow compensate for the effects of stress. It is therefore suggested that personality hardiness may expend a protective force against psychological distress and physical illness over the impact of work and life stressors (Hull, et al., 1987; Rowe, 2000).

Although one may argue that one stressor after another can produce long-term negative effects on an individual, a growing body of literature indicates that if a person can deal effectively with a series of stressors, he or she may emerge more resilient and competent to cope with stress than a person who has encountered little stress during the course of his or her development (Rowe, 2000).

Consequently, it may be maintained that effective coping can change a potentially stressful event into a manageable one.

Stressors do not act on a passive individual - he or she is likely to take action to cope with the source or sources of stress. It is when these coping strategies fail that an individual will experience negative outcomes, such as physical or mental ill-health. There is an abundance of literature on coping with stress, which makes for insightful and thought provoking reading. However, due to length restrictions, a comprehensive review of the coping literature falls outside the parameters of this article.

3.   STRESS IN THE WORKPLACE

Stress is an important and distressing social phenomenon that has almost become an epidemic in the present-day workplace. Since the early 1970's occupational stress has increasingly been the focus of media attention and research. In many cultures, especially the Western culture, work is a significant aspect of contemporary life in terms of time and emotional involvement. It typically encompasses more time than any other single activity, and it also seems to be one of the major sources of stress in an individual's life. Levinson (1970, p. 10) writes, " A man devotes nearly half of his waking hours to his job. It is said, he both works to live and lives to work." Work can be the most valuable source of satisfaction, as well as the cause of much stress. More often than not, people are identified by the work they do: he is a lawyer, she is a professor. Hans Selye (1974), a pioneer in stress research, suggested that work is a biological necessity, thus it may be argued that work is the psychological glue that helps hold an individual together and assists in providing the individual with a sense of self. Consequently, there are aspects of the person-job relationship, particularly how a person feels about himself in his or her work role, which affects health in general.

Occupational health and safety has become an official issue in the workplace and as such gives legitimacy to occupational stress. Occupational stress is increasingly recognised as one of the most serious occupational health hazards, often resulting in employee dissatisfaction, lowered productivity, absenteeism, and employee turnover (Firth-Cozens & Hardy, 1992). Furthermore, recent high-profile litigation cases have raised awareness of the risk posed by workplace stress and the effects of stress are a growing concern for many employers. For example, Arthur (2000) reports that in 1998 a social worker successfully settled out of court for £175,000 for stress and legal fees,

8

while in July 1999 Birmingham City Council paid £67,000 compensation to an employee for work-related stress. He goes on to cite the Guardian newspaper which reported that at that time around 500 other cases were currently before the courts. However, Dollard and Lewig (2001) suggest that the increase in stress may reflect a change in the pattern of reporting and diagnosis rather than the actual incidence of experienced stress.

Like its more severe cousin, depression, excessive stress is harmful to the body as well as the mind. Occupational stress can undermine our sense of personal worth and dignity and it can stir up different kinds of unconscious conflicts within a person. Folk wisdom says that to work is to live, and those who do not work seem to die – literally and psychologically (Ivancevich & Ganster, 1987). In many contexts the implicit message is that work stress is an abnormal response that must be controlled, with the blame for the problem and the responsibility for fixing it resting primarily with the individual experiencing the stress. The individual is usually held accountable for the pathological effects of stress. Being able to have intimate command over one's body and handle stressful situations and a stressful life effectively are thus seen as the mark of the modern professional (Arthur, 2000).

While many individuals believe that they must avoid stress to live a longer and healthier life, others argue that it is the salt and spice of life and that to have no stress one would have to be dead. This article goes on to attempt to review the most recent literature on occupational stress interventions, particularly within the corporate working environment. The focus will be on managerial level and upwards. Furthermore, it aspires to include a review of which intervention strategies appear or are reported to be effective and which do not. Subsequently, a review will be given of the available literature on issues related to stress management interventions in the workplace. Most of the literature reviewed was obtained through computerised literature searches.

