
Whistle-stop tour of the theory and practice of stress management and prevention: Its possible role in postgraduate health promotion

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Abstract

This paper focuses on the theory and practice of stress management and stress prevention with a particular emphasis on work-related stress (WRS). Two models of stress (organisational and psychological/cognitive) are included that can be used to underpin interventions at organisational and individual levels. It is argued that there is an increasing demand for stress management interventions in the workplace due to the Health and Safety Executive taking a lead and recommending that employers take WRS seriously. In addition the increase in stress litigation has persuaded some employers to address the issue although others have done so due to a genuine concern for their staff. It is predicted that Health Promotion Specialists may find WRS and stress prevention an expanding niche area to work in. Its inclusion on postgraduate training programmes would benefit not only the individual Health Promotion Specialist, but possibly society as a whole.

Key words: stress management, stress prevention, health promotion, work-related stress, postgraduate training

Is there a role for a stress management module on a postgraduate health promotion course?

Although there are many factors to consider when deciding what topics to include in

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any postgraduate health promotion programme, there are two incidental but important benefits if stress management and/or stress prevention modules are included:

- 1 Initial benefits for the postgraduate student;
- 2 Long-term benefits to society.

First, the theory and practice of stress management and stress prevention may help course delegates/students to understand and subsequently deal with their own personal stress. Many students attending a postgraduate health promotion programme may have the pressure of undertaking a part-time course, holding down a full-time post and possibly home-work interface difficulties such as being significant caregivers and so on. A stress management module would provide the opportunity for students to put the theory into practice on themselves.

Second, stress management and stress prevention strategies for community and work based arenas could have a positive impact upon the individual's physical and psychological health, and perhaps even longevity. Currently the Health and Safety Executive recommend that organisations undertake work-related stress (WRS) risk assessments and manage or prevent WRS¹. This will lead to an increasing demand for Health Promotion Specialists to become involved in the educational aspect of helping organisations and employees deal with WRS.

In the United Kingdom, this has already become a reality. For example, Health Promotion Specialists are now contracted to work on oil rigs in the North Sea. This can provide health promotion departments with additional income to fund other work. Thus it is important that postgraduate health promotion courses devote a part of the programme to the theory and practice of stress management and stress prevention. Otherwise, upon completing a postgraduate course, the successful students will still need additional training in this field of work.

Definition of stress

There are many definitions of stress. The National Institute of Occupational Safety and Health in the United States defines job stress as²:

the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, needs of the worker.

The Health and Safety Executive based in the United Kingdom, define stress as¹:

the adverse reaction people have to excessive pressures or other types of demand placed on them.

A cognitive definition of stress focuses on the perceptions of an individual. One example is³:

stress occurs when the perceived pressure exceeds your perceived ability to cope.

Cognitive definitions are usually used within cognitive-behavioural coaching, stress counselling and stress management training arenas. Each definition will tend to have a different model of stress to underpin it (see models illustrated later in this paper).

Work-related stress: cost to countries, organisations and employees

At the Centre for Stress Management during the period 2000–2002, the key stressors or hazards that were found in a number of stress audits were insufficient personnel; meeting deadlines; excessive paperwork. The main symptom reported was feeling constantly under strain. The audit tools used were the Job Stress Survey⁴ and the General Health Questionnaire⁵.

The International Labour Organisation Report⁶ on stress trawled the following data:

- UK: financial cost of stress: £5.3bn (Confederation of British Industry)
- UK, USA, Germany, Finland: 10 per cent of workers with depression, anxiety, stress
- UK: nearly 3 out of 10 employees experience mental health problems (5 per cent major depression)
- UK: stress levels – loss of 80m working days per annum
- 3–4 per cent of GNP spent on mental health problems in the European Union

This highlights the possible financial and personal cost of stress in the western world.

The well-known Whitehall II Study⁷ which was a longitudinal study of 10,308 civil servants, aged 35–55 (with a 73 per cent response rate to the questionnaires) found some interesting associations between the hazards, health and behaviour:

- *High job demands* – poor mental health, poor health functioning (that is physical health/social functioning)
- *High effort and low reward* – alcohol dependence, poor mental health, poor health functioning, sickness absence (8 days or more)
- *Low decision latitude* – alcohol dependence, poor mental health, poor health functioning, increased sickness absence
- *Low social support at work* – poor mental health, poor health functioning, increased sickness absence

Work-related stress assessment and interventions

The HSE¹ suggest seven major stressors or hazards that should be addressed in their recommended five-step stress risk assessment:

