

Stress and the means of coping in organisations

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Abstract: Stress is a perceived phenomenon. Hence it is determined by the individual's awareness of the situational factors, and his/her own resources. Present article aims to explore the territory of organisational stressors, since organisations are essential parts of one's life-sphere. Protective factors and coping strategies are also enumerated, in order to help find emotional, cognitive or behavioural techniques that may help to diminish the negative individual effects of stress.

Keywords: stress, coping, organisation

1 Stress

According to Selye (1983) stress is a non-specific response of the body given to severe influences or situations; it is adaptation. Severe means that the individual thinks him/herself incapable of solving the problem. The perception of the problem is connected to the experienced level of its unpredictable or uncontrollable, ambiguous or unfamiliar nature, or the triggering situation that involves conflicts. Therefore, stress does not lie in the situation, but in the characteristics and perception of the individual (Lazarus and Folkman, 1984).

The degree of experienced stress depends on the interaction of two protective physiological processes, alarm and adaptation. Alarm is the phase of circumstantial perception. It is defined with high level of arousal and is incorporated in numerous physiological signals (Cannon, 1932). The most basic is the "activation mode" of the symapthic neural system, when immense amount of adrenalin, noradrenalin and other catecholamines in line with endorphins are produced (Selye, 1983). Due to this over-activation of the neural system various bodily and physiological symptoms might occur. Bodily signals of the alarm phase are incorporated in intense tension of muscles, hyperventilation, intense perspiration and dilatation of pupils. Physiological symptoms involve high blood

pressure and pulse rate, heightened level of blood glucose, the narrowing of capillaries (Rigó, 1997).

To sum it up in the alarm phase the physiological and bodily basis of effective response is generated, the basis of successful adaptation process is established. Instant energy is provided in order to meet the requirements of the decision on the “fight or flight” reaction. However, three basic rules must be noted. On the one hand there is a limited amount of energy that can be provided to deal with stress. On the other hand if the energy generated in stress situations is not used in physical activity, the activation energy wrecks inside the individual. The third rule is that stress always leaves its imprint on the individual; let it be physical, physiological, or psychological. According to Selye’s (1983) words: “Every stress leaves an indelible scar, and the organism pays for its survival after a stressful situation by becoming a little older.”

The second phase of the stress reaction is the adaptation phase. It is a rather cognitive phase incorporating a complex process of learning. On the one hand, the a cognitive evaluation of the situation and its potentially threatening nature is executed, on the other hand adaptive bodily and physiological changes occur in order to fit the final decision, or coping mechanism of the individual. If the problem is solved and/or effective coping mechanisms take place stress hormone level returns to normal and other functions (bodily and physiological) are also restored. However the balance to be totally restored takes time. In the meanwhile the level of adaptive energy is low and the exhausted body provides reduced defence against pathogens.

However, it might happen that stress reactions do not resolve the triggering situation, or coping strategies are not sufficient. In this case stress level goes up, and has no opportunity to come down. Hence, bodily functions and that of the immune-biological system do not have the time to be restored. The energy basis is depleted and on the long run drained inviting chronic stress and all its consequences in the house.

The negative consequences of chronic stress are numerous. Negative neural, physiological and psychological alterations may occur.

Chronic stress can damage brain cells, particularly in the hippocampus part, that produces malfunctions in thinking and remembering and creates anxiety and depression. What is more, neural changes influence physiological processes, generating chronic high blood pressure or blood glucose level. Cortisol, adrenaline and noradrenalin block adequate immune responses inviting viral and cancer illnesses in. Chronic stress is often accompanied by rheumatoid arthritis, gastric or bowel ulcer, adrenal disfunctions (Alexander, 1956). Excessive amount of CRH (corticotrop releasing hormone) causes anorexia, chronic anxiety and decrease in the libido on the long run (Selye, 1955; 1956).

2 Organisational stressors

Stress is an inevitable (and not necessarily bad) part of life. Stressful situations may occur at home, on the way or at work. Present paper aims to elaborate on factors that might generate stress in an organisational setting. It must be noted that since stress is a perceived phenomenon, following features affect each and every in a different way.

Stressful profession: Certain professions, due to higher levels of physical, social mental or emotional demands, lay more burdens on the individual. Such stress generating factors are:

- excessive workload and/or elongated working time,
- working in shifts, or on a night duty system,
- high pressure (physical and/or psychic),
- need for intense and wide-range emotional labour on a regular basis,
- excessive amount of personal responsibility,
- high probability of job-related failure,
- frequent occurrence of crisis situations.

