

POSITIVE PSYCHOLOGICAL INTERVENTIONS HELPS EMPLOYEES WORK STRESS

ABSTRACT

Stress is the emotional and physical strain caused by our response to pressure from the outside world. There are many stress full events in life an individuals and most of these stress events in life related to the workplace. Stress in the life of the organized workers consequently affects the health or behavior in organizations. Despite the preponderance of research describing the impact of stress in the workplace, few studies exist examining ways to reduce stress. The positive psychology is the scientific study of how humans achieve happiness and mental satisfaction. Positive psychology is based on the principal that all people want on the happy, fulfilled life. It is intended to build strength in a people to make the world a better place. Relaxation techniques is any method, process, procedure, or activity that helps a person to relax, to attain a state of increased calmness, or otherwise reduce levels of anxiety, stress or anger. The purpose of this research paper is to explore a positive psychology-based intervention such as relaxation techniques would actually reduce stress in the workplace. This paper emphasized on the relationship between stress and positive psychology through use some psychological intervention techniques.

Key words: stress, health, positive psychology, psychological techniques

INTRODUCTION

Stress is a general phenomenon affecting personal and organizational outcomes. Although moderate level of stress can yield positive effects, but prolonged high negative stress can be devastating for psychological and physiological well-being of employees. The increasingly prevalent pressures inherent in today's work climate make the study of work stress and the study of specific ways to minimize that stress is extremely important topic for organization development professionals (Ivancevich, Matteson, Freeman, & Philips, 1990; Keita & Jones, 1990; Kelley, 1995; Murphy, Hurrell, Sauter, & Keita, 1995; Pelletier & Lutz, 1991). Job stress surveys have shown that one fourth of employees view their jobs as the number one stressor in their lives (Northwestern National Life Insurance Company, 1991) and three fourths of employees believe the worker has more on-the-job stress than a generation ago (Princeton Survey Research Associates, 1997). Work stress has been associated with physical health decrement in job satisfaction, quality of work life, reduced productivity, and absenteeism (Vagg & Spielberger, 1998; Repetti, 1993b; Aldred, 2001; Besecker, 2003; Rojas & Kleiner, 2001).

STRESS

Stress is commonly referred as a general response to demanding situations. There is no circular discussion on what stress is and what is not (Quick, 1998; Ivancevich et al., 1990; Kagan, Kagan, & Watson, 1995). Venes, Thomas, & Taber, (2001) defines stress as the result produced when a structure, system, or organism is acted upon by forces that disrupt equilibrium or produce strain. Further they defined job-related stress as the “emotional, mental, and behavioral reaction to vulnerability caused by elements in the job environment that are, in large part, out of the awareness of the worker”. Sauter, Murphy, and Hurrell (2001) also defined job stress as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.

Some work stress is normal and can be considered as eustress or good stress, (Rojas & Kleiner, 2001) this type of stress often provides employees the energy and motivation to meet the daily challenges both at home and in the workplace. On the other hand, distress or bad stress (Rojas & Kleiner, 2001) hinders performance at work and is linked to overload, burden, and emotional strain (Murphy et al., 1995). Stress becomes detrimental when the challenges at work become too demanding and feelings of satisfaction turn into exhaustion, frustration, or dissatisfaction (Murphy et al., 1995; Anschuetz, 1999). Employee performance is diminished, and health is jeopardized when this occurs (Kirkcaldy, Trimpop, & Levine, 2002; Manning, Jackson, & Fusilier, 1996; Repetti, 1993b; Quick, 1998). Thus, stress can have both a positive and negative impact on individuals and organizations. However, the present study is primarily concerned with attenuating the adverse consequences of work stress.

WORK STRESS

Recent research has demonstrated that occupational stress has become increasingly prevalent and has received more attention by researcher and practitioners (Quick, 1998; Levi, Sauter, & Shimomistu, 1999; Hatfield, 1990; Yperen & Snijders, 2000; Repetti, 1993; Aldred, 2001). Robinowitz (2004) have found that 40% of workers reported that their job is extremely stressful. The workers have also reported feeling highly stressed on the job, whereas, others reported that their productivity was reduced due to high levels of stress on the job and they also indicated that stress had even led them to turn-over intension.