"Occupational stress is widely invoked by both professionals and lay persons as an explanation of illness" (Dollard & Lewig, 2001, p. 180). However, when examining the literature on stress it seems that stress is a multifaceted concept, which many authors argue is yet to be adequately defined. Due to the somewhat ambiguous nature of work stress, Dollard and Lewig (2001) suggest that this renders it vulnerable to political, social and economic manipulation. Pollock (in Dollard & Lewig, 2001) observes that the emergence of stress and its diffusion through society seems to directly parallel its discovery as a theoretical concept. Pollock goes on to argue that stress is a manufactured concept that has become a social fact, the elaboration of which has had a pronounced and direct effect on lay belief and behaviour. All the same, stress is a phenomenon that

9

encompasses social, psychological and physiological aspects and it is the relationship between these factors that affects the individual in his or her work environment.

4.   FACTORS WHICH CONTRIBUTE TO STRESS IN THE WORKPLACE

Theories about the causes of stress, ranging from the anthropological to physiological aspects, have been propagated for at least the past four decades. Such studies have shown that there are physiological, psychological and social components to stress and successful stress management (Clarke & Cooper, 2000). Sources of stress are derived not only from factors inherent to the job itself, but also from the organisational context, such as the structure and climate of the organisation. Examples include management styles, communication and company politics. Research by Clarke and Cooper (2000) shows that organisational stressors can have more impact on an individual than factors intrinsic to the job. The perceived causes of stress can include any event or occurrence that a person considers a threat to his or her coping strategies or resources. These causes can be classified into personal and/or work related stressors.

The element of perception indicates that human stress responses reflect differences in personality, as well as differences in cognitive processes. Arnold (in Hamberger & Lohr, 1984) acknowledges the role of cognitive processes in relation to stress responses. "The appraisal process consists of evaluation of stimuli based on previous experiences with the same or similar situations" (p. 189). Arnold and the cognitive school of thought see the appraisal process to be the most important aspect determining whether or not a person will experience psychological stress. Hence, risk factors for stress-related illnesses are a mix of personal, interpersonal, and social variables. People who are dependent on others (e.g. children or the elderly) or who are socially disadvantaged (because of race, gender, educational level, or similar factors) are at greater risk of developing stress-related illnesses. In addition, research indicates that individuals high in negative affectivity are more vulnerable to perceived stress and are more likely to report stress symptoms (Clarke & Cooper, 2000).

Research has also suggested that workers with particular personality traits are more vulnerable to stress (Clarke & Cooper, 2000). It was thought that individuals with a more external locus of control and Type A behaviour patterns may be more vulnerable to stress. Research supports the hypothesis that Type A's are hyper-responsive to subjective work stressors (Ivancevich & Ganster,

1987). Other personal characteristics, such as age and gender, may also affect vulnerability to stress.

Everyone encounters challenges, threats, or annoyance in the course of daily life. Occasionally these can be life-threatening, but more often they simply threaten our pride, our prestige, our position at work, our place in the family or society and our self-image (Auerbach & Gramling, 1998). Also, factors such as noise, redundancy, job security and company take-overs will influence employees' experience of stress. A popular image of a stressed individual is of a highly placed executive who may be exposed to a number of these above-mentioned stressors. The feeling of being tired and having a lack of energy all the time is probably the most common symptom of stress. Others may include insomnia, anxiety, tension headaches, backache, depressive features, indigestion and constipation, to mention but a few (Aldwin, 1994).

5. CORPORATE STRESS

Much has been written about the stress of the executive role and its impact on health. Levinson (1970, p. 15) writes, "In some circles ulcers have almost become a badge of honour, the equivalent of the Purple Heart in executive combat." Levinson also wrote, "A few men spend their adult years trying to escape work; more escape into it" (p. 19). It is generally recognised that work is a major stress contributor; however, one must bear in mind that work is only one aspect of the total stress syndrome.

In the workplace stress can affect performance. Individuals under too little stress may not make enough effort to perform at their best, while those under too much stress often are unable to concentrate or perform effectively and efficiently. The relationship between stress and performance is complex. Organisations have recently been concerned about the rising costs of over-stressed employees (Murphy, 1984). These costs include absenteeism, accidents, health care expenses and lower productivity. However, disagreement exists over whether stress is an individual or workplace problem (Dollard & Lewig, 2001).