Organisational features: Stress may not only be inherent in the nature of profession, but organisational characteristics might also be considered stressors. Such features are:

- undefined goals,
- not sufficiently structured and/or organised work,
- deficiency in the amount and/or quality of workforce,
- ambiguously defined duties,
- tasks beyond one's competence,
- accumulation of responsibilities,
- simultaneous work in multiple teams,
- uncertainty resulting from (constant) organisational change,
- insufficient communication.

Inter-personal characteristics: Interpersonal interactions are inevitably part of everyday life as well as organisational existence. Some of the stressors are specifically organisational and others are intrinsic attributes of group behaviour. Inter-personal stressors are:

- undefined jobs and spheres of authority,
- technical/professional disagreements,
- unfavourable resource allocation decisions,
- adverse occupational climate,
- culture of workaholism/absenteeism (generating cognitive dissonance in the individual)
- inadequate communication,
- lack of team-spirit,
- lack of moral recognition.

Control: Several treatises emphasize the fact that lack of control over performance is instrumental in the development and persistence of stress. No control over the following factors the schedule of the work and breaks; the dissemination of shifts and working hours and emotional displays necessary for employment count as stressors.

	Parkes, 1982
	Driscoll et al, 1995
Work demand	Agius et al, 1996
	Deary et al, 1996
	Baldwin et al, 1997
Work pressure	Frone et al, 1995
Psychological demand	Karasek, 1990
	Parkes, 1982
	Heyworth et al, 1993
Lack of social support	Driscoll et al, 1997
	Niedhammer et al, 1998
	Frese, 1999
Social pressure	Fusilier et al, 1987
Lack of autonomy	Niedhammer et al, 1998
	Frone et al, 1995
Low decision latitude	Niedhammer et al, 1998
	Heyworth et al, 1993
Task clarity	Carayon et al, 1995
Time pressures	Cooper et al, 1989
Role ambiguity	Frone et al, 1995
Role conflict	Bacharach et al, 1991
Job future ambiguity	Carayon et al, 1995
Low job discretion	Parkes, 1982

Table 1
 Work stressors in international literature

According to literature data work overload and pressure in line with low social support are the two most prevalent stressors followed by lack of control over work and lack of participation in decision making. Table 1 endeavours to summarise researches on work stressors in international literature.

Stressors observed in researches enlisted above were correlated with depression and anxiety in the most cases, but the prevalence of emotional exhaustion and poor psychological functioning or somatic symptoms and somatic anxiety was also significant. Stressors enumerated were in positive correlation with absenteeism and sickness absence as well. The following chapter enumerates the most basic techniques and tactics of coping with stress and its consequences.

3 Coping strategies

According to the previous enumeration stress is an unavoidable part of organisational life. However it is not only situations with excessive demands that trigger stress, but circumstances in which the individual is under stimulated for a longer period of time also generate stress (Selye, 1983). Accordingly, stress is inescapable. However it is dependent on the individual, how he/she can cope with the situations triggering stress.

There are two kinds of stress in literature. If the individual's perceptions see the situation as unsolvable, and he/she is unable to solve the triggering problem in the long run letting chronic stress to settle in distress is present. However, if the individual is able to mobilise resources or competencies previously unknown or unused, and by the means of them is able to overcome the stress inducing situation eustress prevails (Friedman et al., 1993; Booth-Kewley and Vickers, 1994).

Those behavioural and cognitive processes that are supposed to enable the individual to fight stress inducing situations or stress reactions are called coping strategies. Although it is still not clear, how coping strategies exert their positive effect, it is already clear that they function (Aldwin and Revenson, 1987).

Coping is a two-phased process involving cognitive evaluation of the circumstances and that of potential actions (Lazarus, 1993). During the first phase the individual decides whether the stimuli are important, potentially threatening and need any reaction of any kind. In the second part the individual seeks answer whether his/her resources are sufficient to solve the problem. At the end of the second phase a decision is met on how to cope with the situation at hand.

Decisions on which coping strategy to follow are influenced by various factors, such as:

- personality characteristics (Haan, 1977),
- situational or role demands (Pearlin and Schooler, 1978),
- cognitive appraisal (Folkman and Lazarus, 1980; 1985),
- cultural practices and preferences (Aldwin, 1985),
- mental health (Folkman and Lazarus, 1986).

Lazarus and Folkman (1984) enumerate eight coping strategies. Three of them are problem focused, four emotion focused and one is a mixture of both.

Problem focused strategies aim to change or at least forego stress triggering situations (Lazarus 1993). In order to apply this strategy, the individual has to perceive the situation as changeable and his/her own resources as sufficient to do so (Oláh, 1996). According to Aldwin and Revenson (1987) problem focused strategies have three main types, but each of them necessitates the competency of evaluation and “objective” decision making.