Culture: of the organisation and how it deals with stress (for example, long hours culture);

Demands: exposure to physical hazards and workload (for example, complexity and volume of work; shift work);

Control: employee involvement with how they do their work (for example, control balanced against demands);

Relationships: includes all work relationships (for example, bullying and harassment);

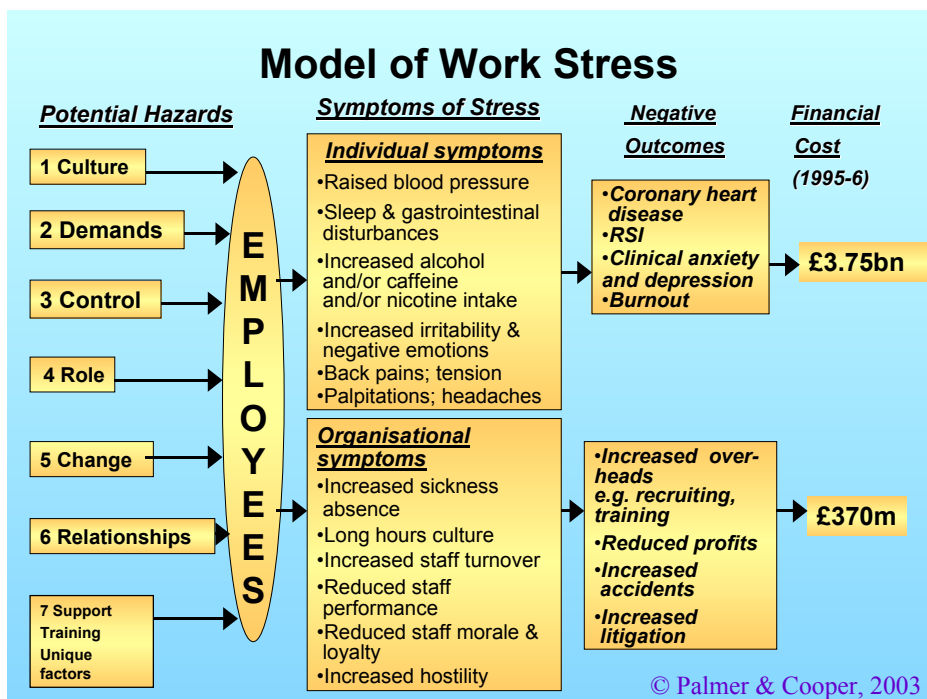
Change: its management and communication to staff (for example, staff understanding why change is necessary);

Role: employee understands role; jobs are clearly defined (for example, conflicting roles avoided);

Support, training and factors unique to the individual: support from peers and line managers; training for core functions of job; catering for individual differences.

In the author's experience, when educating managers about the above hazards, initially, it is useful to highlight the relationship between the hazards, the symptoms of stress for the employee or organisation and the negative outcomes. This can be illustrated pictorially as a simple model of work stress as in *Figure 1* (adapted 8).

FIGURE 1 Model of work stress (adapted 8)



There is an expectation that managers should have some understanding of stress recognition and stress prevention. For effective stress prevention, a good starting place would be undertaking a risk assessment to assess the hazards. The HSE¹ recommended five step work-related stress risk assessment is summarised below.

Step 1: Looking for the hazards

- Factor 1: Culture
- Factor 2: Demands
- Factor 3: Control
- Factor 4: Relationships

- Factor 5: Change
- Factor 6: Role
- Factor 7: Support, training and unique factors

At or before this stage it would be advisable to set up a working party to ensure that employees realise that their input is welcome. To obtain a reasonable overview both qualitative and quantitative data gathering methods could be used such as:

- *QUANTITATIVE*: Productivity and performance data; absence/sickness data; Employee Assistance Programmes (EAPs) data; staff turnover; questionnaires; stress audits.
- *QUALITATIVE*: Focus groups; performance appraisal; informal discussions with staff; return-to-work interviews; exit interviews.

Step 1 can throw up an overwhelming amount of data so this needs to be handled carefully. In addition, if employees do not believe that the process involving personal information is anonymous and confidential they will be less keen to complete stress-related questionnaires.

Step 2: Decide who might be harmed and how

The HSE¹ emphasise that any employee regardless of age, gender, status, ethnicity, or disability, can suffer from stress. Some staff may be at higher risk at different times for work or personal reasons, for example, working away from home, pregnancy, recent bereavement, going through a relationship break-up or divorce, illness within the immediate family.