Research has identified at least six sources of managerial stress (Ivancevich & Ganster, 1987). Briefly, they include: stress in the job itself; role-based stress such as role ambiguity; relationships with colleagues; career development factors; organisational structure and climate; and the work – family interface. In addition, a study conducted by Rogers (1977) reported work load to be a

11

frequent source of stress for many managers, while a study performed by Mak and Mueller (2000) found that organisational transitions such as restructuring and downsizing may also heighten stress among employees.

With the increasing demands placed upon managers as well as corporate down-sizing, many managers regularly experience high levels of stress. Furthermore, the acceptable standard of management performance is continually rising in a competitive environment. Most managers find that there is more demand on their time and resources than they are able to meet. Referring to managers, Patel (1991) wrote:

> Resolving new problems and questions, the daily work leaves them no time to plan and innovate or learn new things until everyone has gone home, when they can sit down and work uninterrupted. This work period is often extended into family life; catching up on reading literature or preparing reports can occupy evenings or weekends. Fast-moving, high-pressured business often means crossing time zones on long distance flights, sleeping on hotel beds, drinking excessively and eating rich food, as well as separation from family, and all these strains add up. (p. 112)

Additionally, trying to produce favourable results under ever increasing restrictions on financial resources, office politics around competition for promotion, and other such factors all add to the total burden of stress for managers.

Other causes of executive stress may include: schedules and deadlines, fear of failure, inadequate support, problems with a boss, job ambiguity, role conflict, change, new technologies, work overload or underload, repetitive work, excess rules and regulations, lack of participation in decisions, poor interpersonal relationships, career development factors, and managing people (Crampton et al., 2000). In addition, many managers often have difficulty balancing work and family life and taking on more responsibility with less support. A survey conducted by the American Management Association (Crampton et al., 2000) indicated that 41% of middle manager have more work than time. Crampton et al. added that middle managers must respond to sometimes conflicting demands from governmental agencies, unions, the community, and their own supervisors and subordinates. In addition, younger managers are often more stressed because they have less autonomy and are often more closely supervised.

Contrary to popular opinion that it is more stressful at the top, research conducted by Crampton et al. (2000) suggested that middle managers have the highest stress levels simply because they are in

the middle. Since middle managers are in the middle, they may frequently be at odds with either those under or those over them and they often lack control and autonomy compared with top management. Occupational stress may be indicative of level of job control. Blonk, Schene, Van der Klink and Van Dijk (2001) found that stress-reducing interventions appeared to be more effective for populations at high levels of job control, in contrast to populations at lower levels.

A dilemma of much of the occupational stress literature is the question of where the problem lies: does the experience of stress make the job seem less attractive and more difficult, or do the actual problems of the job create the stress?

6. CORPORATE STRESS MANAGEMENT

Recently there has been a proliferation of programmes for stress management. A significant trend towards greater corporate involvement in such programmes has been apparent in recent years, reflected by the steady growth in employee health programmes (Arthur, 2000; Clarke & Cooper, 2000). However, some believe that stress management programmes represent a current fad that will, in all likelihood, be replaced by new fads and ways of thinking (Dollard & Lewig, 2001).

Identifying unrelieved stress and being aware of its effect on our lives is not sufficient for reducing its harmful effects. Just as there are many sources of stress, there are many possibilities for its management. However, all require work towards change – changing the source of stress and/or changing one's reaction to it. The goal of most stress management training programmes seems to be to teach managers greater control over physiological and psychological systems that are reactive to stress (Arthur, 2000).

There is not only confusion surrounding the topic of stress and what is meant by the word, but there is also uncertainty about what should be classified as a stress management intervention. In this paper the author has elected not to add to the confusion and to simply propose that stress management intervention programmes imply any effort initiated by an organisation that intends to reduce the negative consequences of stress. This "definition" then includes programmes that attempt to remove stressors from the work environment and those that attempt to equip employees with abilities to cope better with occupational stress.

13

Clarke and Cooper (2000) propose that interventions to deal with occupational stress usually fall into three categories: tertiary (lifestyle changes), secondary (stress management) or primary (interventions at organisational level). They state that "the secondary and tertiary levels of intervention by organisations are most common" (p. 179). Basically, Clarke and Cooper (2000) distinguish the three categories as follows. Tertiary interventions act to mitigate the symptoms of stress on an individual, for example, helping individuals to cope with their anxiety through relaxation and biofeedback. Secondary interventions operate by improving the coping strategies of employees. Primary interventions focus on stressor reduction. For example, where the nature of the job itself leads to stress, the job profile might be subject to redesign, whereas if the organisation's climate is the source of stress, a more participative management style might be encouraged.