Many factors contribute to the degree of stress experienced by workers. Common work stressors include unrealistic goals, the number of work hours in a day, office interruptions, external environment, competition among employees, violent or abusive coworkers, and job insecurity (Rojas & Kleiner,

2001). Task design, management style, interpersonal relationships, work roles, career concerns, and environmental conditions also are contributing to work stress (Sauter et al., 1990). Vagg and Spielberger (1998) identified job pressure and lack of organizational support as major dimensions of occupational stress.

The physical and psychological impact of stress was recognized a decade ago (Hatfield, 1990). Stress in most cases is defined as the fight-or-flight response and is a normal physiological response of the cardiovascular and other systems and poses little risk if it occurs infrequently (Quick, 1998; Rojas & Kleiner, 2001). Recurring stressful situations, such as daily work stress, can pose serious long-term health problems if unresolved (Quick, 1998). Further, they pointed that stress generally is not the primary causal agent. However, stress is implicated in more than half of human morbidity and mortality cases. Moreover, stress is directly implicated in 4 of the 10 leading causes of death in the Western countries, including heart disease, strokes, injuries, and suicide (Murray & Lopez, 1994). Psychological distress also has been noted among the top 10 occupational health problems in the Western society (Sauter & Murphy, 1995).

A meta-analysis of studies on the impact of working hours on physical and psychological health revealed a significant correlation between them (Sparks, Cooper, Fried, & Shirom, 1997). A high level of perceived workload also has been associated with general health complaints (Barnett, Davidson, & Marshall, 1991) and high levels of psychological distress (Karasek & Theorell, 1990). It has also been found that, increased workload is significantly correlated with high levels of anxiety and depression (Rose, Jenkins, & Hurst, 1978). Further, stress impairs an individual's ability to function optimally (Barlow, 2001).

Work stress can lead employee's work performance in addition to the mentioned health consequences associated with work stress. A variety of physical and psychological ailments due to stress are shown to lower productivity, which can ultimately lead to diminished profits (Minter, 2003). The negative effects of occupational stress on productivity, absenteeism, and employee health have increased substantially during the past decade (Cooper & Cartwright, 1994; Karasek & Theorell, 1990; Quick, Quick, Nelson, & Hurrell, 1997). Warshaw (1988) also observed that workers' compensation claims related to job stress have increased so rapidly that they might soon dominate the field of occupational disease. A business that can effectively control stress levels might ensure higher levels of productivity (Rojas & Kleiner, 2001).

Stress management efforts can offer an improved quality of life for millions of individuals, while also resulting in enhanced economic potential and global

competitiveness (Hatfield, 1990). Research suggests that the value of stress management interventions can range from the safety and welfare of employees to far more general societal benefits including reduced healthcare costs, legal costs, and costs for goods and services (Walsh, 2001; Ivancevich et al., 1990).

Interventions designed to mitigate work stress should, of necessity, address these factors. A relaxation technique intervention might be an effective tool to reduce work stress because it helps its participants to distressing in the moment is getting away from or removing yourself from the stressor. The process of relaxation techniques supplies participants with concrete examples of how to generate continued success from past successes to positively affect their future.

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POSITIVE PSYCHOLOGY

Seligman is often considered the founder of modern positive psychology and focused on promoting positive characteristics and affective states through the application of psychological principles. Positive psychology finds its roots in the humanistic psychology of the 20th century, which focused heavily on happiness and fulfillment. Earlier influences on positive psychology were primarily from philosophical and religious sources, as scientific psychology had not taken its modern form until the late 19th century. Positive psychology has also been implemented in business management practice. Although Wong & Davey (2007) proposed that managers can introduce this concept to a workplace, they will not always have the ability to apply it to employees in a positive way. Positive psychology is the scientific study of optimal human

functioning. Positive psychology focuses on subjective experiences, including well being, contentment, satisfaction (in the past), flow and happiness (in the present), hope and optimism (for the future), and at the subjective level (Seligman & Csikszentmihalyi, 2000). It aims to discover and promote the factors that allow individuals and communities to thrive in as opposite of traditional psychology, which inherently focuses on problems or psychopathology (Seligman, 1999).

Positive psychology, focused on promoting optimum performance and maintaining a state of well-being, is based on the idea that people will be less likely to suffer from depression and anxiety if they can learn to be more resilient and optimistic and draw on their strengths. These actions also improve relationships, health, and productivity and energy at home and in the workplace. Seligman (1999) believes that positive experiences are central to human development and change.

