



## A Study on Role of Occupational Stress in Organizations

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### Abstract

Healthcare sector are exposed to considerable occupational stress and have little access to stress management facilities. Occupational stress has become an important topic for study of health sector for several reasons. Occupational stress is not an objective phenomenon. It is predominantly subjective in nature, and involves the employee's active interpretation of his or her objective circumstances. Occupational stress is the perception of a discrepancy between environmental demands (stressors) and individual capacities to fulfil these demands. Several studies have shown that occupational stress can lead to various negative consequences for the individual and the workplace. Consequences of occupational stress can be grouped into those on individual and those on organizational level. On the individual level, there are three main subgroups of strains such as Unwanted feelings and behaviour, Physiological diseases (poor physical health), and Psychological diseases (poor emotional (mental) health). On the organizational level, consequences of occupational stress can be grouped into two major subgroups: Organizational symptoms, Organizational costs. There are some suggestions such as: organize a stress management program that focuses on different employee at all hierarchical level, and undertake stress audit at all levels in the organization to identify stress area improving conditions of job and alleviating job stress. Also, there is need to conduct further research which will give a holistic view on the true nature, complex sources and effects of occupational stress in health sector.

**Keywords:** STRESS, OCCUPATIONAL STRESS, HEALTH, HEALTHCARE SECTOR

### 1. Introduction

Namely, the world of work differs considerably from the working environment of 30 years ago: longer hours at work are not unusual, frequent changes in culture and structure are often cited, as well as the loss of lifetime career paths (Fotinos-Ventouratos & Cooper 2005), which all leads to greater presence and levels of stress. Also, the health care sector is one of the main sectors in any country, and this sector is exposed to considerable occupational stress and has little access to stress management facilities.

Among life situations, the workplace stands out as a potentially important source of stress purely because of the amount of time that is spent in this setting (Erkutlu & Chafra, 2006). Stress is an unavoidable consequence of modern living. Stress is a condition of strain that has a direct bearing on emotions, thought process and physical conditions of a person (Jayashree, 2010). In fact, stress is much more common in employees at lower levels of workplace hierarchies, where they have less control over their work situation. More recently, studies have targeted occupational stress in various professions, such as nurses, doctors, police officers, teachers and Academics (Plattner & Mberengwa, 2010), but little research has been conducted on occupational stress among employees.

Occupational stress has become one of the most serious health issues in the modern world (Lu, et al. 2003), and in recent years, occupational stress has become one of the most popular topics for applied research in psychology, and in the broader areas of social and medical sciences (Cooper & Payne, 1988). Steers (1981) indicate that occupational stress has become an important topic for

#### 1. Study of organizational behaviour for several reasons:

- Stress has harmful psychological and physiological effects on employees,



- Stress is a major cause of employee turnover and absenteeism,
  - Stress experienced by one employee can affect the safety of other employees,
1. By controlling dysfunctional stress, individual and organization can be Managed more effectively (Jayashree, 2010).

When the occupational stress occurs, it will directly affect the performance of worker and managers to the organization. Mostly, the occupational stress comes from the job that they are doing. Many people not aware of occupational stress that occur in the organization and they did not care about the occupational stress. They assume that the occupational stress will only affect their performance of work but also affect their health like heart attack, migraine that can lead to death. If people not were aware about job stress, it will become worst such as suicide (Yahiya, 2010).

The current study is an example of a growing awareness that stress is multidimensional and multifaceted. Therefore, we will try to familiar occupational stress; then we will survey outcomes of occupational stress in healthcare sector.

## 2. Nature of occupational stress

Work-related stress was once thought of as occurring only in those who work in senior positions; it is now acknowledged that occupational stress can be experienced by employees at every level (Williams, 2003) in healthcare sector.

Researchers cannot agree on a single definition for stress due to its complex nature (Salami, et al. 2010). The concept of stress, introduced by Hans Selye (1976), has had many connotations, and occupational stress research can be seen as a natural extension of this classical concept to a specific form of human activity, namely work (Appley & Trumbull, 1986). According to American Institute Stress, the term stress as it used today was coined by Hans Selye in 1936, who defined it as the non-specific response of the body to any demand for change. His theories garnered considerable attention and stress became a buzzword that evolved to ignore his original definition

(Yahaya, 2010). Cooper and Marshall's five sources of stress, with examples of the components of these sources given for each, are:

- Intrinsic to the job, including factors such as poor physical working conditions, work overload or time pressures;
- Role in the organization, including role ambiguity and role conflict;
- Career development, including lack of job security and under/over promotion;
- Relationships at work, including poor relationships with your boss or colleagues, an extreme component of which is bullying in the workplace; and
- Organizational structure and climate, including little involvement in decision- making and office politics (Beheshtifar, et al. 2011).

