

# Managing job stress

## An employee assistance/human resource management partnership

Lawrence R. Murphy

*National Institute for Occupational Safety and Health, Cincinnati, Ohio,  
USA*

### Introduction

Over the past 20 years, there has been growing recognition of job stress as an important occupational health problem. In industry, there is a heightened awareness that occupational stress contributes to a significant portion of worker compensation claims, health-care costs, disability, absenteeism, and productivity losses[1].

In a recent national survey by the Northwestern National Life, 46 per cent of the 600 workers interviewed indicated that their job was very stressful, and 27 per cent said it was the single greatest cause of stress in their lives[2]. Moreover, nearly 72 per cent of the participants reported frequent stress-related physical or mental conditions that they believed added to health-care costs. Similarly, the St Paul Fire and Marine Insurance Company analysed job stress data obtained from 28,000 workers in 215 different organizations, and summarized the results in a report entitled *American Workers under Pressure*[3]. The report indicated that stress at work was associated with higher burnout, and more frequent health and performance problems.

In the federal sector, the National Institute for Occupational Safety and Health (NIOSH) has listed psychological disorders as one of the top ten leading work-related diseases and injuries, and has formulated a national strategy for the prevention of psychological disorders in the workplace[1].

Finally, the American Psychological Association has brought national attention to the issue of job stress by joining with NIOSH to host scientific conferences on job stress in 1990 and 1992[4].

This article describes the utility of an interdepartmental collaboration between employee assistance programme and human resource management groups for managing job stress, and presents an example of such a collaboration in a US manufacturing firm. Successive sections of the article offer an overview of the job stress literature, a description of typical employee assistance programme (EAP) and human resource management (HRM) groups, and a case study of collaboration in one company. The case study section describes the conceptual model used to guide the research collaboration, and plans for future work, including development of preventive stress interventions.

### Model of job stress and health

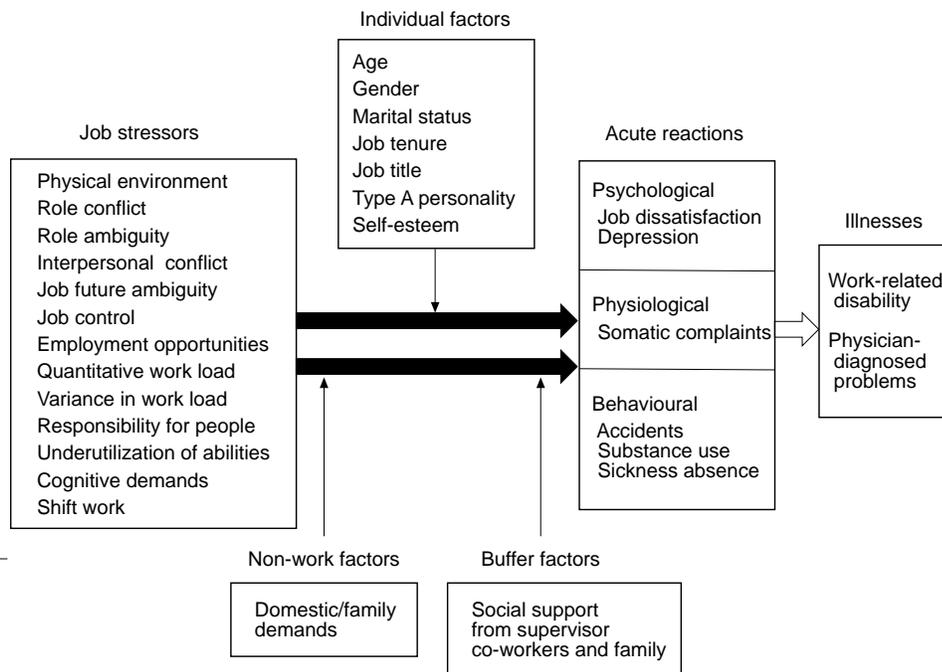
Unlike physical and chemical hazards, job stressors respect no occupational boundaries, so the potential for exposure to this class of health risks is ubiquitous. A model of job stress and health is depicted in Figure 1. This model contains the key features of most job stress/health models, and is the model currently used by NIOSH to guide its stress research[5].

The core of the model indicates that job stressors produce acute reactions (or strains), and these can lead to chronic illness. Although job stressors are listed as a single category, usually they are grouped into several broad categories. For example, Cooper and Marshall[6] defined five broad categories:

- (1) factors intrinsic to the job;
- (2) role in the organization;
- (3) relationships at work;
- (4) career development; and
- (5) organizational structure/climate.

