

PROFILING TWENTY-FIRST-CENTURY WORKPLACES AND THE RISE OF STRESS

Jana Javorska

j.javorska@ucs.ac.uk

Nabil Sultan

n.sultan@ucs.ac.uk

Will Thomas

w.thomas@ucs.ac.uk

Abstract

Our everyday working life is shaped by constant global changes brought by globalization, communication technologies and cultural, political and macroeconomic factors. As a result, both individuals and organizations are faced with constant challenges, which require new adaptive responses. Work as such brings indeed numerous benefits to an individual and society as a whole. Nevertheless, if new demands will continue to exceed our coping abilities, we will be hearing the word “stress” in a work-related context more often. It may be an overused term in our day-to-day language and it is undeniable that experiencing certain levels of stress can have positive effects. However, there is overwhelming evidence of the increased prevalence of stress-related absenteeism with vast negative consequences; it cannot be ignored. In discussing challenges that contemporary workplaces are facing, involving stress causes and its effects, this article urges employers to take active steps in supporting the psychological well-being of their staff. It concludes that one of the possible responses could be building a resilient and happy workforce.

In this article survey reports from CIPD, EU and ONS are used, as well as other research studies in the field of health management, with a particular focus on the relationship between “stress” and work, and individuals’ abilities to cope with stress demands and challenges.

Keywords

Stress, Work Intensification, Stress Management Interventions, Resilience, Happiness

Introduction

“Work . . . provides us with an opportunity to act in a morally sound way, perform activities that are morally valued and live a respectable life”.

(Schabracq, 2003, p.15).

The majority of people at working age in Europe are employed. In 2010, 64.2% of the EU27 population aged 15 to 64 were in employment (Eurofound, 2012, p. 17). Educational establishments in Western society prepare us to work, and therefore the often asked question is not whether to work, but which path to choose (Schabracq, 2003, p. 20). Besides economic wealth, work contributes to our “self-worth, family esteem, identity and standing with the community” (Black, 2008, p.5). According to the World Health Organization (WHO) (2013, p. 1), our workplace directly affects “the physical, mental, economic and social well-being” of us, our families and wider society. Indeed, work is not the only factor affecting the health of the individual, but certainly a very important one (Semmer, 2006, p. 519).

Our everyday working lives are dominated by routines and stability (Schabracq and Cooper, 2000, p.228). We have standardized our responses to various working situations (p. 228). For example, we usually interact with the same colleagues, we take lunch breaks at the same hour, or we conduct certain tasks in a similar way. These habits and routines have enabled us to deal with repeated situations automatically, and have given us greater flexibility to focus on new opportunities, new goals or challenges, new skills and developments (p. 229). However, if our control over these routines in everyday working life is interrupted and we are unable to adapt to such changes, these situations are more likely to induce our “stress reaction” (p. 229).

The overall ambition of this article is to highlight some of these continuous changes on a global scale: new demands and challenges in a work-related context which, if not addressed, could impact negatively on our health and well-being. First, the concept of “stress” will be explained, its meaning, causes and consequences; secondly, stress will be presented as an emerging business risk, along with some of the trends which have impacted on health management of organizations; lastly, several “stress management interventions” will be highlighted, that organizations could consider as a way forward in supporting the psychological well-being of their staff.

1. The changing nature of emotions and the rise of stress

No one can live without experiencing some degree of stress all the time.

(Selye, 1978, p. xv)

The current economic situation has influenced our lives both emotionally and practically (Weinberg & Cooper, 2011, p. 6). The human price of the financial crisis is perhaps the worst since the Great Depression (p. 13). Emotions arising in people in connection with the economic changes are, for example, anger with the scale of the financial rewards, anxiety related to a worsening individual’s economic situation, or disappointment at unmet material expectations (pp. 15–20).

Every individual reacts to the “turbulent times” differently. Our responses, argue Weinberg and Cooper (2011, p. 22), are influenced by our personality, ability to cope with change and perceived control over the events. It is therefore not surprising that when these challenging demands have restricted our coping abilities, the stress phenomenon has been increasingly affecting our health and behaviour (p. 38).

1.1 The concept of stress

The original author of the scientific biological definition of “stress” is a physician, Hans Selye. Selye’s research is both interesting and important to organizational studies because of his understanding and presentation of the “stress” concept in itself, as well as defining individual adaptation stages when dealing with “stress” in our day-to-day lives. Selye (1978) observed and tested laboratory animals and described the reactions of their bodies to any demands he placed upon them as “non-specific”. By “non-specific” he meant that it was not attributed “to a single disease” (p. 10), but was a common trait of many. He believed that there existed a “non-specific damage” that was caused by “all diseases and all but mild medications” (p. 32). This is when he used the term “stress” to describe physical reactions “of the body to any demands” (p. 55).