Numerous studies have explored stress, primarily from the psychological, sociological, and medical perspective. From the business perspective, researchers dealt with the issue of occupational stress, as job/work causes a great deal of stress to contemporary employees. As well, there is a vast amount of research on individual differences involved in the work-stress process. Researchers have studied individual differences in the belief that they influence reactions to objectively stressful events or appraisals of events as being stressful, or they simply add to the variance explained in the stress outcomes (Ganster & Schaubroeck, 1991).

The literature clearly indicates that both physical and mental health is impacted by occupational stress (Schirmer & Lopez, 2001). Occupational stress is an increasingly important occupational health problem. However it may also cause subtle manifestation of morbidity that can affect personal well-being and productivity (Jayashree, 2010). Occupational stress has increased risks of work-related diseases and accidents (Manshor et al., 2003) in healthcare sector that have experienced rapid industrialization.



In terms of the concept of occupational stress, there exist many definitions (Sun, 2007).

HSE defines occupational stress as “The adverse reaction people have to excessive pressures or other types of demand placed on them. It is important to distinguish between three closely related terms: stressors, stress and strain (Francis & Barling, 2005). Stressors are defined as the external events such as difficult relationships in the workplace or a heavy workload that contribute to the experience of stress. Stress is considered to be an individual’s internal response to stressors and is characterized by arousal and displeasure. Strain, on the other hand, describes the long-term effect of stress and includes psychological outcomes such as anxiety and depression (Kumar & Pragadeeswaran, 2011). Occupational stress is also defined as the perception of a discrepancy between environmental demands (stressors) and individual capacities to fulfill these demands (Topper, 2007). Occupational stressors are aspects of the work environment that cause strains, poor psychological health or well being of the individual (Beehr, 1995).

Occupational stress, in particular, is the inability to cope with the pressures in a job, because of a poor fit between someone’s abilities and his/her work requirements and conditions (Holmlund-Rytkönen & Strandvik, 2005). Occupational stress is not an objective phenomenon. It is predominantly subjective in nature, and involves the employee’s active interpretation of his or her objective circumstances. Potential stressors are not inherently severe or negative; individual differences in cognitive appraisal and coping style allow for the same stressor to be experienced by some as challenge and by others as hindrance (Hendel & Horn, 2008). Therefore, an occupational stress is a condition where the employees especially will feel undesirable and being threat. According to Marisa (2008), some people use the term stress to refer to a bad boss or unpleasant situation that they were exposed to. Sometimes, they will become unsafe in their work in the organization because of the condition (Yahaya, 2010). So, occupational stress should not only be considered as a problem of the individual, but as a serious consideration in healthcare sector.

Several work-related factors that contribute to occupational stress include role overload, role conflict, and role ambiguity. These factors are considered by individuals as being subjective or objective (Cosio, et al. 2011). Christo and Pienaar (2006) argued that the causes of occupational stress include perceived loss of job, and security, sitting for long periods of time or heavy lifting, lack of safety, complexity of repetitiveness and lack of autonomy in the job. In addition, occupational stress is caused by lack of resources and equipment; work schedules (such as working late shifts or overtime) and organizational climate are considered as contributors to employees stress.

### 3. Models of occupational stress

Main components of the work-stress process are potential sources of stress (stressors), factors of individual differences (moderators/mediators), and consequences of stress (strain). Stressors (job-related and extra-organizational) are objective events, stress is the subjective experience of the event, and strain is the poor response to stress. Accordingly, the nature and effects of stress might be best understood by saying that some environmental variables (stressors), when interpreted by the individual (cognitive interpretation), may lead to stress (Vokić & Bogdanić, 2007).

With regard to occupational stress theory, Karasek (1979) advocated JDC (Job Demands- Control/Decision Latitude) Model, which involved two features in work context, i.e. job demand and job control. Job demand is usually defined as psychological stressor, such as short work time, more and difficult task. Also, Job control (or job decision latitude) includes two dimensions: skill discretion and decision authority. Cooper, Sloan and Williams (1988) further demonstrated OSI (occupational Stress Indicator) Model. Afterwards, researchers added Social Support dimension into JDC Model, and put forward JDCS (Job Demand-Control-Support) Model (Isabel, et al. 2001). The next study by Robbins (1997) is on Stressor-Stress experience-Stress effect Model (Liu & Hu, 2010).