The other boxes in the model describe moderating factors, that is factors which influence job stressor/health relationships. These factors include:

- personal characteristics (e.g. personality traits);
- non-work factors (e.g. family matters, child-rearing, financial issues, social relationships); and



**Figure 1.**  
NIOSH model of job  
stress/health  
relationships

- buffer factors (e.g. social support, coping skills, physical exercise).

These moderating factors operate to strengthen/weaken the relationship between job stressors and health outcomes.

The model highlights the complexity of the problem of stress, as it cuts across work and non-work domains. These cross-cutting effects suggest that the study of job stress, and the design of stress management interventions, should be approached from a multidisciplinary perspective, to produce an accurate picture of the nature of stress and how it should be managed. One important perspective is that of the employee assistance programme.

### **Employee assistance programmes**

In one form or another, employee assistance programmes (EAPs) have existed in the workplace for over 70 years. The earliest programmes were non-psychiatric counselling programmes, developed in the mid-1920s during the now classic Hawthorne Studies conducted at Western Electric[7]. The original group of counsellors were supervisors and other plant employees who had no clinical training. The counsellors used the interview process itself to bring about adjustments in employee and supervisory attitudes. Diagnosis, prescriptions, or advice giving were avoided in favour of a non-directive, confidential listener's role[7].

The most important development in employee programmes was a shift in focus from counselling "normal" employees towards treatment of "troubled" employees, especially alcoholic employees. The National Council on Alcoholism (formed in 1944) and the Yale Center of Alcohol Studies educated companies about the merits of employee alcoholism programmes and, by 1965, saw a significant increase in the number of worksite programmes[8]. The emergence of occupational alcoholism programmes in the 1940s and 1950s was a milestone for employee assistance programmes, and became the primary focus of EAPs for the next 20-30 years.

In the 1980s, health promotion programmes in the workplace became popular. Health promotion programmes are geared towards improving employee overall health and wellbeing, and deal with a broad array of topics, including smoking cessation, weight reduction, high blood pressure control, and stress management. Thus defined, health promotion programmes represented "umbrella" health programmes, and overlap with EAPs was inevitable. Indeed, EAPs could easily be subsumed under the broader health promotion rubric. However, EAPs retained their separate identity and, while maintaining a focus on alcoholism and drug abuse counselling, sought to become more "broad brush" and deal with other workplace problems like job stress[9].

In the 1990s, a new group of workplace programmes has appeared. These are best described as *stressor-specific* programmes, as distinct from the more generic stress management and health counselling programmes of the 1980s. A good example of a stressor-specific programme is post-traumatic stress disorder

(PTSD). This is a response to a specific traumatic stressor, such as witnessing a co-worker killed on the job, or being the victim of workplace violence. Increasing numbers of organizations are developing programmes to deal with PTSD and workplace violence. Other emerging workplace stressors which may become the subject of new workplace programmes include indoor environment quality, sexual harassment, anger management, and workforce diversity[10].

#### *Stress and EAPs*

EAPs see a wide spectrum of stress problems, some of which have their root causes in the work environment. However, EAPs provide very limited feedback to management; usually feedback is restricted to information about how many employees were seen in the EAP, and the general types of problems encountered. Historically, EAPs have focused on characteristics of the employee, not characteristics of the job/organization, which may be causing employee stress.

This focus on the individual is evident in the types of stress management programmes offered at the workplace. The most common stress management programmes are those which educate employees about the nature of stress, and change some characteristic(s) of the individual, not the organization. Examples of such individual-focused, stress management interventions are progressive muscle relaxation, cognitive restructuring, meditation, and bio-feedback. These strategies all seek to change the way the individual perceives stress, or the way he or she reacts to stressful circumstances[9].

EAP counsellors have not been trained in organizational behaviour, and may not appreciate the effects of job/task factors and management practices on employee health and performance. This area of expertise is found in human resource management groups, which focus on personnel management issues.

#### **Human resource management**

The responsibilities of human resource management (HRM) groups vary, but generally involve personnel management issues, such as performance appraisal, discrimination/bias, training, career development, team building, and labour relations. Thus, HRM groups are well equipped to address performance-related issues, but rarely become involved in assessment and identification of job stress, even though job stress clearly cross-cuts HRM interest areas. This situation has been changing, however, because HRM groups are increasingly called on to deal with employee reactions to emerging workplace issues, such as reorganizations, downsizing, mergers/acquisitions, comparable worth, and workforce diversity, each of which has potential for creating stress and influencing employee health and wellbeing.

It is noteworthy that in some of the larger companies, HRM groups conduct employee surveys, and provide feedback to managers and employees on the results. These employee surveys rarely contain questions on job stress, in part because of lack of training among HRM personnel. Nevertheless, employee surveys are a convenient vehicle for obtaining information about employee

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stress, health, and performance. It should be noted that the topic of job stress is still viewed by many as “too soft” and not an appropriate HRM issue.