He then progressed to study the reactions of the laboratory animals over time when they continued to be exposed to “stress”. He described how their bodies “adapted” to the demands in three stages. First, the animal entered into the “alarm stage” as an initial reaction, then continued to the “stage of resistance” in order to survive, and if it reached the last stage, the “stage of exhaustion”, it meant that it failed to adapt to the demand (pp. 36–38). This “process of adaptation” (p. xv) through time was called “general adaptation syndrome” or “G.A.S.” (p. 38). This term is still used today (as by Shah (2012, 0. 13), and describes the “stress” effects on the body.

Some of the physiological and psychological symptoms one can experience when initially faced with a challenge are “increased heart rate, dry mouth” or “tense forehead” (Shah, 2012, p. 14). In a “stage of resistance” we may observe “being forgetful, anxiousness, drinking or smoking more” (p. 15). The final stage, the stage of exhaustion, is characterized by “burnout, chronic fatigue” or “severe panic attacks” (p. 16).

The concept of “stress” has gained a considerable research interest since 1970s and 1980s, to the point that the term might have become “overused” in our day-to-day language (Weinberg & Cooper, 2011, p. 39). What do we mean when we say we are “stressed”? Cooper suggests that we may just be referring to the state of “a vague, yet often acute state of unhappiness” (cited in Penstonjee and Pandey, 2013, p. xiv). As Weinberg and Cooper (2011, p. 39) explain, every individual has a “working definition” of stress which we refer to when we are under increased pressure.

The Health and Safety Executive (HSE) (2013b) explain that “[s]tress is not an illness – it is a state”. It is a reaction that people have when demands imposed upon them are greater than their ability to cope (HSE, 2013a, p. 2). These coping abilities may be perceived, and differ from the reactions to “the demands of life” (Smedley *et al.*, 2007, p. 348). This highlights that “stress” is highly individual and can change unpredictably in the light of life experiences. Although it is not referred to as a mental illness by the International Classification of

Diseases (ICD) or the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM IV), it is a “pathway to mental ill health” (p. 348).

1.2 Causes of stress

The term “stressor” refers to the sources or causes of stress (Selye, 1978, p. 78). According to Selye, anything can be a stressor to the individual, depending on its ability to produce the stressful reaction in them, meaning “non-specific demands and changes” (p. 79). Indeed stress can be caused by factors outside of work. The main non-work-related factors which influence psychological well-being are (ill) health and social and domestic situations (Robertson and Cooper, 2011, p. 73). It is important to note that although some negative experiences may not be caused by work, the workplace environment can “worsen pre-existing conditions” (Barling *et al.*, p. 604). However, these issues are beyond the scope of this article; therefore, further sections will concentrate on stress caused by work-related factors.

For an organization, negative psychological and physical effects of stress in a work environment could be due to a number of stressors: “high pressure, barriers to task accomplishment, or social conflict, as well as to lack of resources, such as control, social support, or recognition, and other rewards” (Semmer, 2006, p. 515). In a work-related context the most recognized stressors may be “overload, conflict and ambiguity” (Dewe *et al.*, 2010, p. 20).

However, as Dewe *et al.* (2010, pp. 20–23) argue, the nature and characteristics of these stressors are changing in line with the changes in social, economic and work context. Organizations must therefore continue to look beyond already defined stressors and address their “changing and evolving” nature (Dewe *et al.*, 2010, p. 22). The research implications are not only to continue exploring this changing context, but also to focus on the evolving nature of stress in itself, and on understanding the effectiveness of coping abilities of individuals to maintain their health and well-being (p. 33).

1.3 Consequences of stress

Stress may not always be seen as negative. Positive stress is associated with the term “eustress”. “The prefix ‘eu’ is Greek for ‘good’” (Buchanan & Huczynski, 2010, p. 182). Selye (1978, p. xv) also recognized its existence during his research. Indeed, stress can “be arousing and exciting”; it can lead to our increased performance, sense of achievement and satisfaction (Buchanan & Huczynski, 2010, p. 182.). It can also enable us to reach a positive mind-set when we are facing challenges of life (Weinberg & Cooper, 2011, p. 44).

On the other hand, if it is episodic or chronic, it can negatively affect mental health and physical health, as empirical research has shown (Semmer, 2006, p. 515). Episodic stress is related to the continuity of stress episodes which, if not addressed, could result in negative health related consequences (Buchanan & Huczynski, 2010, p. 182). Chronic stress is a “constant” exposure to it and can result in “exhaustion and ‘burnout’” (p. 182). Further examples of emotional consequences for individuals are “anxiety, fatigue, depression,

frustration, nervousness, and low self-esteem” (p. 183). Physiological consequences of stress are for example “back pain and cardiovascular disease” (Semmer, 2006, p. 515).

Buchanan and Huczynski (2010, p. 183) associate the organizational consequences of stress with decreased performance levels, absenteeism and turnover. In addition, stress can also deteriorate social relationships and lead to decreased organizational commitment (Buchanan & Huczynski, 2010, p. 183). Schabracq and Cooper (2000, p. 239) add, between other costs of stress, its long term negative impact on customer satisfaction, “bad publicity” for the organization, and “missed opportunities”. However, the most severe cost above all is probably failure to maximize human resources and their potentials (p. 239).