According to Hurrell et al. (1988 in Murphy, 1995), common organizational and individual stressors could be classified into five groups: (1) organizational practices (performance reward systems, supervisory practices,



promotion opportunities), (2) job/task features (workload, workplace, autonomy), (3) organizational culture/climate (employee value, personal growth, integrity), (4) interpersonal relationships (supervisors, coworkers, customers), and (5) employee personal characteristics (personality traits, family relationships, coping skills).

Also, Cartwright and Cooper (2002) developed a model which includes occupational stressors, strain (ill-health) and organizational commitment. Seven occupational stressors are distinguished, namely, work relationships (i.e. poor or unsupportive relationships with colleagues and/or superiors, isolation and unfair treatment), work-life imbalance (i.e. when work interferes with the personal and home life of individuals), overload (i.e. unmanageable work loads and time pressures), job security (i.e. fear of job loss or obsolescence), control (i.e. lack of influence in the way work is organized and performed), resources and communication (i.e. having the appropriate training, equipment and resources), pay and benefits (i.e. the financial rewards that work brings) and aspects of the job (i.e. sources of stress related to the fundamental nature of the job itself) are sources of stress. Commitment (including the individual's commitment to the organization and the organization's commitment to the individual) refers to an effect of stress. Poor health is an outcome of stress, which can be used to ascertain if workplace pressures have positive and motivating or negative and damaging effects. However, poor health may not necessarily be indicative of workplace stress. Individuals may, for example, be unwell because they choose not to lead a healthy lifestyle or may be unaware of how to do so (Jackson & Rothmann, 2006).

Meanwhile, Burke (1988 in Lu et al., 2003) grouped job stressors into the following six categories: physical environment, role stressors, organizational structure and job characteristics, relationships with others, career development, and work-family conflict, while Copper et al. (1988 in Lu et al., 2003) identified six sources of stress at work: factors intrinsic to the job, management role, relationship with others, career and achievement, organizational structure and climate, and home/work interface. More simply, Antoniou et al. (2006) point that specific conditions that make jobs stressful can be categorized either as exogenous (i.e. unfavorable occupational conditions, excessive workload, lack of collaboration, etc.) or endogenous pressures (i.e. individual personality characteristics, etc.) (Vokić & Bogdanić, 2007).

#### 4. Consequences of occupational stress

Several studies have shown that occupational stress can lead to various negative consequences for the individual and the workplace (Oginska-Bulik, 2006) in healthcare sector. Stress produces a range of undesirable, expensive, and debilitating consequences (Ross, 2005), which affect both individuals and hospitals.

The negative effects of occupational stress include impaired performance or a reduction in productivity, diminishing levels of customer service, absenteeism, turnover, accidents, alcohol and drug use and purposefully destructive behaviors (Quick, et al. 1997). Other than that, it can lead to the health problem like heart attack, migraine, blood pressure, headache, and etc. These will affect many financial problems among employees (Yahaya, 2010). A study shows that a job stressed individual is likely to have greater job dissatisfaction, increased absenteeism, increase frequency of drinking and smoking, increase in negative psychological symptoms and reduced aspirations and self esteem (Jayashree, 2010). Various studies have showed that workers suffering from stress exhibit decreased higher number accidents, lower morale and greater interpersonal conflict with colleagues and superiors (Cranwell and Alyssa, 2005). Data collected from the U.S. Bureau of Labor Statistics showed that employees who are highly stressed or anxious tend to take more time off (Cosio, et al. 2011).

Another study shows occupational stress negatively affects the immune system and even increases the occurrence of the common cold. Over the years, work organizations have introduced health promotion and wellness programs as part of stress management interventions. However, the effectiveness of such programs has been questioned as they mainly target the individual employees and their ways of coping with stressful conditions, rather than the causes of stress that are inherent to the workplace or the kind of work that people

do (Plattner&Mberengwa, 2010). It is now generally accepted that prolonged or intense stress can have a negative impact on the individual's mental and physical health (Cooper, et al. 2001).

Consequences of occupational stress can be grouped into those on individual and those on organizational level. On the individual level, there are three main subgroups of strains:

1) *Unwanted feelings and behaviors* – such as job dissatisfaction, lower motivation, low employee morale, less organizational commitment, lowered overall quality of work life, absenteeism, turnover, intention to leave the job, lower productivity, decreased quantity and quality of work, inability to make sound decisions, more theft, sabotage and work stoppage, occupational burnout, alienation, and increased smoking and alcohol intake.