The literature identifies a variety of organisation-based methods to combat occupational stress. Crampton et al. (2000) mention a few: task redesign, flexible work schedules, participative management, increased employee autonomy, employee fitness programmes, assigning work within employees' capabilities, and work-related techniques. They go on to mention that training which helps managers become better bosses can also alleviate stress, and that many companies have also been using humour to help relieve job stress. However, often the solution to reducing stress is personal, in other words, individuals learn to manage their own stress through the use of techniques such as establishing goals, effective time management, delegating, learning to communicate with others, exercising and relaxing (Arthur, 2000; Kreitner & Kinicki, 1992). There is also evidence that supports the suggestion that developing a social support network will moderate the effects of occupational stress (Bernin, Theorell & Sandberg, 2001; Ivancevich & Ganster, 1987). Many managers turn to psychotherapy to assist in these processes.

Firth and Shapiro (1986) as well as Firth-Cozens and Hardy (1992) explored the effectiveness of psychotherapy, arguing that treating individuals suffering from work-related distress is perhaps a more useful way of approaching stress management than the preventative group work usually reported. The above studies reported that the psychotherapeutic treatment offered to the employees showed benefits that had a rippling effect on their work performance. Following psychological treatment, the participants showed reductions in symptomatology and anxiety, displayed increased self-esteem and viewed their jobs more positively. These studies suggested that while some job perceptions may be related to the levels of stress or clinical symptoms suffered by employees, other perceptions are more independent and are likely to reflect the influence of organisations on individual health. These findings possibly support the need for stress management to be targeted at

both the individual and organisational level. In view of this, it is likely that employee assistance programmes (EAPs) emerged from the foundation of psychotherapy.

EAPs is a benefit that is increasingly being provided by UK employers. EAPs claim to reduce the effects of stress on individuals and organisations (Arthur, 2000). EAPs are a relatively new type of counselling benefit provided by some employers that allow psychologically distressed employees, and sometimes their families, free and confidential access to qualified mental health professionals. EAPs have increasingly been employed as one of the main occupational stress interventions. However, there are problems with EAP research: Those who provide the EAP have often also conducted the research, and consequently their results might be biased because of self-interest in demonstrating the programmes' effectiveness so that they will be purchased. Arthur (2000) also points out that research is often too brief and with no longitudinal collection of data. Another problem is that, because of confidentiality and limited accessibility to employee records, researchers are deterred from conducting proper evaluations. The lack of control groups also severely limits inferences about whether positive outcomes are attributable to the success of the EAP or other factors. Nevertheless, various surveys of employees exposed to EAP indicated very high levels of satisfaction with the programmes (Arthur, 2000). The introduction of a counselling service by itself may benefit individuals psychologically and may provide symptom relief, but there is no direct benefit or gain to the organisation, beyond a reduction in sickness absence and an appreciation for the provision of the service by the employer. Thus Clarke and Cooper (2000) suggested that EAPs be implemented as only one aspect of any stress management programme.

Breathing or relaxation has been highlighted as one of the ways to reduce stress. Breathing is essential to life – life begins with the first breath and ends with the last. Yoga masters spend years learning the intricate aspects of breathing and this has been linked to stress reduction. It is believed that through the pattern of breathing, people can influence their physical, psychological and spiritual well-being (Rowe, 2000).

Physical or muscle relaxation and mental relaxation, such as meditation, have been endorsed in the management of stress (Murphy, 1984; Sauter, Murphy & Hurrell, 1990). However, relaxation techniques seem to produce more favourable results when used in conjunction with other stress reduction interventions such as cognitive-behavioural programmes (Murphy, 1984). The specific benefits of a relaxation approach on the reduction of occupational stress could not be disentangled from the combination of cognitive and relaxation procedures.