2 Emerging business risks

“[S]uccessful professionals are working harder than ever” and “the 40-hour working week, it seems, is a thing of the past. Even the 60-hour workweek, once the path to the top, is now practically considered part-time”

Fortune magazine (no date, cited in Hewlett and Luce, 2006, p. 51)

Work-related stress has become a popular topic of European governments, national and local governments and organizations. As a result of the recent financial crisis and economic recession, organizations in the majority of Europe have undergone restructuring and cost-cutting exercises. These structural changes have resulted in the increased prevalence of the stress phenomenon at the workplace (Broughton, 2010, p. 36). There is a variety of psychosocial risks which negatively affect the health and well-being of individuals (Eurofound, 2012, p. 8). With this in mind, Broughton (2010, p. 36) identifies the following specific psychosocial risks as effects of the aforementioned organizational changes: (i) “job insecurity”, (ii) “work intensity” and (iii) “role ambiguity”. As these trends in the current economic climate are likely to continue, it is possible to suggest that the twenty-first-century workplace might appear more challenging than ever before in terms of its impact on the psychological well-being of workers.

In the UK, almost half of employers (42%) surveyed by Chartered Institute for Personnel and Development (CIPD) (2013a, p. 24) reported an increase in both stress-related absence and mental health cases (anxiety or depression) in 2013. Although work is not the only cause of stress related absence, the CIPD suggests that workload, the way people are managed and organizational change brought by restructures are areas in which employers should consider the impact of their practices on the psychological health of their staff.

Stress at work is therefore considered as one of the major emerging business risks (Broughton, 2010; Zwetsloot & Pot, 2004) and the following section will outline some of the work and health related challenges which might have caused its prevalence, and which have shaped long-term management and planning in the UK and Europe.

2.1 Changing Workplaces – European perspective

Every five years since 1991 the European Foundation for the Improvement of Living and Working Conditions (Eurofound) conducts the European Working Conditions Surveys

(EWCS). These surveys report on the changing nature of work, the working environment and work organization, as well as the quality of work and employment across Europe, and thus inform European social policy makers.

The Europe 2020 Strategy strives for “smart, sustainable and inclusive growth” (European Commission, cited in Eurofound, 2012, p. 13). A requirement of such growth is that it should also consider workplaces, working conditions and employment practices (Eurofound, 2012, p. 8) as influences on the sustainability of growth. One of the ways this can be achieved is to focus on the psychological and physical health of employees (Murthy and Guthrie, 2012, p. 263) and how this can be influenced by the actions of employers.

Global macroeconomic, cultural, political and technological forces are shaping day-to-day organizational practices (Schabracq and Cooper, 2000, p. 227), such as talent diversity or the use of new technologies. The nature of work, the workforce and workplaces is therefore in continual flux (CIPD, 2013b). The key labour market trends that have influenced the UK and the advanced world economies have been outlined in the most recent CIPD Megatrends report (2013b), looking at long term perspectives and calling on HR professionals to reflect on these changes. Some of the most prevalent trends in the UK and Europe, according to both the CIPD (2013b) and the Eurofound (2012), could be summarized as:

- knowledge-based service economies with highly specialist workforce,
- innovations in communication technologies,
- demographic trends,
- work–life balance,
- job insecurity and work intensification.

CIPD (2013b, p. 3) explains that changes in work have been affected by the move from manufacturing-based to knowledge-based service economies. This has had a significant impact on work organization and skills requirements, such as increasing demands for highly skilled and specialist staff, as well as the need for such staff to be able to adapt quickly to changing job requirements (p. 4).

Furthermore, the rise in communication technologies has had an impact not only on the way we conduct our day-to-day work, but also on business practices. It has been one of the factors contributing to increased globalization through “greater movement of goods, services, people and money across frontiers” (p. 5).

The Office for National Statistics (ONS) (2012, p. 1) reports that:

[i]n 2011, 93% of businesses had broadband Internet and 81% had a website. Over half of businesses (56%) provided at least one member of staff with a “portable device”, such as a portable computer, smartphone or personal digital assistant (PDA).

New ways of communication and technological advances manifest themselves in making our work automatic, which often results in a reduction of the workforce (Schabracq and Cooper, 2000, p. 229). Employees are constantly required to be flexible and adapt to new technologies and new ways of working (p. 229). According to Zwetsloot and Pot (2004, p. 116) this

growth in competitive pressures and ICT technologies influenced the “intensification of work” which in turn has led to an increase of work-related stress cases.