When the individual considers the situation solvable by his/her own means *instrumental action* is taken in order to dissolve the stress triggering problem.

If the individual's own means are not sufficient (or at least are not perceived to be so) he/she endeavours to *negotiate* with others included in the situation. Negotiation is a conscious attempt to change the situation by changing other parties' mind, by bargaining, compromising, expressing threat or anger.

In situations, where neither of the above tactics seem to work the best thing to do is *exercising caution*. In doing so the individual tries not to worsen the situation by implementing actions that might do more harm than good.

All these problem focused coping strategies attempt to deal with the situation in a rational way. This is why they are accepted (in Western cultures) in organisational settings. What is more, problem focused coping strategies are regarded as “real” coping while emotion focused as of lesser value. However according to literature data emotion focused coping strategies decrease emotional distress, and problem focused only have effect on the subsequent problems (Marrero, 1982, Menaghan, 1982).

Emotion focused coping strategies, contrarily to problem focused ones, concentrate not only on the situational factors but on emotions arising from them. They aim to change the perception of the stress triggering problem and alter the emotive/behavioural reaction connected to it. Emotion oriented coping is prevalent in situation, where the individual perceives the situation to be unmanageable by his/her own means.

When *seeking meaning*, the individual consciously tries to reframe a situation in order to get something positive – strengthening of faith, new goals for life, personal growth from the stressful experience – out of the situation.

Minimisation as a coping strategy also needs conscious efforts, however, contrarily to seeking meaning, the individual endeavours to go on as if nothing had happened. This is a stoical attitude toward life. It does not carry any hidden threats as the classical defence mechanism denial does.

If it is not possible to reframe the situation, and find its good point, and minimisation is also not an option, one might turn to *self-blame* as a coping strategy. Although it is an intropunitive strategy that directs the energy inwards and not on the problem at hand it might have positive outcomes by giving the individual a sense of control.

The last resort to turn to is *escapism*. It is a strategy in which the individual attempts to flee the situation causing stress at least in mind. Individuals applying this strategy are usually avoiding other people and sleep more than necessary. They try to “live in dreams” and in “what would have happened if’s”; mostly by means of alcohol or drugs.

Emotion focused strategies are socially unacceptable in western cultures. It is most probably so because of their subjective nature, and the mostly maladaptive way of escapism – as an easy to identify emotion focused coping strategy. However, there is one form of emotion focused coping, which is not only tolerable, but actually truly recommended - that is *support mobilisation*. It involves conscious efforts to obtain emotional support from others. However, according to its dual nature, in support mobilisation the individual is not restricted to asking emotional support, but is allowed to request any instrumental or intangible help, (such as information or political power); and apply it as a problem focused way of coping.

Conclusions

Emotion focused strategies might be socially less preferred than problem focused ones, they are still able to decrease emotional distress and other stress related somatic or psychological effects. However, it is important to note that not only individual but also organisational consequences arise as a result of stress, what is more, individual consequences, such as depression and anxiety also have their toll on organisational efficiency and efficacy. In line with these findings, it is in the best interest of the organisations to reduce stressful events and circumstances as much as possible by primary prevention, or train employees how to fight stress effectively or provide social support for them to heighten the probability of adaptive coping.

References

- [1] Agius, R.M. et al. (1996): Survey of Perceived Stress and Work Demands of Consultant Doctors. *Journal of Occupational Environmental Medicine*, 53, pp. 217-224.
- [2] Aldwin, C.M., Revenson, T.A. (1987): Does Coping Help? A Reexamination of the Relation Between Coping and Mental Health. *Journal of Personality and Social Psychology*, 53(2), pp. 337-348.
- [3] Cooper, C.L., Rout, U., Faragher, B. (1989): Mental Health, Job Satisfaction and Job Stress among General Practitioners. *British Medical Journal*, 298, pp. 366-370.
- [4] Aldwin, C.M. (1985): Cultural influences on the stress process. Paper presented at the International Symposium on the Management of Stress: Biological, Psychological, and Clinical Implications, Ensenada, Mexico.
- [5] Alexander, F.M. (1946): *Constructive Conscious Control of the Individual*, Mouritz, London.
- [6] Bacharach, S.B., Bamberger, P., Conley, S. (1991): Work-home conflict among nurses and engineers: mediating the impact of role stress on burnout and satisfaction at work. *Journal of Organisational Behaviour*, 12, pp. 39-53.
- [7] Baldwin, P.J., Dodd, M., Wrate, R.M. (1997): Young doctors' health I. How do working conditions affect attitudes, health and performance. *Social Science and Medicine*, 45, pp. 35-40.
- [8] Booth-Kewley, S., Vickers, R.R. (1994): Associations between major domains of personality and health behaviour. *Journal of Personality*, 62, 281-298.
- [9] Cannon, W.B. (1932): *The Wisdom of the Body*, Norton, New York.
- [10] Carayon, P., Yang, C., Lim, S. (1995): Examining the relationship between job design and worker strain over time in a sample of office workers. *Ergonomics*, 38, pp. 1199–1211.
- [11] Deary, I.J., Blenkin, H., Agius, R.M., et al. (1996): Models of job-related stress and personal achievement among consultant doctors. *British Journal of Psychology*, 87, pp. 3-29.
- [12] Driscoll, R.J., Worthington, K.A., Hurrell, J.J. (1995): Workplace assault: an emerging job stressor. *Consulting Psychology Journal: Practice and Research*, 47, pp. 205-12.
- [13] Folkman, S., Lazarus, R.S. (1980): An analysis of coping in a middleaged community sample. *Journal of Health and Social Behavior*, 21(3), pp. 219-239.

