Preface

The pages of the popular press testify to the growing levels of work-related stress felt by many Americans and to the price paid by individuals and organizations in terms of personal well-being and productivity. What is the best approach for managing or controlling stress on the job? Is intervention at the individual level the best way to handle stress, or are organizational interventions such as job redesign or joint worker–management stress committees more effective? Evidence to answer these and other crucial questions is contained in this book.

The purpose of this book is to present new research on the effectiveness of a variety of job stress intervention programs and applications. The findings suggest ways in which individuals, organizations, and policymakers can help prevent stress before it affects mental health and job performance or, when this is not possible, alleviate the effects of existing job stress. Collectively, the authors draw attention to new issues that demand further exploration and identify important gaps in the existing knowledge. In this way, we hope that the book will initiate a new generation of research and discussion.

This book owes its existence to a long and fruitful collaboration between the National Institute for Occupational Safety and Health (NIOSH) and the American Psychological Association (APA) that began in the late 1980s. At that time, the two organizations joined forces to refine and implement NIOSH-proposed strategies for the prevention of work-related psychological disorders.[1] The first product of the partnership was a jointly sponsored national conference in 1990 titled Work and Well-Being: An Agenda for the 1990s. Its proceedings were subsequently published in two books. The first contained action plans for improving the organization (design) of work, the surveillance of psychosocial risk factors and stress disorders, and mental health delivery systems.[2] The second book contained a series of international reports on occupational mental health risks and interventions.[3] The conference also served as an impetus for the initiation of a graduate fellowship program in occupational health psychology; the start-up of a new journal, the *Journal of Occupational Health Psychology*; and a subsequent conference on job stress in 1992.

The 1992 conference, Stress in the '90s: A Changing Workforce in a Changing Workplace, drew more than 800 international participants and covered a broad range of topics. This book is the third of three books derived from that

---

[1]Sauter, S. L., Murphy, L. R., & Hurrell, J. J., Jr. (1990). Prevention of work-related psychological disorders: A national strategy proposed by the National Institute for Occupational Safety and Health (NIOSH). *American Psychologist, 45,* 1146–1158.

[2]Keita, G. P., & Sauter, S. L. (Eds.). (1992). *Work and well-being: An agenda for the 1990s.* Washington, DC: American Psychological Association.

[3]Quick, J. C., Murphy, L. R., & Hurrell, J. J., Jr. (Eds.). (1992). *Stress and well-being at work: Assessments and interventions for occupational mental health.* Washington, DC: American Psychological Association.

conference. The first book[4] concentrated on factors that may predispose the individual worker to stress. It explored the shifting demographics of the work-force, work–family dynamics, and implications for job stress. The second book[5] focused on organizational risk factors for job stress. It investigated changes in job demands and associated stress risks in today's workplace, as well as new ways of conceptualizing and assessing organizational risk factors. This present book draws on the findings of both previous books and examines interventions at the individual, organizational, and policy levels.

We thank Judy Nemes of the American Psychological Association for her extensive editorial support in preparation of this book, Lynn Letourneau for her assistance with administrative details, and several anonymous reviewers for their valuable suggestions for chapter revisions. Finally, we thank each of the chapter authors for their patience and hard work during the longer-than-expected process of preparing this book for publication.

<div align="right">
Lawrence R. Murphy
Joseph J. Hurrell, Jr.
Steven L. Sauter
Gwendolyn Puryear Keita
</div>

---

[4]Keita, G. P., & Hurrell, J. J., Jr. (Eds.). (1994). *Job stress in a changing workforce: Investigating gender, diversity, and family issues.* Washington, DC: American Psychological Association.
[5]Sauter, S. L., & Murphy, L. R. (Eds.). (1995). *Organizational risk factors for job stress.* Washington, DC: American Psychological Association.

Introduction

The workplace and the work experience are changing at breakneck speed. Global competition, corporate downsizing and reorganization, new management philosophies, increased workforce diversity, new technologies, and—particularly in the health care field—fear of HIV and AIDS and multidrug-resistant tuberculoses are all elements that contribute to the change. The rate of change also has increased. Technological developments in the computer field are so rapid that state-of-the-art equipment purchased 6 months ago already is outdated. Application packages are upgraded so frequently that one is in a seemingly constant state of training. Thus, as soon as one masters a word processing program, a new version appears, and the learning process begins anew.

Twenty-five years ago, Alvin Toffler (1970) coined the term *future shock* to describe "the shattering stress and disorientation that we induce in individuals by subjecting them to too much change in too short a time" (p. 2). In the modern workplace, future shock has become reality. The changing workplace is a breeding ground for stress and associated mental and physical health disorders. As never before, there is a need for effective interventions to prevent, reduce, and manage job stress.

Although there is general agreement that stress is a growing problem in the modern workplace, there is less agreement on the optimal strategy for reducing or controlling stress. Historically, three distinct approaches have been used, each with a distinct focus and preferred interventions. In medical terminology, these approaches can be classified as primary, secondary, and tertiary prevention.