Other forces that are shaping the working environment in Europe are demographic trends of diversification of the workforce, i.e. higher proportion of older workforce, female participation in the workplace, an increase in immigration and better educated workers (CIPD, 2013b). The European workforce is ageing fast. In 1992 the UK reported that 21% of those over 50 were in employment; in 2013 this proportion increased to 29% (CIPD, 2013b, pp. 5–6). Older workers present challenges to employers, not only from the point of view of possibilities of dealing with increasing absence due to ill-health (Kirsten, 2008, p. 136). At the same time as aiming to improve health of the workforce, employers demand higher productivity, which in turn requires new skills and expertise from their entire workforce. As a result, ageing staff have to adapt to such changing competence requirements or learn to use new technologies; however, they may not be so adaptive to constant change as their younger colleagues (Schabracq and Cooper, 2000, p. 240).

The participation of women in the labour market has increased, contributing to “the talent pools” and increased talent competition (Hewlett & Luce, 2006, p. 52). According to EWCSs (Eurofound, 2007; 2012) the gender percentage gap of workers in the UK has decreased from a 12.3% gap in 2005 to a 9.9% gap in 2010. Part time working is also on rise, again, with a higher proportion of female than male workers (Eurofound, 2012).

Some commentators suggest that the changing nature of the labour market in recent years has led to the emergence of “dual-earner” families (O’Driscoll *et al.*, 2003, p. 326), which creates challenges for the work–life balance within the household. Hewlett and Luce (2006, p. 59) highlight the rise of the “extreme parenting model” in the US and the global workforce, which has emerged between the executives and directors irrespective of sex. In this model, individuals work for more than 60 hours per week, and as a consequence of their “extreme commitment”, their relationships with their families suffer (p. 54).

Although employers are becoming more and more aware of the importance of work–life balance (WLB) initiatives (O’Driscoll *et al.*, 2003, p. 326), these are often not implemented in practice (Hewlett & Luce, 2006). The balance of work, family life and social life activities is becoming more and more difficult (Equal Opportunities Commission, cited in Dewe *et al.*, 2010, p. 16). WLB has therefore been identified as one of the emerging workplace factors which are influencing experiences of work related stress, along with job insecurity associated with “intensification of work”, and “increasing emotional qualities of work” (p. 18). The following section will discuss aspects of work intensification.

2.2 Work intensity trends

The intensification of work is associated with many trends, one of which is an increase in working hours (Eurofound, 2012, p. 9). According to the European Opportunities Commission these have become the norm (Dewe, O’Driscoll and Cooper, 2010, p. 16), with an increase in working hours across Europe (Eurofound, 2012). For example, the majority of self-employed workers (43–54%) and 11% of employees are working more than 48 hours (p. 37). In line with the Working Time Directive and Health and Safety regulations, working above these hours constitutes a long working week and employees are legally required to opt out of the 48 hours limit if they wish to work it.

High earners, who work at the directors' level or above, frequently cultivate a culture of "extreme" long hours and are increasingly a characteristic of the modern workforce (Hewlett & Luce, 2006); such hours are not exclusive to senior positions in organizations. According to Hewlett and Luce (2006, p. 51) high earning "extreme workers" work 60 hours or more per week and experience "pressures that make these positions particularly stressful". In particular, the most cited were the pressures of: (i) "unpredictable flow of work" (91% of respondents), (ii) "fast-paced work under tight deadlines" (86% of respondents), (iii) "work-related events outside regular work hours" (66% of respondents), and (iiii) "availability to clients 24/7" (61% of respondents). Some of the "extreme job holders" reported being happy and committed in their positions, suggesting that they are satisfied with this type of job related pressure or even that they might be imposing this type of pressure upon themselves (p. 52).

Work intensity could also refer to working to tighter deadlines and against stricter timeframes (Eurofound, 2012, p. 53). EWCS reported that workers are experiencing demands to work at "a high speed" (59%) and "to tight deadlines" (62%) during at least of quarter of their working time. Known for displaying similar behaviours, although at extreme levels, are "Type A personalities" (Friedman & Rosenman, 1974). By studying the behavioural patterns of those who developed such illnesses, they established the following traits of such personalities:

- (i) "sense of time urgency", which is displayed in setting "often too many deadlines" and losing creativity, as such persons prefer stereotypes and resist change (pp. 70–71);
- (ii) "the quest for numbers", meaning that it is the quantity and amounts of achievements or of possessions that matter most (pp. 72–74);
- (iii) "the insecurity of status", as the constant praise of new peers is very important when such persons advance their career (pp. 74–77);
- (iv) "certain amount of aggression and hostility" that such persons display, though they are not aware of this behaviour (p. 78);
- (v) "self-denial or the sort of head-in-the-sand philosophy" where such persons deny ever displaying such traits (p. 182).

Buchanan and Huczynski (2010, p. 181) contend that these personalities, thriving on long hours, tight deadlines and large workloads, are emerging features of modern workplaces. The authors add that organizations are also requiring competitiveness and "high need for achievement" (p. 181). It might be possible to suggest that some organizations implicitly prefer, require or even reward "Type A" personalities as opposed to their colleagues at the other end of the personality spectrum.

In addition to longer working hours, higher pace of working and tighter deadlines, the intensification of work is connected to the changing nature of working relationships. According to Dewe *et al.*, (2010, p. 16) more linear organizational structures, outsourcing trends, and higher productivity pressures and demands of employers to "maximize" the employees' contributions, have also led to more complex, interpersonal and "demanding working relationships".