- [14] Folkman, S., Lazarus, R.S. (1985): If it changes it must be a process: A study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48, pp. 150-170.
- [15] Folkman, S., Lazarus, R.S. (1986): Stress processes and depressive symptomatology. *Journal of Abnormal Psychology*, 95, pp. 107-113.
- [16] Frese, M. (1999): Social support as a moderator of the relationship between work stressors and psychological dysfunctioning: a longitudinal study with objective measures. *Journal of Occupational and Health Psychology*, 3, pp. 179-192.
- [17] Friedman, H.S., Tucker, J.S., Tomlinson-Keasey, C., et al. (1993): Does childhood personality predict longevity? *Journal of Personality and Social Psychology*, 65, 176-185.
- [18] Frone, M.R., Russell, M., Cooper, M.L. (1995): Job stressors, job involvement and employee health: a test of identity theory. *Journal of Occupational Psychology*, 68, pp. 1-11.
- [19] Fusilier, M.R., Ganster, D.C., Mayes, B.T. (1987): Effects of social support, role stress, and locus of control on health. *Journal of Management*, 13, pp. 517-528.
- [20] Haan, N. (1977): *Coping and defending*. Academic Press, New York.
- [21] Heyworth, J., Whitley, T.S., Allison, E.J., et al. (1993): Correlates of work-related stress amongst consultants and senior registrars in accident and emergency medicine. *Archives of Emergency Medicine*, 10, pp. 279-288.
- [22] Karasek, R. (1990): Lower health risk with increased job control among white collar workers. *Journal of Organisational Behaviour*, 11, pp.171-185.
- [23] Lazarus, R.S. (1993): Coping theory and research: Past, Present and Future. *Psychosomatic Medicine*, 55, 234-247.
- [24] Lazarus, R.S. Folkman, S. (1984): *Stress, Appraisal, and Coping*. Springer, New York.
- [25] Marrero, D. (1982): Adjustment to misfortune: The process of coping with diabetes mellitus in children and their parents. Unpublished doctoral thesis, University of California, Irvine.
- [26] Menaghan, E. (1982): Measuring coping effectiveness: A panel analysis of marital problems and coping efforts. *Journal of Health and Social Behavior*, 23, pp. 220-234.
- [27] Niedhammer, I., Goldberg, M., Leclerc, A., et al. (1998): Psychosocial factors at work and subsequent depressive symptoms in the Gazel cohort. *Scandinavian Journal of Work, Environment and Health*, 24, pp. 197-205.
- [28] Oláh, A. (1994). A megküzdés személyiség tényezői: A Pszichológiai Immunrendszer és mérésének módszere. ELTE, Budapest.

- [29] Parkes, K.R. (1982): Occupational stress among student nurses: a natural experiment. *Journal of Applied Psychology*, 67, pp. 784-796.
- [30] Pearlin, L.I., Schooler, C. (1978): The structure of coping. *Journal of Health and Social Behavior*, 19, pp. 2-21.
- [31] Rigó, A. (1997): *Egészségpszichológia jegyzetkiegészítő*. ELTE, Budapest.
- [32] Selye, H. (1955): Stress and disease. *Science*, 122: 625-631.
- [33] Selye, H. (1956): *The Stress of life*. McGraw-Hill, New York.
- [34] Selye, J. (1983): *Stressz distressz nélkül*. Akadémiai Kiadó, Budapest.