15

A study conducted by Bernin, Torell, and Sandberg (2001) that considered the biological correlates of social support and pressure at work in managers, found that the analyses of corporate culture measured as "Rules of the Game" indicated that "bureaucracy" was significantly associated with high LDL-cholesterol and low HDL-cholesterol. Managers work under special conditions and therefore the patterns of associations between psychosocial conditions and coping strategies on one hand and endocrine-biochemical state on the other hand may be different from those of other groups. To what extent such differences are due to individual characteristics or environmental factors needs to be further investigated. According to the results, however, good social support is health- promoting to managers, at least with regard to serum lipids. Bureaucracy, on the other hand, seems to have a negative effect on the health of most managers. Various other research studies (Cassel, cited in Brehm, 1998; Cohen, cited in Brehm, 1998; Elliott & Gramling, cited in Brehm, 1998) have concluded that positive social support is an important stress buffer.

Patel (1991) suggests other strategies for managing stress, including being self-aware. Awareness is of primary importance if one hopes to manage stress effectively and our bodies are often the first place to reveal signs of stress. It is also important to bear in mind that an individual's vulnerability to stress is continuously changing. Patel goes on to suggest avoiding unnecessary stress, managing time effectively, including humour in the manager's life, good nutrition and a healthy lifestyle that would include improving physical fitness. It is not always easy to cope with stress alone and sometimes the individual needs to seek the help of others to resolve problems. For many corporate managers seeking help is a major barrier, due to the fear of being seen as weak or inadequate.

According to Dobson (1982), the control of stress can be confronted in a number of ways, such as medication, various relaxation techniques, meditation, biofeedback, behaviour therapy and changing attitudes (cognitive therapy). Blonk et al. (2001) conducted a study that sought to determine the effectiveness of occupational stress-reducing interventions and the populations for which such interventions were most beneficial. In this study, four intervention types were distinguished, namely cognitive-behavioural interventions, relaxation techniques, multimodal programmes, and organisation-focused interventions. Blonk et al. (2001) distinguished between these four interventions as follows:

> Cognitive-behavioural approaches aim at changing cognitions and subsequently reinforcing active coping skills. Relaxation techniques focus on physical and mental relaxation as a method to cope with the consequences of stress. Multimodal interventions emphasise the acquisition of both passive and active coping skills. The fourth intervention type involves a focus on the organisation as a whole. (p. 272)

The researchers reported that a comparison between interventions revealed that cognitive-behavioural approaches were more effective than relaxation techniques and tended to be more effective than multimodal programmes. They went on to say:

> With regards to outcomes variables, cognitive-behavioural interventions appeared to be more effective in improving perceived quality of work life, enhancing psychologic resources and responses, and reducing complaints. Multimodal programmes showed similar effects, however, they appeared to be ineffective in increasing psychologic resources and responses. (p. 275)

The above-mentioned study also suggested that in terms of psychophysiological outcomes, relaxation techniques appeared to be effective. Hence, the finding that different interventions resulted in different levels of effectiveness for specific outcomes indicates that choice of intervention for a particular individual or group may be determined by the outcome sought.

The results of another study (Rowe, 2000) suggested that stress management programmes could be more effective through long-term approaches that emphasise teaching new skills to manage stress. This study advocated that, although short-term approaches to stress management could certainly be effective, individuals who received refresher training over a long-term period (one year and two years), reported lower levels of burnout while those in the short-term control groups did not. Rowe (2000) stated that:

> These results demonstrated that when participants were taught strategies to cope more effectively with stress they initially experienced less burnout, but after about six months they no longer continued to reap the benefits of this coping training. When the approach was directed toward teaching long-term coping changes, more permanent changes in stress management and occupational burnout occurred. (p. 222)

In general, Rowe's study suggested that when people were instructed to develop proactive strategies, they were more able to effectively cope with stressors, felt a greater sense of personal accomplishment, and were less emotionally exhausted. This study illuminates the possible importance of teaching individuals who have limited coping skills to alter the way in which they presently address problems, but to do so on a long-term basis rather than on a temporary or short-term basis.

Organisation-focused interventions seem to lack an individually tailored focus. Many organisation-focused programmes aim at enhancing job control. However, individual perception and coping skills are necessary if a person is to use extra control and make it profitable for the company and stress-reducing for him or herself (Blonk et al., 2001). Recently, the variable of control has emerged as a powerful explanatory variable in work stress research (Maier & Watkins, 1998; Steptoe & Appels, 1989). Substantial literature indicates that greater autonomy and participation at work, in other words, more control, are associated with higher levels of self-reported job satisfaction, commitment to work, better performance, and reduced levels of emotional distress, staff turnover, and absenteeism. Studies of work stress indicate that when high need for control is blocked by low extrinsic rewards (such as poor pay or promotion prospects), the individual may be placed at a higher risk of stress (Kreitner & Kinicki, 1992).