Lastly, the CIPD (2013b, pp. 16–17) highlights the 2012 Skills and Employment survey which concludes that work is becoming more intense due to increasing technological

advances. This trend is likely to continue as communication technologies progress and work patterns continue to develop. Continuous changes in technologies, production and products require higher flexibility and adaptability from the workforce (Schabracq and Cooper, 2000, p. 231). In addition, technological innovations might have for some individuals unintended stressful consequences (Coovert, Thompson, Craiger, 2005, p. 319).

2.3 Negative consequences of work intensification

As working hours increase, individuals are more likely to report dissatisfaction with their work–life balance and poor health (Eurofound, 2012, p. 37). Poor work–life balance is already reported by “18% of [the European] workforce” (Eurofound, 2012, p. 9). Furthermore 20% of European workers complain of poor levels of mental health which are also associated with working long hours (p. 9).

Particular concerns and implications exist for “extreme job holders” and those who are already displaying traits of “Type A personalities”. Although they may manage a large workload and put a lot of hours into their work, they may not be able to take a step back when comprehensive decision-making is required, due to their inability “to relax long enough” (Buchanan & Huczynski, 2010, p. 181). In addition, due to their “impatience and hostility” they may even transfer stress levels onto individuals within their team (p. 181). Hewlett and Luce (2006, p. 52) contend that the price these individuals pay for working in the “extreme jobs” is their health (p. 52), their intimate relationships and marriages (p. 54). Furthermore, they may suffer from sleep deprivation and exercise withdrawal; they may also have negative dietary habits, or become dependent on medications to relieve their “insomnia or anxiety” symptoms (p. 54).

Furthermore, “extreme workers” can have a negative impact on their colleagues, because of their high demands and criticism of others (Hewlett & Luce, 2006, p. 59). Organizations should therefore be more careful about how they reward, encourage or require a long working hours culture (p. 59).

Friedman and Rosenman (1974, p. 63) are the pioneers of research into “Type A” personalities and their likelihood of suffering from coronary heart disease, and thus being more prone to stress. Work intensification in general may present health and safety risks for organizations, and might also reduce the working ability of individuals, thus affecting their employability. As Eurofound states (2012, p. 37), those who work longer hours “think less (albeit not very much) that they might be able to do the job until they are 60” (p. 37). As discussed in the earlier sections of the article, this is particularly relevant to the trend of ageing population. The adaptability of this portion of the workforce is a new challenge for employers and cannot be ignored.

Organizations working in a global environment, influenced by the pressures and changes outlined above, must be able to react promptly to these changes in order to mitigate business risks associated with workplace ill-health (Schabracq & Cooper, 2000, p. 228). Should they fail to do so, and ignore the consequences of these changes, they risk exposure to the negative effects of stress.

3 Stress Management Interventions

Those employers who have taken an active interest in their employees' psychological health will be in a far better position to withstand the stress of these times.

(Weinberg and Cooper, 2011, p. 87)

In previous sections, we have explored the factors that have contributed to “stress” as an emerging business risk. Bearing in mind the continuous trends towards intensification of work, job insecurity and the work–life (im)balance, it is important that organizations take an active interest in the psychological well-being of their staff (Weinberg & Cooper, 2011, p. 87). Those that do so will be rewarded by having employees more equipped to cope with challenges of constant changes, and the lasting effects of economic crisis or “turbulent times” (p. 87).

A focus on the creation of “healthy companies”, where health is considered an important business asset which adds value, and is controlled by health management, should be a priority in Western organisations (Zwetsloot & Pot, 2004, p. 115). The concept of “strategic health management” has already entered organizational practice, and involves objectives of healthy employees being linked to the organizational strategy (Murthy & Guthrie, 2012, p. 262). These strategic links are promoted through activities that fall under the umbrella of Workplace Health Promotion (WHP). WHP operates under the philosophy that health interventions as such will not only enhance the health and well-being of employees, but will also produce beneficial organizational outcomes (Dewe *et al.*, 2010, p. 131). Interventions include, for example, fitness promotion, weight management, nutrition programmes, health assessments and stress management programs (O'Donnell & Harris, 1994).

Various approaches seek to classify occupational health interventions related to stress management and the promotion of employee well-being. The terminology used can be confusing. For example, Arnold *et al.* (2010, pp. 472–484) draw on the works of Murphy (1988) and categorize interventions as

- (i) *primary* – aimed at prevention of exposure to stressors at work, e.g. job redesign, or policies and practices;
- (ii) *secondary* – concerned with enhancing individuals' coping abilities once exposed to stressors, e.g. stress management training or cognitive behavioural therapy; and
- (iii) *tertiary* – focused on supporting employees already affected by stressors, e.g. counselling programmes.