Step 3: Evaluate the risk and decide whether enough is being done

At this stage, it is important to consider how stress factors 1 to 7 in Step 1 could harm the department/unit/division. Questions to ask include:

- What action is already being taken?
- Is it enough?
- What more is required?
- Who needs to either action it or do it?

The HSE¹ assert that it is important to attempt to eliminate risks or hazards at an organisational level before considering training such as stress management or pressure management or counselling.

Step 4: Record your significant findings

Under health and safety, findings should be shared with employees. If the organisation employs five or more employees, the main findings must be recorded. The document can be used to monitor progress especially on particular hazards. Obviously, it is important to prevent any member of staff being recognised from any published findings due to issues of confidentiality and possible litigation.

Step 5: Review your assessment and revise where necessary

The assessment should be reviewed whenever significant changes occur in the organisation or department. This would include the procedures a department uses to handle its business. This review would be in consultation with employees. The HSE¹ suggest that the assessment could be reviewed on a regular basis.

Comment

According to the HSE¹ it is important to attempt to eliminate risks at an organisational level before considering training such as stress management or pressure management or counselling. Although this is highly commendable, in the average workplace, it may be preferable to establish a comprehensive stress prevention programme which would include primary, secondary and tertiary interventions⁹:

Primary: Remove the hazard or reduce employees' exposure/impact upon them.

Secondary: Improve the organisation's ability to recognise and deal with stress-related problems.

Tertiary: Help employees cope with and recover from problems at work.

Secondary interventions can include training managers to recognise stress in their staff and learn how to intervene at both the organisational and the individual levels. If they recognise that an employee is stressed, a tertiary level intervention could include counselling offered through the EAP service. This could be in addition to a targeted organisational intervention being applied such as the reduction of workload.

Corporate stress management courses, seminars and workshops

Stress management courses, seminars and workshops tend to differ depending upon their audience. Course titles could be simply, 'Stress management' or 'Managing pressure' to titles that match the culture of a department, such as 'Maximising performance under pressure'. The latter would normally be suitable for a highly driven workplace. In such workplaces, a course title which includes the term 'stress' may discourage staff from enrolling due to the possible stigma attached to stress in the organisation. An example of course objectives is below:

Title: Preventing Stress and Managing Pressure

Course objectives:

- Define stress
- Identify the main physical, psychological and behavioural symptoms of stress in yourself and others
- Be aware of the main sources of stress which may affect you or your team, and how this can impact on health, safety and performance
- Understand the direct and hidden costs of stress to the organisation
- Learn a range of coping skills and techniques

- Identify what can be done to prevent and manage stress within your own area of responsibility
- Develop a stress management action plan

Although courses for employees sometimes include organisational issues that should be addressed, there is tendency for the course content to focus on what employees can implement for themselves and a range of psychological, behavioural and physiological strategies and techniques are usually included. The main criticism is that these strategies do not address the key stress-related hazards unless they empower the employee to confront the management, assuming the organisation is willing to listen and act.

However, courses for groups of managers may have additional objectives targeting the needs of management such as:

- Understanding legal issues associated with work-related stress
- Learn how to undertake a risk assessment
- Develop coaching for performance skills
- Become knowledgeable about the companies stress referral system
- Develop a group action plan to prevent stress