Studies of work stress have almost exclusively focussed on men. However, with the dramatic rise of women's employment in recent years, some attention has been given to the investigation of factors related to women's work stress. It is widely believed that women as a group are more stressed and experience different stress than men (Crampton et al., 2000; Davidson & Cooper, 2001; Gianakos, 2000). Evidence suggests that even in the same employment situation, men and women may experience stress differently. It has been suggested that women experience psychological stress (for example, depression or emotional discomfort) more frequently than men, who tend to experience more physiological stress than women (for example, coronary heart disease and cirrhosis of the liver). Some of these differences in stress levels can be attributed to the different socialisation processes of men and women, which bring about different perceptions of the workplace (Brown & Harris, 1978; Gianakos, 2002). Women are also expected to carry the burden of raising children and performing household chores while holding a job, which increases stress levels. In addition to the occupational demands faced by women, they may also experience stressors unique to their gender, such as token status, gender discrimination and sexual harassment (Ivancevich & Ganster, 1987). In terms of coping methods, some researchers found that males are more likely to use the more adaptive problem-focused styles while females are more likely to use the less adaptive emotion-focused types (Crampton et al., 2000). However, a study conducted by Gianakos (2002), reported no differences in coping styles.

Murphy (1984) suggests that people have a great deal of interest in stress management programmes and positive attitudes are generated whenever an organisation allows employees to participate in such programmes. He suggests that employees feel that the organisation is concerned about them and this results in a desire among participants to make the programme successful. This may explain

18

the positive effects seen in self-reported measures. What is being inferred here, is that there may be a placebo effect on employees who are included in such programmes – simply attending a programme to manage stress may already show positive benefits for the employee despite the actual content of the programme.

Some of the limitations of many current occupational stress management programmes is that they are not designed to reduce or eliminate the sources of stress at work. From the literature studied, it appears that most methods for alleviating stress suggested strategies that serve to adapt the individual to the environment. Some authors (Dollard & Lewig, 2001; Murphy, 1984), advocate approaches which seek to remove objective stressors from employees' organisational environments and thus make organisations inherently less stressful. However, while organisational change or job redesign approaches are preferable, there are significant logistic and economic problems associated with their development and implementation. At the same time, stress management approaches should not be discarded simply because they do not attempt to reduce or eliminate objective stressors in the work environment. Perhaps the choice of a primary intervention strategy for reducing occupational stress should be based upon a careful evaluation of the sources of stress in the workplace and the most promising, realistic and cost-effective strategies for reducing stress. With regard to secondary and tertiary interventions, the long-term benefits and maintenance of these interventions have not been examined in great detail, which leaves a gap for further research in this area, which should include longitudinal designs.

7.   CONCLUSION

The concept of stress has been known for centuries, but still there is no specific definition that has been universally accepted as the final view of what stress entails. It appears to be a concept that is familiar to both lay people and the medical profession. However, although most people understand its meaning in general terms, it is very difficult to define precisely. It is indisputable that the effects of stress can be debilitating for an individual and may lead to a variety of medical, psychological and/or behavioural health problems. However, if properly monitored and managed, the stress response contributes to a state of optimum health and well-being. When reviewing discourse on work stress, it is important to bear in mind that it cannot be viewed from a purely scientific perspective but must also take account of broader ideological, social and political processes (Bunce & Stephenson, 2000).

The negative effects of occupational stress on the health and psychological well-being of individual employees and businesses are well documented. The studies reviewed in this paper indicate that occupational stress management programmes are feasible and that a variety of techniques can be effective in helping managers reduce physiological arousal levels and psychological manifestations of stress. Such programmes also appear to have potential for improving employee well-being and partially offsetting the costs of occupational stress arising from productivity losses and stress-related disorders. However, it is probably premature to come to any conclusion about generalised, formal programmes of stress management since they would have the limitation of not considering individual characteristics or being sensitive to specific stressors associated with a particular occupation. In other words, stress management programmes, in contrast to most individual clinical treatments, are not tailored to the particular dynamics of the individual but are usually created for people in general. In so doing, the attempt to understand the individual's vulnerabilities and coping mechanisms are often lost.