Another classification separates interventions at the organizational level, concerned with working environment and/or organizational functions, from interventions at the individuals' level, addressing individual abilities, skills and experiences (Dewe *et al.*, 2010, pp. 122–123). Individual interventions could be, for example, relaxation exercises, self-awareness and time management training or pursuing personal or professional interests (Buchanan & Huczynski, 2010, p. 183).

Bringing both classifications together, organizational level interventions could be classed as primary interventions. This is because primary interventions are focused on the elimination of

the sources of stress in the working environment, and could involve redesigning jobs, restructuring exercises, communication practices or changing organizational policies and practices as such (Cartwright and Cooper, 2005, p. 608). In addition, it might be possible to suggest that some individually targeted interventions do have a wider organizational implications and therefore could be difficult to assign to clear categories. For example, interventions focused on training line managers in a new way of working, or changing their mindset, such as a positive psychology programme, might have the potential to impact an individual and equally influence the organizational working environment as a whole.

Furthermore Dewe *et al.* (2010, p. 123) claim that the interventions at either organizational or individual level “overlap considerably”. Semmer (2006, p. 515) confirms that most effective interventions are combinations of both levels. In practice, however, the majority of the WHP interventions are person focused, i.e. focused on individuals’ stress management strategies and behaviours (Semmer, 2006, p. 515). This could be due to several reasons. There is a view that line managers prefer these types of interventions, as they tend to see stress reactions as functions of personality and lifestyle, as opposed to addressing the working environment (Cartwright & Cooper, 2005, p. 607). In addition, individually focused interventions are more likely to deliver desired outcomes, as they are tailored to the individual and their needs, confirms Semmer (2006, p. 515), whereas organizational-level interventions do interact in a complexity of organizational environments, and are therefore more likely to have “a more diverse effect”, and are less likely to result in improvements in all desired outcomes (Semmer, 2006, p. 519). Therefore researchers should not claim in advance that a particular intervention is going to have all the desired outcomes (Semmer, 2006, p. 518).

3.1 Workforce resilience

A resilience programme, as a type of stress management programme, could be classed as a type of personal-level secondary intervention. Such interventions equip individuals not only with abilities to cope with work-related stress, but also with abilities to deal with stress in personal life (Semmer, 2006, p. 519). Therefore such activities may have an impact on non-work-related factors, and influence the psychological well-being of individuals as a whole, not only their well-being in a working environment.

Factors that affect “resilience under the fire” (Weinberg & Cooper, 2011, p. 29) or “hardiness” are different for each individual, and may be related to personality traits (Kobasa, 1979, p.1). One might define “hardiness” as the inner ability of an individual to cope with stress or experience situations as less stressful (Kobasa, 1979) and therefore efforts to increase hardiness may be expected to improve an individual’s ability to cope with stressors at work or at home. Kobasa is one of the pioneers who conducted research into the resilience of individuals. The author was exploring a relationship between personality traits, physical health and stress levels, and in doing so she has identified the following dimensions of “hardiness”:

- *being committed* to inner-self, personal goals and values, where an individual is in “an active involvement with . . . environment (*vigorousness* rather than *vegetativeness*)” (p. 9);
- *having control* over life or work related events; and

- *having an ability* to recognize change or the unexpected events as *challenges*, where an individual “value[s] a life filled with interesting experiences” (p. 4).

Although the original research had been conducted on a group of executives, the implications in general are that stressors resulting in physical ill health may be largely due to physiological characteristics, as well as personality type (pp. 9–10). Being open to change, having a sense of control and being committed to one’s work and life are helpful ways to manage stressful situations (Scott and Jaffe, 1994, p. 399). Such individuals are then less likely to result in “burnout” (Weinberg & Cooper, 2011, p. 29), and therefore encouraging resilience programmes as part of the wider workplace health promotion strategy might be one of the effective ways of tackling work-related stress.

3.2 The happy workforce

Aside from the level of “hardiness” that one has, simply put, “being happy” might also be a successful strategy in coping with stress, and in turn lead to success (Achor, 2011). Success is different for each individual, and is shaped by the values and goals of society (Lyubomirsky *et al.*, 2005, p. 822).

Lyubomirsky *et al.* (2005) looked at the evidence underpinning the notion that happiness leads to success in life, at work and in relationships in general. They began their study by defining happy individuals as those who experience “frequent ‘positive affect’”, that is, for example, optimistic, confident or self-efficient people (p. 804). These individuals are also usually reported to be more active, with higher energy levels, better immune system and physical well-being, and therefore they are better equipped to deal with stress (p. 804). Furthermore, they are more likely to be pursuing goals and being involved in their environment, rather than withdrawn, with higher performance levels, even earning higher income and having happier marriages (p. 846).

Aside from the aforementioned positives, the organization could significantly benefit from a happy workforce, as such workers are more productive, and they are less likely to show “job withdrawal – namely absenteeism, turnover, job burnout” (p. 823). They are more likely to display organizational citizenship behaviour, i.e. “acts that go beyond the requirements of the job, such as spreading good will and aiding co-workers” (p. 823). Happy workers are also more creative and better at decision-making (pp. 830–831).