In any case, HRM groups, like EAPs, have a limited perspective; they focus on employee performance outcomes, to the exclusion of health outcomes, and are concerned primarily with organizational practices, not characteristics of the individual.

### **EAP/HRM collaboration**

Given their separate focuses and different areas of expertise, two questions arise: How can EAP and HRM groups collaborate to address the problem of job stress? Why should they? The answer to the Why? question centres on the complex, cross-cutting nature of stress, which can involve personal, familial, organizational, job/task factors. The interdisciplinary nature of stress requires expertise from both EAP and HRM personnel. While neither the EAP nor HRM alone may be equipped to deal with stress in a comprehensive way, their combined expertise in a team environment should improve the chances of success. Finally, an EAP/HRM collaboration should be cost-effective, in that existing personnel would comprise the team and perform the work, not a group of outside consultants. The answer to the question of How? the two departments can collaborate is the focus of the remainder of this article.

#### *Stress management interventions*

Various stress management intervention models have been recommended in the research literature[11-15] but all involve three critical phases: problem identification; intervention design; and programme evaluation. Ideally, the results of the programme evaluation phase are fed back to the problem identification and to intervention design phases, to revise/refine the intervention, and define new problem areas.

Each phase of the intervention process is described below to illustrate how the expertise of EAP and HRM can be “mapped” or “fitted” into the process. A “mapping” of expertise provides the foundation for collaboration, and helps define the roles, activities and responsibilities of each partner.

*Problem identification.* Problem identification is the first phase, and involves some type of assessment to pinpoint the sources of stress, and the symptoms of distress. This assessment can involve interviews or discussions with individual employees, group discussions, or an employee survey. The quality and thoroughness of the problem identification phase are the cornerstone to a successful stress prevention effort. Once the stressors have been identified, comprehensive stress management interventions can be designed, implemented, and evaluated.

A list of common organizational and individual stressors from prior research is shown in Table I as good candidates for assessment (see [16]). Looking over the five categories of potential stressors, the first three categories fall clearly within the expertise of HRM, having to do with characteristics of the job/task, and the organization. On the other hand, the EAP seems better suited to address

the latter two categories, which deal with interpersonal relationships, and employee personal characteristics.

In addition to measures of job stressors, it is necessary to assess levels of distress (acute reactions to stressors), as these are considered to be precursors to chronic health conditions. Measures of distress can be psychological (anxiety, depression, irritability), physiological (high blood pressure, high muscle tension levels), or behavioural (poor work performance, accidents, sleep disturbances, substance abuse). Nearly all of these measures of distress seem to fall within the purview of the EAP, perhaps because of the emphasis on health outcomes.

*Intervention design.* The target of the intervention is selected from the list of problems identified in the first phase. Interventions can be classified as primary, secondary, or tertiary prevention. Primary prevention focuses on eliminating or reducing the sources of stress, that is, the organizational, job/task, environmental, and psychological risk factors. Secondary prevention seeks to reduce the symptoms of stress (acute reactions), and usually is implemented before employees demonstrate clinical signs of illness. Finally, tertiary prevention deals with treatment or therapy for individuals experiencing chronic disease[10]. Examples of primary, secondary, and tertiary interventions for managing stress are listed in Table II.

The research literature contains an abundance of articles dealing with the effectiveness of secondary and tertiary prevention programmes, but very few articles dealing with primary prevention (see [12]). However, the few articles which dealt with primary prevention strategies have produced consistent and encouraging results.

Organizational practices	Performance reward systems Supervisory practices Promotion opportunities
Job/task features	Workload Workpace Autonomy
Organizational culture/climate	Employee value Personal growth Integrity
Interpersonal relationships	Supervisors Co-workers Customers
Employee personal characteristics	Personality traits Family relationships Coping skills

**Table I.**  
Common organizational  
and individual  
stressors

		Managing job stress
Primary prevention	Revise supervisory practices Expand promotion/career ladders Install flexible work schedules Increase worker autonomy	
Secondary prevention	Progressive muscle relaxation Stress inoculation Improve coping skills	<b>47</b>
Tertiary prevention	Substance abuse counselling Hospitalization Psychotherapy	

**Table II.**  
Interventions for managing stress

In terms of “mapping” HRM and EAP expertise, it is in the critical area of primary prevention that HRM groups would seem to have the most to offer. Revision of supervisory training programmes, adopting flexible work schedules, and other organizational change strategies which may be suggested by the problem identification process, can be unique contributions by HRM groups. EAPs, on the other hand, are better equipped by training and experience to recommend secondary and tertiary prevention strategies.