To be effective, it seems that any stress management programme needs to stimulate the person to appraise situations and/or cope with their demands in new or different ways. Cognitive-behavioural interventions seem to have produced results that reflect this the most. A cautionary note, however, is that occupational stress management programmes reviewed in this article differed in terms of many significant factors, which hampers comparison among the studies and obstructs statements of general conclusion.

Regarding stress management techniques, all methods implemented in the studies reviewed were associated with some positive results in more than one study. Additionally, the use of holistic approaches to stress management appears to be more effective than individual methods. From the literature reviewed, it seems that if there is to be therapeutic change or an experience of reduced stress, there needs to be changes in cognitive appraisal and coping ability.

Stress in the workplace is but a single component of a complex total life system and is often the result of interactions between work and personal life. As a result, quick-fix stress management programmes are unlikely to produce long lasting results. However, given the results of the study conducted by Rowe (2000), it is felt that "refreshers" are necessary for long-term benefits and changes in behaviour. Furthermore, it is suggested that there are some individual differences such as personality traits, gender and age that may moderate the stress-health relationship (Bernin et al., 2001; Gianakos, 2002).

The general findings of the studies reviewed are that stress management interventions are effective. Employees do benefit from stress reducing interventions. However, these studies provide limited information since they do not indicate which intervention is most effective and for whom. What has become apparent from researching the literature, is the current paucity of research that has been empirically carried out on stress management interventions. There is also considerable need for increased specificity in defining terms and variables, and providing descriptive data in stress research (Bunce & Stephenson, 2000). An important issue in any study, beyond the demonstration of programme efficacy, is the durability of effects and the degree to which individuals continue to use the training skills after programme termination. There is a scarcity of research that explores the long-term benefits of a particular stress management intervention (Arthur, 2000). Very few studies seem to have been evaluated directly and with any sort of scientific rigor. Although some of the strategies seem to glow with an aura of face validity, there remains the extremely difficult task of empirically validating their effectiveness. Consequently, this provides a need for future research in this area.

Insufficient stress may act as a depressant and may leave the individual feeling bored or dejected. On the other hand, excessive stress may leave one feeling very anxious. What is needed is to find the optimal level of stress that will individually motivate but not overwhelm the individual. The task of better understanding and dealing more effectively with stress remains one of the main incentives for continued research and thought in this domain. Subsequently, occupational stress and stress management remains a fertile field for additional research. This paper aimed at investigating the findings concerning the effectiveness of stress-reducing interventions. An examination of the literature indicates considerable progress in recent years and, as noted earlier, support was found for the benefits of such intervention programmes.

8.   REFERENCES

Abascal, J.R., Brucato, D., & Brucato, L. (2001). *Stress mastery: The art of coping gracefully.* New Jersey: Prentice Hall.

Aldwin, C. M. (1994). *Stress, coping, and development: An integrative perspective.* New York: Guilford Press.

Arthur, A. R. (2000). Employee assistance programmes: The emperor's new clothes of stress management? *British Journal of Guidance & Counselling*, 28 (4), 221-232.

Auerbach, S.M., & Gramling, S.E. (1998). *Stress management: Psychological foundations.* New Jersey: Prentice Hall.

Bernin, P., Theorell, T., & Sandberg, C.G. (2001). Biological correlates of social support and pressure at work in managers. *Integrative Physiological and Behavioral Science,* 36 (3), 121–137.

Brehm, B.A. (1998). *Stress management: Increasing your stress resistance.* New York: Longman.

Brown, G., & Harris, T. (1978). *Social origins of depression – A study of psychiatric disorders in women.* London: Tavistock.

Blonk, R. W. B., Schene, A. H., Van der Klink,J. J. L. & Van Dijk, F. J. H. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health,* 91 (2), 270 - 277.

Bunce, D., & Stephenson, K. (2000). Statistical considerations in the interpretation of research on occupational stress management interventions. *Work and Stress*, 14 (3), 197 – 212.

Cannon, W. B. (1932). *The wisdom of the body.* New York: Norton.