STRESS MANAGEMENT AND WORK STRESS-REDUCTION INTERVENTIONS

The existence of organization sponsored health promotion activities, such as exercise programs, alcohol and substance abuse counseling, and stress management, has accelerated during the past decade. None of these activities has been more successful than stress management in capturing the attention of managers, union leaders, employees, lawyers, doctors, and organizational psychologists alike (Levi et al., 1999; Repetti, 1993b). Different types of interventions have been utilized, with varying degrees of success, to realize the extremely important goal of reducing work stress. Individual oriented occupational stress management interventions are the most commonly used in organizational settings (Bellarosa & Chen, 1997). These interventions include relaxation, physical fitness, cognitive restructuring, meditation, assertiveness training, and stress inoculation. Relaxation was highly response brings system back into balance: deepening breathing, reducing stress hormones, slowing down heart rate and blood pressure, and relaxing muscles. The relationship that exists between mind, body, and emotions is inarguably related to our ability to handle stressful situations and daily challenges. These stress management techniques will be helpful in harmonize thoughts, actions, and emotions in a way that increases capacity and helps to feel more in control of life. There are two powerfull techniques which are used in relaxation techniques.

PROGRESSIVE MUSCULAR RELAXATION (PMR)

Progressive muscle relaxation is a systematic technique for achieving a deep state of relaxation. It was developed by Dr. Edmund Jacobson 1930s and it is based on the idea that mental relaxation will be a natural outcome of physical

relaxation. He added that a muscle could be relaxed by first tensing it for a few seconds and then releasing it. Tensing and releasing various muscle groups throughout the body produces a deep state of relaxation, which is found capable of relieving a variety of conditions, from high blood pressure to ulcerative colitis. There are two steps in the self-administered progressive muscle relaxation procedure: (a) deliberately tensing muscle groups, and (b) releasing the induced tension. With regular practice, progressive muscle relaxation gives an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps to spot and counteract the first signs of the muscular tension that accompanies stress. PMR can be combined with deep breathing with for an additional level of relief from stress. Progressive muscle relaxation is especially helpful for people whose anxiety is strongly associated with muscle tension. Other symptoms that respond well to progressive muscle relaxation include tension headaches, backaches, and tightness in the jaw, tightness around the eyes, muscle spasms, high blood pressure, and insomnia.

MEDITATION

Meditation is meant to bring awareness and peace. The benefits of mediation are unique to individual, but both physiological and psychological balancing is common. The benefits of meditation are manifold because it can reverse stress response, thereby shielding individual from the effects of chronic stress. When practicing meditation, heart rate and breathing slows down, blood pressure normalizes, use of oxygen is more efficient, and sweat less. Individual's adrenal glands produce less cortisol, mental age passes at slower rate, and immune function improves. Mind also becomes clear and creativity increases. People who meditate regularly find it easier to give up life- damaging habits like smoking, drinking and drugs. Meditation research is still new, but promising.

CONCLUSION

Organizations and the individuals that comprise them can focuses on what is perceived to be broken or they can choose to inquire into life giving, positive approach. Positive psychology has so far been identified by several positive emotional states that can contribute to greater emotional resilience, health and fulfilment. Positive psychology suggested that people who learn to visualize success, resources' themselves and be aware of their bodies and own surrounding can relieve tension and stress and allow the person to function more effectively. The extent to which success relaxation techniques are dependent on different ways of learning to relax.

REFERENCES

- Aldred, C. (2001). Reports link work stress and absenteeism. *Business Insurance*, 35(30), 17, 19.
- Anschuetz, B. L. (1999, November 29). The high cost of caring: Coping with workplace sharing. *Epilepsy Ontario*, p. 12.
- Barlow, D. H. (2001). *Clinical handbook of psychological disorders*. New York:
- Beehr, T. A., & Newman, J. E. (1978, Winter). Job stress, employee health, and organizational effectiveness: A facet analysis, model, and literature review. *Personnel Psychology*, 31(4), 665-699.
- Bellarosa, C., & Chen, P. Y. (1997). The effectiveness and practicality of occupational stress management interventions: A survey of subject matter expert opinions. *Journal of Occupational Health Psychology*, 2(3), 247-262.
- Cooper, C. L., & Cartwright, S. (1994). Stress-management interventions in the workplace: Stress counseling and stress audits. *British Journal of Guidance and Counseling*, 22(1), 65-73.
- Cooper, C. S., & Payne, R. (1980). *Current concerns in occupational stress*. New York: Wiley.
- Csikszentmihalyi, M. (1991). *Flow: The psychology of optimal experience*. New York: HarperPerennial.
- Elkin, A. J., & Rosch, P. J. (1990). Promoting mental health at work. *Occupational Medicine: State of the Art Review*, 5(4), 739-754.
- Frankenhaeuser, M. (1981). Coping with stress at work. *International Journal of Health Services*, 11(4), 491-510.
- Frederickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218-226.
- Higgins, N. (1986). Occupational stress and working women: The effectiveness of two stress-reducing programs. *Journal of Vocational Behavior*, 29, 66-78.