The authors claim that “happy people appear to be more successful than their less happy peers” and this occurs in the three life domains: work, relationships and health (p. 825). They also recommend more longitudinal and experimental studies to support their conclusion that happiness leads to success, as the majority of the studies available were cross-sectional “snapshots”. However, this study does suggest that a happy workforce is better equipped to deal with stressful and challenging demands, and may therefore be more productive, more creative, even better at decision-making.

In practice, programmes that are focused on well-being could be divided into the following intervention categories: “positive health, positive neuroscience, positive education and positive psychotherapy” (*Authentic happiness*, no date). Organizations could therefore influence general “happiness” levels by positive psychology type interventions, such as mindfulness or resilience programmes. These initiatives could become components of

workplace wellness programs, which could influence general “happiness” levels if focused on improvements of physical and psychological health (Kirkcaldy *et al.*, cited in Parks & Steelman, 2008, p. 60).

Conclusion

Organizations are required to be flexible and responsive to constant global changes in macroeconomic, cultural, political and technological factors. Work has become more intense as one of the responses to this changing environment. Work intensification is not only due to the fact that we are working longer hours, some of us more than 48 hours per week. Indeed, there are also extreme long working cultures (more than 60 hours per week) present mainly between executives and directors of the US and global workplaces.

However, we are also working at higher speed and to tighter deadlines. We are faced with more productivity pressures and complex working relationships. Ever evolving communication technologies require us to be up to speed, adaptable to new environments and ways of working, and have flexible skills. Hand in hand with this maximizing of human productivity goes the increasing pressure on individuals. If demands on individuals exceed their coping abilities, they are more likely to experience stress. From a biological perspective on stress, any demand could be a cause of stress (at work or at home), depending on its ability to induce such reaction in an individual. In addition, people’s coping abilities also vary, and therefore it is even more important for organizations to put measures in place to support them. This is even more imperative, as the nature of stress, as well as its causes, is constantly evolving. As for its consequences, stress can have long-lasting emotional and physiological effect on individuals and vast negative outcomes for organizations. Perhaps one of the highest negative stress-related outcomes is not maximizing the human potential available.

This article has argued that in the current economic climate organisations should focus on supporting the psychological health of their staff. Stress management interventions are one way organizations could actively demonstrate their interest in health and wellbeing. These are reported to be most effective if they are both person-centred and focused on the organizational environment.

Resilience training programmes are examples of secondary intervention programmes which focus on individuals. Having staff who have the characteristics of “hardy individuals”, meaning they are better equipped to deal with demands and challenges of work and personal lives, feeling committed, in control and opened to challenges, is one of the effective ways of dealing with, or even preventing stress-related absenteeism.

Effective interventions resulting in increasing levels of “general happiness” are, for example, wellness programmes which incorporate components of positive psychology. Happy employees are not only more optimistic and self-effective, but also more productive; they might be more creative and better in decision-making. They are also more involved in their environment and show good health and well-being levels.

References

Achor, S. (2011). *The happiness advantage: the seven principles that fuel success and performance at work*. Croydon: Virgin Books.

Arnold, J. et al. (2010). *Work psychology: understanding human behaviour in the workplace* (5th edn). Harlow: Financial Times Prentice Hall.

Authentic happiness (no date) Available at: <http://www.authentic-happiness.sas.upenn.edu/default.aspx> (accessed: 7 February 2014).

Barling, J., Kelloway, E. K. & Frone, M. R. (2005). *Handbook of work stress*. Thousand Oaks, CA: Sage Publications.

Black, C. (2008) *Review of the health of Britain's working age population: working for a healthier tomorrow*. [Online]. Available at: www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf (accessed: 3 December 2011).

Broughton, A. (2010) *Work-related stress*. [Online.] Institute of Employment Studies. Available at: <http://www.eurofound.europa.eu/ewco/studies/tn1004059s/tn1004059s.htm> (accessed: 14 December 2013).

Buchanan, D. A. & Huczynski, A. A. (2010). *Organizational behaviour*. 7th ed. Harlow: Financial Times Prentice Hall.

Cartwright, S. & Cooper, C. (2005). Individually targeted interventions. In Barling, J., Kelloway, E. K. & Frone, M. R. (eds.). *Handbook of work stress*. Thousand Oaks, CA: Sage Publications, 607–622.

CIPD (2013a). *Absence management: Annual survey report 2013*. London: CIPD.

CIPD (2013b). *Megatrends: The trends shaping work and working lives*. [Online.] Available at: <http://www.cipd.co.uk/hr-resources/research/megatrends-trends-shaping-work-lives.aspx> (accessed: 15 December 2013).

Covert, M. D., Foster Thompson, L.L., & Craiger, J. P., (2005). Technology as a stressor, in Barling, J., Kelloway, E.K. & Frone, M.R. (eds.). *Handbook of Work Stress*. Thousand Oaks, CA: Sage Publications, 299-324.

