

Chapter - 7

Stress Management for Performing Behaviour and Organization: The Key to Success

Stress management refers to the wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially chronic, usually for the purpose of improving everyday functioning.

In this context, the term 'stress' refers only to a stress with significant negative consequences, or *distress* in the terminology advocated by Hans Selye, rather than what he calls *eustress*, a stress whose consequences are helpful or otherwise positive.

Stress produces numerous physical and mental symptoms which vary according to each individual's situational factors. These can include physical health decline as well as depression. The process of stress management is named as one of the keys to a happy and successful life in modern society.^[1] Although life provides numerous demands that can prove difficult to handle, stress management provides a number of ways to manage anxiety and maintain overall well-being.

Despite stress often being thought of as a subjective experience, levels of stress are readily measurable, using various physiological tests, similar to those used in polygraphs.

Many practical stress management techniques are available, some for use by health and others, for self, which may help an individual, reduce their levels of stress, provide positive feelings of control over one's life and promote general well.

Evaluating the effectiveness of various stress management techniques can be difficult, as limited research currently exists. Consequently, the amount and quality of evidence for the various techniques varies widely. Some are accepted as effective treatments for use in psychotherapy, while others with less evidence favouring them are considered alternative. Many professional organizations exist to promote and provide training in conventional or alternative therapies.

There are several models of stress management, each with distinctive explanations of mechanisms for controlling stress. Much more research is necessary to provide a better understanding of which mechanisms actually operate and are effective in practice.

Models

The generalized models are:-

- The "emergency response" / fight-or-flight response by Walter Cannon (1914, 1932),
- "General Adaptation Syndrome" by Hans Selye (1936),
- "Stress Model of Henry",
- "Transactional (or cognitive) Stress Model" / stress model of Lazarus after Lazarus (1974)
- "Theory of resource conservation" by Stevan Hobfoll (1988, 1998; Hobfoll & Buchwald, 2004)

Transaction Model

Richard Lazarus and Susan Folkman suggested in 1981 that stress can be thought of as resulting from an "imbalance between demands and resources" or as occurring when "pressure exceeds one's perceived ability to cope". Stress

management was developed and premised on the idea that stress is not a direct response to a stressor but rather one's resources and ability to cope mediate the stress response and are amenable to change, thus allowing stressors to inflict into psychic domain.

Among the many stressors mentioned by employees, these are the most common:

- Conflicts in company
- The way employees are treated by their bosses/supervisors or company
- Lack of job security
- Company policies
- Co-workers who don't do their fair share
- Unclear expectations
- Poor communication
- Not enough control over assignments
- Inadequate pay or benefits
- Urgent deadlines
- Too much work
- Long hours
- Uncomfortable physical conditions
- Relationship conflicts
- Co-workers making careless mistakes
- Dealing with rude customers
- Lack of co-operation
- How the company treats co-workers

Health realization/innate health model:

The health realization/innate health model of stress is also founded on the idea that stress does not necessarily follow the presence of a potential stressor. Instead of focusing on the individual's appraisal of so-called stressors in relation to his or her own coping skills (as the transactional model does), the health realization model focuses on the nature of thought, stating that it is ultimately a person's thought processes that determine the response to potentially stressful external circumstances. In this model, stress results from appraising oneself and one's circumstances through a mental filter of insecurity and negativity, whereas a feeling of well-being results from approaching the world with a "quiet mind".

This model proposes that helping stressed individuals understand the nature of thought—especially providing them with the ability to recognize when they are in the grip of insecure thinking, disengage from it, and access natural positive feelings—will reduce their stress.

Techniques of stress management:

High demand levels load the person with extra effort and work. A new time schedule is worked up, and until the period of abnormally high, personal demand has passed, the normal frequency and duration of former schedules is limited.