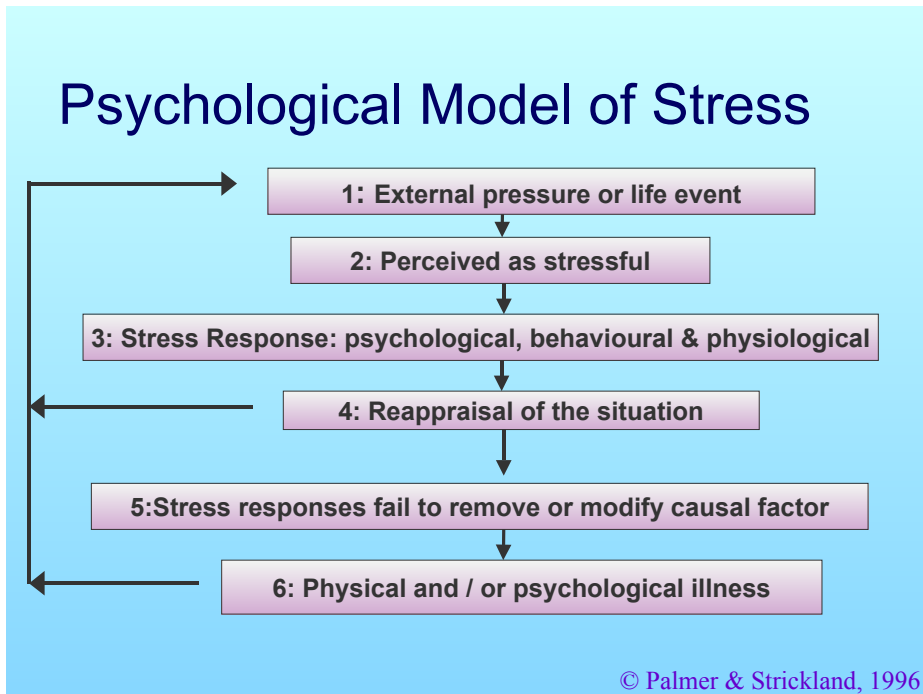
For a stress prevention programme to stand much chance of success, a top down intervention is usually necessary, whereby senior managers are trained prior to their staff receiving training. Not only does this help them to recognise employee stress, they are in a better position to intervene at an organisational level instead of only offering an EAP service such as counselling. Also, employees are likely to take the stress management or prevention programme more seriously if their managers have attended relevant courses before them. Otherwise employees and Trade Unions may believe that staff will become the scapegoat for their own levels of stress. For example, if they have been on a time management seminar, they should then be able to meet deadlines whether or not they are suffering from work overload.

On courses often the cognitive model or view of stress is taught. This model shows how self- or emotional management is possible. Historically there are many examples of this perspective. Well-known quotes by Stoic philosophers such as Epictetus, Aurelius and playwrights such as Shakespeare include:

People are disturbed not by things but by the views which they take of them.¹⁰
Everything is but what your opinion makes it; and that opinion lies with yourself.¹¹
Hamlet: Why, then 'tis none to you; for there is nothing either good or bad but thinking makes it so.¹²

Figure 2 (adapted¹³) is a typical cognitive or psychological model of stress that may be used on a stress management course or workshop. It includes the three key responses to stress: psychological, behavioural and physiological.

This model can underpin recommended strategies and techniques individuals

FIGURE 2 Psychological model of stress (adapted 13)

can use to deal with the unhelpful perceptions of any external pressure or life event (Stage 2 of the model) and psychological, behavioural and physiological responses (Stage 3).

The interventions can include skills practice or knowledge acquisition in the following areas^{3,13,14,15,16,17,18,19,20,21}:

Psychological: thinking skills, modifying locus of control, problem-solving skills; imagery skills, for example coping, imaginal rehearsal, imaginal exposure, motivation, time projection.

Behavioural: assertiveness skills, communication skills, behavioural rehearsal, stability zones and routines, graded behavioural exposure, response cost, social support, stimulus control, time management, Type A modification.

Physiological: alcohol, caffeine and nicotine reduction; Benson Relaxation Response, biofeedback, exercise, meditation, nutrition, progressive relaxation, relaxation imagery, self-hypnosis, self-massage, weight control, yoga.

Whereas some of the psychological and behavioural interventions may help the individual to address the workplace hazards or personal issues outside of work by attempting to change the situation, the physiological interventions tend to be more palliative in nature. Self-help books^{13,14,22} or stress management self-coaching books³ provide course delegates useful pre-course reading or bibliotherapy.

The future of stress management and stress prevention in the UK?

There is always the possibility that the HSE may recommend new health and safety laws relating to WRS. The HSE are developing 'stress standards' which are directed at employers. In recent years there has been increased employee awareness about stress and this is partially due to the media interest in stress litigation which has been given wide coverage.

More research is needed into the effectiveness of occupational stress interventions. What works, what does not work and in what circumstances?

Conclusion

There is a lack of qualified professionals working in the field of stress management and stress prevention with an understanding of health-related topics. With the HSE¹ recommending stress risk assessments and stress prevention, there will be a growing demand for health promotion specialists to provide or facilitate work-related stress management interventions. Even if health and safety specialists or psychologists focus on the risk assessment aspect, it is important that managers are educated in what risk assessments involve, the symptoms of stress and what they and the organisation could do to prevent or manage stress. This area is where Health Promotion Specialists could find a niche area⁸. However, if postgraduate courses do not include a module on WRS and stress interventions, qualified health promotion specialists may need additional training or continuing professional development in stress prevention and management before they can become involved in this area of health promotion and health education.

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