2) *Physiological diseases (poor physical health)* – such as increased blood pressure and pulse rate, cardiovascular diseases, high cholesterol, high blood sugar, insomnia, headaches, infections, skin problems, suppressed immune system, injuries, and fatigue (Vokić&Bogdanić, 2007). According to the International Labour Organisation (ILO, 2005) psychosocial problems may result in illness, injury, stigmatization, isolation, and even death. They can also have a considerable impact on the employer – such as reduced productivity and lowered morale. Staff in the health care sector is particularly subjected to such mental health risks.

3) *Psychological diseases (poor emotional (mental) health)* – psychological distress, depression, anxiousness, passiveness/aggressiveness, boredom, lose of self-confidence and self-esteem, lose of concentration, feelings of futility, impulsiveness and disregarding of social norms and values, dissatisfaction with job and live, losing of contact with reality, and emotional fatigue (Vokić&Bogdanić, 2007). According to the WHO (2009), mental health can be conceptualized as „a state of well-being in which the individual: realizes his or her own abilities; can cope with the normal stresses of life; can work productively and fruitfully; is able to make a contribution to his or her community.

On the organizational level, consequences of occupational stress can be grouped into two major subgroups:

1) *Organizational symptoms* – such as discontent and poor morale among the workforce, performance/productivity losses, low quality products and services, poorer relationships with clients, suppliers, partners and regulatory authorities, losing customers, bad publicity, damage to the corporate image and reputation, missed opportunities, disruption to production, high accident and mistakes rates, high labor turnover, loss of valuable staff, increased sick-leave, permanent vacancies, premature retirement, diminished cooperation, poor internal communications, more internal conflicts, and dysfunctional workplace climate.

2) *Organizational costs* – such as costs of reduced performance/productivity (lack of added value to product and/or service), high replacement costs in connection with labour turnover (increase in recruitment, training and retraining costs), increased sick pay, increased health-care costs and disability payments, higher grievance and litigation/compensation costs, and costs of equipment damage (Vokić&Bogdanić,2007).

In contrast to evaluating physical and psychological consequences of occupational stress, other investigations have evaluated the effects of psychological, behavioural, and social strains on the level of occupational stress, such as depersonalization, job satisfaction, depression, emotional exhaustion, anxiety, boredom, and somatic complaints (Schirmer& Lopez, 2001). These outcomes of occupational stress can result in significant economic and social costs for both employers and employees (Watkins, 2003), and occupational stress if not managed properly may lead to increase in absentee rates, internal conflicts and low employee morale (Christo &Pienaar, 2006) in healthcare sector.

## 5. Conclusion

The problem of stress is inevitable and unavoidable in the healthcare sector. A majority of the employees face severe stress- related ailments and a lot of psychological problems. Hence, the management must take several



initiatives in helping their employees to overcome its disastrous effect. It is important and very useful to invest in mental health promotion in the healthcare sector.

Work related stress is a feature which most individuals suffer at times and to different extents. In a positive sense, work stress can be a source of excitement and stimulus to achievement. In a negative sense it can seriously impair quality of work life, and reduce personal and job effectiveness (Kumar & Pragadeeswaran, 2011). Occupational stress has been of great concern to the management, employees, and other stakeholders of organizations. Occupational stress researchers agree that stress is a serious problem (Ornelas & Kleiner 2003) in health sector. The negative effects of occupational stress are reduced efficiency, decreased capacity to perform, dampened initiative and reduced interest in working, increased rigidity of thought, lack of concern for the organization and colleagues and a loss of responsibility (Greenberg and Baron, 2000).

Therefore, organizations must continue to operate in any environment despite the presence of occupational stress experienced by employees. This calls for a paradigm shift in managing organizations in the 21st century in order to prevent stress. It is the management's responsibility to adapt to any change in its organization in order to empower employees and manage their occupational stress effectively (GAO, 2001).

Healthcare sector must find as much as possible factor to reduce the level of occupational stress in the workplace so that future way can be predicted. There are some suggestions to managers as followings:

- Organize a stress management program that focuses on different employee at all hierarchical level, Take adequate steps to redesign jobs, which are taxing to employees' abilities and capacities.
- Adequate role clarification to be made whenever necessary to eliminate role ambiguity.
- Encourage open channel of communication to deal work related stress.
- Undertake stress audit at all levels in the organization to identify stress area improving conditions of job and alleviating job stress.

Also, there is need to conduct further research which will give a holistic view on the true nature, complex sources and effects of occupational stress in healthcare sector. This research will motivate managers in various healthcare sectors to develop appropriate coping mechanisms to manage stress.

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