*Evaluation.* Programme evaluation should be linked to the goals and objectives of the intervention, and ideally should employ measures used in the problem identification phase. For example, the presence or intensity of the job stressors should be eliminated or reduced, and symptoms of distress also should be reduced if the intervention is to be judged effective. Based on the results of the programme evaluation, the intervention may need to be refined, revised, or totally revamped.

### Summary

The collaborative approach, by soliciting input from HRM and EAP groups, is more likely to produce comprehensive stress management strategies, that is strategies which target the organization as well as the individual, for change. Interventions designed by one department (e.g. the EAP) typically focus on one aspect of the problem (e.g. improving employee stress coping skills), and generally will not be comprehensive.

A collaborative approach should be easier to implement in an organization which has adopted a philosophy of total quality management (TQM) or continuous improvement. Collaboration and interdepartmental co-operation fit nicely with management principles of “optimizing the system”, teamwork, and data collection, all central themes of TQM and continuous improvement systems.

Finally, a crucial element of any stress intervention process is employee involvement. The research evidence is very clear on this point: active

involvement of employees in programme development, implementation, and evaluation is vital to long-term success (see [9]).

**Case study – EAP/HRM partnership in a manufacturing company**

The seed of the partnership was formed when the corporate medical director of a US manufacturing firm visited stress researchers at the National Institute for Occupational Safety and Health (NIOSH) to obtain information on job stress and stress management. Six months later, the director of the EAP visited NIOSH to explore further how the latest job stress research could be applied to understanding and reducing stress in the corporate setting. The fruitfulness of these discussions led to a formal *Letter of Agreement* describing a multi-year, research partnership between the manufacturing company and NIOSH.

*Stress measurement*

A series of meetings was held to define the scope of the partnership project, and to set forth the goals for the project and the responsibilities of each partner. One of the first suggestions was to involve the HRM department in the project. Their involvement was judged to be crucial since they were responsible for administering the employee climate survey, and presenting the results to employees and management. The climate survey was developed by a private consulting firm, and was designed to assess four broad categories: organizational practices, organizational culture, organizational values, and organizational outcomes. These categories were assembled into a conceptual model which specified that organizational practices led to organizational culture (climate plus values), and these led to organizational outcomes (work performance, job satisfaction, and turnover intention).

The three partners, EAP, HRM, and NIOSH, decided to add two questions on “stress” to the employee climate survey. One question dealt with the amount of stress perceived by employees, and was taken from a special supplement of the 1985 National Health Interview Survey[17]. The second question dealt with how well employees were dealing with stress in their organization (i.e. coping with stress).

These two questions were designed to provide a glimpse of the scope of the problem of stress, and how well employees were coping with stress. Responses to these two questions would be statistically correlated with responses to other survey scales, such as supervisory practices, job satisfaction, and organizational effectiveness. These correlations, combined with multivariate statistical analyses, will identify the key associations among organizational characteristics and perceived stress and coping.

Once completed, the results of analyses of the climate survey data will form the foundation for discussions of stress management interventions. The use of climate survey results will produce data-driven, company-specific stress interventions, which can then be installed and evaluated for effectiveness. Also, while the HRM group will take the lead role in the analysis of the climate survey data to identify organizational practices associated with employee stress, the

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EAP will take the lead role in collecting health and personal adjustment data and feeding this information back to the collaborating groups and corporate managers, and in the design of stress management programmes.

Finally, it is important to note that the involvement of employee groups will be encouraged during the intervention design stage. Employees will have the opportunity to review the results of the data analyses, and offer ideas for stress management interventions. Their input to the process is crucial, and should be considered another party in any collaboration.

### Summary

The costs of stress, reflected by reduced quality of work life, poorer health, and lower productivity, coupled with the increasing prevalence of stress in the workplace, has prompted an increasing number of organizations to seek out ways to prevent or reduce employee stress. Moreover, the changing demographics of the workforce, and the changes in organizational structure and function, portend increases in employee stress.

The challenge for companies in the 1990s is to equip themselves to manage work stress and its health and productivity consequences, so as to reduce health-care costs, improve productivity, and remain competitive in a world economy. One mechanism for meeting this challenge is collaboration among company departments, bringing expertise from different disciplines to bear on the problem of stress. The collaboration between HRM and EAP groups described in this article was presented as a cost-effective mechanism for addressing the problem of job stress, and creating healthier work organizations.

Ultimately, the most successful interventions will be those which meet the company goals of profitability and competitiveness, and the employee goals of job satisfaction, mental and physical health.

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