Many techniques cope with the stresses life brings. Some of the following ways induce a lower than usual stress level, temporarily, to compensate the biological tissues involved; others face the stressor at a higher level of abstraction:

- Autogenic training; Social activity; Cognitive therapy; Conflict resolution; Cranial release technique; Getting a hobby; Meditation; Mindfulness; Music as a coping strategy; Deep breathing; Yoga Nidra; Nootropics; Reading novels; Prayer; Relaxation techniques; Artistic expression; Fractional relaxation; Humour; Progressive relaxation; Spas; Somatics training; Spending time in nature; Stress balls; Natural medicine; Clinically validated alternative

treatments; Time management; Planning and decision making; Listening to certain types of relaxing music; Spending quality time with pets

Techniques of stress management will vary according to the philosophical paradigm

Typology

Acute Stress: Acute stress is the most common form of stress among humans worldwide. Acute stress deals with the pressures of the near future or dealing with the very recent past. This type of stress is often misinterpreted for being a negative connotation. While this is the case in some circumstances, it is also a good thing to have some acute stress in life. Running or any other form of exercise is considered an acute stressor. Some exciting or exhilarating experiences such as riding a roller coaster is an acute stress but is usually very enjoyable. Acute stress is a short term stress and as a result, does not have enough time to do the damage that long term stress causes.

Chronic stress

It's unlike acute stress. It has a wearing effect on people that can become a very serious health risk if it continues over a long period of time. Chronic stress can lead to memory loss, damage spatial recognition and produce a decreased drive of eating. The severity varies from person to person and also gender difference can be an underlying factor. Women are able to take longer durations of stress than men without showing the same maladaptive changes. Men can deal with shorter stress duration better than women can but once males hit a certain threshold, the chances of them developing mental issues increases drastically.

Work place

Stress in the workplace is a commonality throughout the world in every business. Managing that stress becomes vital in order to keep up job performance as well as

relationship with co-workers and employers. For some workers, changing the work environment relieves work stress. Making the environment less competitive between employees decreases some amounts of stress. However, each person is different and some people like the pressure to perform better.

Salary can be an important concern of employees. Salary can affect the way people work because they can aim for promotion and in result, a higher salary. This can lead to chronic stress.


Cultural differences have also shown to have some major effects on stress coping problems. Eastern Asian employees may deal with certain work situations differently from how a Western North American employee would.

In order to manage stress in the workplace, employers can provide stress managing programs' such as therapy, communication programs, and a more flexible work schedule.

Medical Environment

A study was done on the stress levels in general practitioners and hospital consultants in 1999. Over 500 medical employees participated in this study done by R.P Caplan. These results showed that 47% of the workers scored high on their questionnaire for high levels of stress. 27% of the general practitioners even scored to be very depressed. These numbers came to a surprise to Dr. Caplan and it showed how alarming the large number of medical workers becomes stressed out because of their jobs. Managers stress levels were not as high as the actual practitioners themselves. An eye opening statistic showed that nearly 54% of workers suffered from anxiety while being in the hospital. Although this was a small sample size for hospitals around the world, Caplan feels this trend is probably fairly accurate across the majority of hospitals.

References

1. Paul Susic MA Licensed Psychologist Candidate. "Stress Management: What can you do?". St. Louis Psychologists and Counseling Information and Referral. Retrieved February 5, 2013.
2. Cannon, W. (1939). *The Wisdom of the Body*, 2nd ed., NY: Norton Pubs.
3. Selye, H (1950). "Stress and the general adaptation syndrome". *Br. Med. J.* **1** (4667): 1383–92.doi:10.1136/bmj.1.4667.1383. PMC2038162 . PMID15426759.
4. Lazarus, R.S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.
5. Somaz, Wenk Heidi & Tulgan, Bruce (2003). *Performance Under Pressure: Managing Stress in the Workplace*. Canada. HRD Press Inc.p 7-8. ISBN 0-87425-741-7
6. Mills, R.C. (1995). *Realizing Mental Health: Toward a new Psychology of Resiliency*. Sulberger & Graham Publishing, Ltd. ISBN 0-945819-78-1
7. Sedgeman, J.A. (2005). Health Realization/Innate Health: Can a quiet mind and a positive feeling state be accessible over the lifespan without stress-relief techniques? *Med. Sci. Monitor* 11(12) HY47-52. [1]