Primary prevention seeks to alter the source of stress at work and is the most fundamental approach to the problem of work stress. This approach can be reactive (i.e., changing the work conditions that produce stress) or proactive (i.e., preventing work conditions from becoming stressful). In both cases, the focus is on the sources of stress, not the symptoms or outcomes of stress. Primary prevention requires an assessment of job and work organization factors to identify the stress "hot spots" in the organization. Examples of primary prevention strategies are job or task redesign, participative management, and job enlargement. Despite their advantages, these strategies are expensive to implement and often disruptive to production schedules; thus, they have tended to be less acceptable to management than secondary or tertiary strategies. Scientific evaluations of primary prevention strategies for reducing work stress are rare in the published literature (see Ivancevich, Matteson, Freedman, & Phillips, 1990; Murphy, 1988, for reviews), and there is little practical guidance for companies on how best to reduce employee stress at this level. Because primary prevention is often more difficult to implement, chapters describing this approach appear in the second main section of this book, after chapters describing more widely used interventions focusing on the individual worker.

Section II of this book (The Work Setting) contains seven chapters that address primary prevention strategies for reducing work stress. Three of the chapters take a broad overview of stress and offer general guiding principles for designing stress interventions. The remaining five chapters describe and evaluate specific job and organizational change programs for relieving stressful working conditions. Taken together, these chapters provide the necessary conceptual background for planning stress interventions and offer concrete examples of specific worksite interventions.

Secondary prevention aims to reduce the severity of stress symptoms before they lead to more serious health consequences. Stress management programs are good examples of secondary prevention. These programs seek to educate workers about the causes and consequences of stress and teach them relaxation and coping skills for managing the physiological and psychological symptoms of stress. The most common types of stress management strategies are progressive muscle relaxation, cognitive–behavioral skills training, and meditation. These strategies became popular in the 1980s, riding on the coattails of the worksite health promotion movement (Murphy, 1988). Such strategies are easy to design, implement, and evaluate and are generally well received by workers.

The first main section of this book (The Worker) contains 11 chapters that describe secondary prevention strategies. These strategies are divided into two parts, one focusing on stress management training and the other on coping strategies. It is significant that three of the five chapters on coping strategies specifically deal with job loss and unemployment. This is not coincidental but reflects the trend toward company downsizing and reorganization that began in the late 1980s and accelerated in the 1990s. The chapters describing stress management training, on the other hand, are more generic in nature and involve teaching workers somatic and cognitive relaxation skills instead of specific coping skills for specific stressors (e.g., job loss). The studies described present evidence that secondary prevention strategies are effective in helping workers deal with the symptoms of stress and therefore have a place in worksite stress reduction programs. However, most authors recommend that secondary strategies be linked with primary prevention efforts to achieve more comprehensive programs.

Tertiary prevention involves the treatment of health conditions, regardless of the source. Tertiary prevention is reactive, inasmuch as the health problem already exists, and the main effort involves treating the health disorder, not eliminating the sources of stress at work. Stress-related disorders (whether identified as such) traditionally have been dealt with by the company medical department, often through an employee assistance program (EAP). EAPs see a wide spectrum of stress problems, some of which have their root causes in the work environment. However, the typical EAP provides limited feedback to management, usually in the form of information about how many employees were seen in the EAP and the types of health problems encountered. EAPs generally focus on characteristics of the employee, not on characteristics of the work environment, which may be causing the employee's stress. The third part of The Worker section describes tertiary prevention programs, and all

have a single focus: posttraumatic stress disorder (PTSD). PTSD is perhaps the most severe form of work stress and certainly has one of the most debilitating outcomes (Everly, 1989). Although once restricted primarily to first responders and emergency response personnel, PTSD is being seen more and more often among workers in other occupational groups (e.g., taxi drivers, convenience store workers, bank employees) who are exposed to physical assaults and other forms of violence at work. Increasingly, occupational health providers are called on to treat employees exposed to traumatic events and to assist workers in dealing with the emotional and physical ramifications of such exposure.

Collectively, these chapters suggest that stress interventions must address both individual worker and job and organizational factors, and be sensitive to the dynamic nature of stress, to be effective for long-term stress prevention and reduction. Provisions for worker participation in all aspects of stress interventions promote greater worker involvement and ultimately should increase the odds of success (Sauter, Murphy, & Hurrell, 1990). Beyond the organizational level, policy and legislative actions at the national level can have important influences on workplace stress. For example, occupational safety and health policies and standards can be used to prevent or reduce the impact of large-scale stressors such as involuntary layoffs and discrimination in employment due to disability. The third and final section of this book is devoted to an examination of some key policy and legislative issues.

It is hoped that this book will both stimulate new research in the area of job stress interventions and make a contribution toward reducing stress at work and improving worker well-being and organizational effectiveness. The limited, narrow focus of much of the stress management research literature will not be adequate to address the nature and types of stressors that workers currently face and emergent stressors that workers may be required to face in the decade to come.

References

Everly, G. (1989). *A clinical guide to the treatment of the human stress response*. New York: Plenum Press.

Ivancevich, J. M., Matteson, M. T., Freedman, S. M., & Phillips, J. S. (1990). Worksite stress management interventions. *American Psychologist, 45*, 252–261.

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*. Chichester, England: Wiley.

Sauter, S. L., Murphy, L. R., & Hurrell, J. J., Jr. (1990). A national strategy for the prevention of work-related psychological disorders. *American Psychologist, 45*, 1146–1158.

Toffler, A. (1970). *Future shock*. New York: Random House.

JOB STRESS
INTERVENTIONS

EDITED BY

LAWRENCE R. MURPHY,

JOSEPH J. HURRELL, JR.,

STEVEN L. SAUTER, AND

GWENDOLYN PURYEAR KEITA

AMERICAN PSYCHOLOGICAL ASSOCIATION
WASHINGTON, DC

HF
5548
.85
J655
1995

121894