Cavanagh, M. E. (1988). What you don't know about stress. *Personnel Journal*, 35 (3), 53 – 59.

Clarke, S. G., & Cooper, C. L. (2000). The risk management of occupational stress. *Health, Risk and Society*, 2 (2), 173 – 187.

Crampton, S. M., Hodge, J. W., Mishra, J. M., & Price, S. (2000). Stress and stress management. *SAM Advanced Management Journal*, 42, 168 – 177.

Davidson, M., & Cooper, C. (2001). *Women managers: Work, stress and marriage.* Oxford: The University of Manchester Institute of Science and Technology.

DeLongis, A., Folkman, S., & Lazarus, R.S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology, 54* (3), 486-495.

Dobson, C. B. (1982*). Stress: The hidden adversary*. Lancaster: MTP Press Limited.

Dollard, M. F., & Lewig, K. A. (2001). Social construction of work stress: Australian newsprint media portrayal of stress at work, 1997 –1998. *Work & Stress*, 15 (2), 179 – 190.

Firth, J., & Shapiro, D. A. (1986). An evaluation of psychotherapy for job-related distress. *Journal of Occupational Psychology*, 59, 111 – 119.

Firth-Cozens, J., & Hardy, G. E. (1992). Occupational stress, clinical treatment and changes in job perceptions. *Journal of Occupational & Organisational Psychology*, 65 (2), 81 – 89.

Gianakos, I. (2000). Gender roles and coping with work stress. *Sex Roles: A Journal of Research,* 3, 54 – 6.

Gianakos, I. (2002). Predictors of coping with work stress: The influences of sex, gender role, social desirability, and locus of control. *Sex Roles: A Journal of Research*, 2, 115 – 124.

Hamberger, L. K., & Lohr, J. M. (1984). *Stress and stress management.* New York: Springer Publishing Company.

Hull, J.G., Van Treuren, R.R., & Virnelli, S. (1987). Hardiness and health: A critique and alternative approach. *Journal of Personality and Social Psychology, 53* (3), 518-530.

Ivancevich, J. M., & Ganster, D. C. (Eds) (1987). *Job stress: From theory to suggestion.* New York : The Haworth Press.

Kirk, S. A., & Koeske, G. F. (1993). Coping with job stress: Which strategies work best? *Journal of Occupational & Organisational Psychology*, 66 (4), 319 – 336.

Kreitner, R., & Kinicki, A. (1992). *Organisational behaviour.* Homewood Press: Irwin.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Levinson, H. (1970). *Executive stress.* New York: Harper & Row Publishers.

Maier, S.F., & Watkins, L.R. (1998). Stressor controllability, anxiety and serotonin. *Cognitive Therapy Research, 22,* 595-613.

Mak, A. S., & Mueller, J. (2000). Job insecurity, coping resources and personality dispositions in occupational strain. *Work and Stress*, 14 (4), 312 – 328.

McCarty, R. (2000). Fight-or-flight response. In G. Fink (Ed.), *Encyclopedia of stress, Volume 2* (pp. 143-145). San Diego: Academic Press.

Murphy, L. R. (1984). Occupational stress management: A review and appraisal. *Journal of Occupational Psychology*, 57, 1-15.

Patel, C. (1991). *The complete guide to stress management*. New York: Plenum Press.

Rice, P.L. (1999). *Stress and health* (3rd ed.). California: Brooks/Cole.

Rogers, R. E. (1977). Components of organisational stress among Canadian managers. *The Journal of Psychology*, 95, 265 – 273.

Rowe, M. M. (2000). Skills training in the long-term management of stress and occupational burnout. *Current Psychology,* 19 (3), 215 – 229.

Sauter, S. L., Murphy, L. R. & Hurrell, J. J. Jr. (1990). Prevention of work related psychological disorders. *American Psychologist*, 45 (10), 1146 – 1158.

Selye, H. (1936). A syndrome produced by diverse nocuous agents. *Nature, 138*, 32.

Selye, H. (1956). *The stress of life*. New York: McGraw-Hill.

Selye, H. (1974). *Stress without distress.* New York: Signet Books.

Skinner, E., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin, 129* (2), 216-269.

Steptoe, A., & Appels, A. (Eds.) (1989). *Stress, personal control and health.* Chichester: Wiley.