Dewe, P. J., O'Driscoll, M. P. & Cooper, C. L. (2010). *Coping with work stress: a review and critique*. Chichester, West Sussex: John Wiley & Sons.

Eurofound (2007). *Fourth European Working Conditions Survey*. Luxembourg: European Union. [Online.] Available at: <http://www.eurofound.europa.eu/pubdocs/2006/98/en/2/ef0698en.pdf> (accessed: 14 December 2013).

Eurofound (2012). *Fifth European Working Conditions Survey*. Luxembourg: European Union. [Online.] Available at: <http://www.eurofound.europa.eu/pubdocs/2011/82/en/1/EF1182EN.pdf> (accessed: 13 December 2013).

Friedman, M. & Rosenman, R. H. (1974). *Type A behaviour and your heart*. New York: Alfred A. Knopf.

Health and Safety Executive (2013a). *Stress and psychological disorders in Great Britain 2013*. [Online.] Available at: <http://www.hse.gov.uk/statistics/causdis/stress/stress.pdf> (accessed: 10 December 2013).

Health and Safety Executive (2013b). *What is stress?* [Online.] Available at: <http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm> (accessed: 10 December 2013).

Hewlett, S. A. & Luce, C. B. (2006). Extreme jobs: the dangerous allure of the 70-hour workweek. *Harvard Business Review*, 84(12), 49–59.

Kirsten, W. (2008). Health and productivity management in Europe, *International Journal of Workplace Health Management*, 1(2), 136–144.

Kobasa, S. C. (1979) Stressful life events, personality, and health: an inquiry into hardiness, *Journal of Personality and Social Psychology*, 37(1), 1–11.

Lyubomirsky, S., King, L. & Diener, E. (2005). The benefits of frequent positive affect: does happiness lead to success? *Psychological Bulletin*, 131(6), 803–855.

Murphy, L.R. (1988) ‘Workplace interventions for stress reduction and prevention’, in Cooper, C.L. and Payne, R (eds), *Causes, Coping and Consequences of Stress at Work*. Chichester: John Wiley.

Murthy, V. & Guthrie, J. (2012). Management control of work-life balance: a narrative study of an Australian financial institution, *Journal of Human Resource Costing & Accounting*, 16(4), 258–280.

O’Donnell, M. P. & Harris, J. S. (1994). *Health promotion in the workplace*. 2nd ed. New York: Delmar Publishers.

O’Driscoll, M. P., Poelmans, S., Spector, P. E., Kalliath, T., Allen, T. D., Cooper, C. L. & Sanchez, J. I. (2003). Family-responsive interventions, perceived organizational and supervisor support, work-family conflict, and psychological strain, *International Journal of Stress Management*, 10(4), 326–344.

Office for National Statistics (2012). ICT activity of UK businesses, 2011. [Online.] Available at: http://www.ons.gov.uk/ons/dcp171778_289328.pdf (accessed: 10 December 2013).

Parks, K. M. & Steelman, L. A. (2008). Organizational wellness programs: a meta-analysis, *Journal of Occupational Health Psychology*, 13(1), 58–68.

Pestonjee, D. M. & Pandey, S. (2013). *Stress and work: perspectives on understanding and managing stress*. New Delhi: Sage Response Business Books.

Robertson, I. & Cooper, C. L. (2011). *Well-being: productivity and happiness at work*. Basingstoke: Palgrave Macmillan.

Scott, C. D. & Jaffe, D. T. (1994). Stress and stress management in the workplace, in O’Donnell, M. P. & Harris, J. S. *Health promotion in the workplace*. 2nd ed. New York: Delmar Publishers, 390–427.

Schabracq, M. J. (2003). Everyday well-being and stress in work and organisations, in Schabracq, M. J., Winnubst, J. A. M. & Cooper, C. L. (eds), *The handbook of work & health psychology*. 2nd edn. Chichester: John Wiley & Sons, 9–36.

Schabracq, M. J. and Cooper, C. L. (2000). The changing nature of work and stress, *Journal of Managerial Psychology*, 15(3), 227–241.

Selye, H. (1978). *The stress of life*. New York: McGraw-Hill.

Semmer, N. K. (2006). Job stress interventions and the organization of work, *Scandinavian Journal of Work, Environment and Health*, 32(6), 515–527.

Shah, N. (2012). *The 10-step stress solution: live more, relax more, re-energize*. London: Vermilion.

Smedley, J., Dick, F. & Sadhra, S. (2007). *Oxford handbook of occupational health*. Oxford: Oxford University Press.

Weinberg, A. & Cooper, C. (2011). *Stress in turbulent times*. Basingstoke: Palgrave Macmillan.

World Health Organization (2013). *Workplace health promotion*. [Online.] Available at: http://www.who.int/occupational_health/topics/workplace/en/ (accessed: 14 December 2013).

Zwetsloot, G. & Pot, F. (2004). The business value of health management, *Journal of Business Ethics*, 55(2), 115–124.