- Houston D., & Allt, S. K. (1997). Psychological distress and error making among junior house officers. *British Journal of Health Psychology*, 2, 141-151.
- Kagan, N. I., Kagan, H., & Watson, M. G. (1995). Stress reduction in the workplace: The effectiveness of psychoeducational programs. *Journal of Counseling Psychology*, 42(1), 71-78.
- Keita, G. P., & Jones, J. M. (1990). Reducing adverse reaction to stress in the workplace: Psychology's expanding role. *American Psychologist*, 45(10), 1137-1141.
- Kelley, P. L. (1995). Stress management strategies in the workplace: A meta-analysis of stress intervention techniques. (Doctoral dissertation, Pennsylvania State University, 1995). *Dissertation Abstracts International*, 56, 5207.
- Kelley, T. M. (2001). The need for principle-based positive psychology. *American Psychologist*, 56(1), 88-89.
- Keppel, G., & Zedneck, S. (1998). *Data analysis for research designs*. New York: W. H. Freeman and Company.
- Kirkcaldy, B. D., Trimpop, R., & Cooper, C. L. (1997). Working hours, job stress, work satisfaction, and accident rates among medical practitioners, consultants, and allied personnel. *International Journal of Stress Management*, 4(2), 79-98.
- Kirkcaldy, B., Trimpop, R., & Levine, R. (2002). The impact of work hours and schedules on the physical and psychological well-being in medical practices. *European Psychologist*, 7(2), 116-124.
- Lehrer, Paul M.; David H. (FRW) Barlow, Robert L. Woolfolk, Wesley E. Sime (2007). *Principles and Practice of Stress Management, Third Edition*. p. 38..
- Lehrer, Paul M.; David H. (FRW) Barlow, Robert L. Woolfolk, Wesley E. Sime (2007). *Principles and Practice of Stress Management, Third Edition*. pp. 46-47.
- Levi, L., Sauter, S., & Shimomistu, T. (1999). Work-related stress—it's time to act. *Journal of Occupational Health Psychology*, 4(4), 394-396.

- Murphy, L. R. (1986). Part V: Stress management interventions. A review of organizational stress management research: Methodical considerations. *Journal of Organizational Behavior Management*, 8(2), 215-227.
- Murphy, L. R. (1988). Workplace interventions for stress reduction and prevention. In C. L. Cooper & R. Payne (Eds.), *Causes, coping and consequences of stress at work* (pp. 301-339). New York: John Wiley & Sons.
- Pelletier, K. R., & Lutz, R. (1991). Healthy people—healthy business: A critical review of stress management programs in the workplace. In S. M. Weiss & J. E. Fielding (Eds.), *Health at Work* (pp. 189-204). Hillsdale, NJ: Lawrence Erlbaum.
- Sauter, S. L., & Murphy, L. R. (1995). *Organizational risk factors for job stress*. Washington, DC: American Psychological Association.
- Seligman, M. (2002a). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Simon & Schuster.
- Seligman, M. (2002b). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 3-8). New York: Oxford.
- Seligman, M., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist* 55(1), 5-14.
- Snyder, C., & Lopez, J. L. (Eds.). (2002). *Handbook of positive psychology*. New York: Oxford.
- Sparks, K., Cooper, C. L., Fried, Y., & Shirom, A. (1997). The effects of hours on health: A meta-analytic review. *Journal of Occupational and Organizational Psychology*, 70(4), 391-408.
- Vagg, P., & Spielberger, C. (1998). Occupational stress: Measuring job pressure and organizational support in the workplace. *Journal of Occupational Health Psychology*, 3(4), 294-305.
- Venes, D., Thomas, C. L., & Taber, C. W. (2001). *Taber's cyclopedic medical dictionary*. Philadelphia, PA: F. A. Davis.
- Walsh, R. (2001). Positive psychology: East and West. *American Psychologist*, 56(1), 83-84.

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