

# Workplace Stress: Etiology and Consequences

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**ABSTRACT.** Workplace stress can be defined as the change in one's physical or mental state in response to workplaces that pose an appraised challenge or threat to that employee. Research has shown that there are a number of factors that contribute to workplace stress. These factors include a toxic work environment, negative workload, isolation, types of hours worked, role conflict, role ambiguity, lack of autonomy, career development barriers, difficult relationships with administrators and/or coworkers, managerial bullying, harassment, and organizational climate. Should the stressors continue, the employee is at significant risk of developing physiological and psychological disorders that can lead to increased absenteeism, organizational dysfunction, and decreased work productivity. Intervention strategies are discussed to help managers provide support and intervention to employees coping with workplace stress. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2005 by The Haworth Press, Inc. All rights reserved.]*

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## INTRODUCTION

### *The Nature of Stress*

Workplace stress is a complicated psychological construct which must be first conceptualized by its parent construct known as stress. Stress has been defined as the change in one's physical or mental state in response to situations (stressors) that pose challenge or threat (Krantz et al., 1985; Zimbardo et al., 2003). At times we are faced with challenging situations that will require a significant amount of physical and/or mental effort. Most parents can recall situations when they were called upon to rescue their child from getting hit by a car—stress was the driving force stimulating their most primitive “fight or flight” response. Stress can help people achieve their goals and propel them through challenging situations. On the other hand, stress can also become burdensome causing one to experience significant emotional distress and physical illness.

In its basic form stress is divided into two categories: eustress and distress. Eustress is also known as positive or good stress. “Eu” comes from the Greek root word for “good” (Seyle, 1980). Because stress is inherently a reaction, the associated stressor has been cognitively appraised as positive or challenging. The following are some examples of eustress: birth of a newborn, winning a competition, marriage, purchasing a new home, job promotion, making new friends, reaching cultural milestones such as menarche or age specific ceremonies signifying a transition into manhood/womanhood, and the force that stimulates us to productively work through challenging situations and tasks.

Distress, however, is the stress reactions to those stressors appraised as being negative. When most people think of stress, they are thinking about those times when they are under unpleasant pressure to perform, when a catastrophic event occurs, or when they are dealing with the everyday stressors that create general frustration. The point of discussing these two types of stress is to demonstrate that stress can help us meet our goals and stimulate positive productivity; however, given a certain amount of intensity and duration of arousal, stress can (and will) become crippling and lead to emotional turmoil, burnout, and physical illness.

In general, individuals will have a cognitive, behavioral, emotional, and physical response to both eustress and distress. These responses are directly related to the individual's capacity to cope with the presented stressor. In an individual's cognitive appraisal (how we interpret), a stressor is directly related to the individual's resources for coping with

the stress, the characteristics of the stressor, and the characteristics of the individual (physiological, cultural, and psychological) (Lazarus & Folkman, 1984). The interaction between the individual characteristics with the resources and the stress characteristics will influence how the individual responds on a cognitive, emotional, behavioral, and physiological level. When individuals do not have the capacity to adapt to the stressors, the effects can create chronic emotional, psychological, and physical complications—some lethal (Zimbardo et al., 2003).

Lazarus (2000) states “stress comes from any situation or circumstance that requires behavioral adjustment. Any change, either good or bad, is stressful, and whether it’s a positive or negative change, the physiological response is the same.” The sensation and perception of stress requires the use of our body’s energy and defensive resources. These resources become depleted as the duration of stress increases. The *three* levels of stress are acute stress, episodic stress, and chronic stress (Lazarus, 2000). Each level of stress has associated emotional and physiological symptoms. Acute stress occurs when new demands, pressures, and expectations are placed on an individual and these demands place their arousal levels above their threshold of adaptability. These demands can be in the form of receiving unrealistic work demands, unexpected meetings that thwart attempts to get work completed, and other situations that might cause frustration but generally last a short period of time. Symptoms of acute stress include emotional disturbance such as increased anxiety, worry, frustration, and hostility. Physical symptoms of acute stress can include fatigue, increased blood pressure (temporarily), rapid heart rate, dizziness, headaches, jaw pain, back pain, inability to concentrate, and confusion. With acute stress there is a clear onset and offset of symptoms (Zimbardo et al., 2003).

Episodic stress includes the criteria for acute stress; however, the stress is experienced more frequently and consistently—in multiple episodes. The person who experiences episodic stress will tend to exhibit aggressiveness, low tolerance, impatience, and a sense of time urgency. Along with the symptoms listed in the acute stress section, those persons experiencing episodic stress are at risk for heart disease, chest pain, asthma, hypertension, and persistent headaches (Lazarus, 2000).

Chronic stress is characterized by the accumulation of stressors that persist and are long-standing. Chronic stress is associated with family problems, poverty, long-term illness (Lazarus, 2000), and job strain (Broadbent, 1985; Warr, 1990). Hans Selye (1956) described a three-stage general pattern of physical responses as a result of chronic stressors.

*Stage 1* is the Alarm Reaction Stage. This stage is a generally short acting phase where the individual is physiologically prepared to ward off the stressor. The body's natural energy and defensive resources are activated through the hypothalamus, which communicates to the sympathetic nervous system to activate the adrenal functions, which increase heart rate, increase blood-flow to muscles, heart, and brain, and prepare the individual for fight or flight. The problem occurs when the body is in a prolonged state of distress because the stressor has not been removed but the body's resources are becoming depleted. *Stage 2* (Resistance) is the stage where the body adapts to the continuing presence of the stressor (Zimbardo et al., 2003; Seyle, 1959) because of parasympathetic intervention to stabilize bodily functions and decrease of adrenal output. *Stage 3* (exhaustion) is characterized by a resurgence of the alarm stage should the stressor persist. The resurgence of the alarm stage will last for a very short time while a powerful response from the autonomic system attempts to regulate the hormone response (Zimbardo et al., 2003). During this stage, the body's vital resources have been depleted from the immune system (immunosuppressant), leaving the individual vulnerable to illness and even death. In essence, the body has experienced hypoadrenia—a state in which the body does not have the capacity to adapt to stress. This can lead to irritable bowel syndrome, hyperinsulinism, high blood pressure, heart attacks, chronic fatigue, psychosis, tiredness, and symptoms of depression.

### ***Workplace Stress***

The aforementioned stress related discussion has set the paradigm through which managers should understand stress. Stress is not merely a physiological response to a stressful situation. Stress is an interaction between that individual and source of demand within their environment (Long, 1995). Moreover, it is a condition that arises when an individual experiences a demand that “exceeds his or her real or perceived abilities to successfully cope with the demand, resulting in disturbance to his or her psychological and psychological equilibrium” (Kolbell, 1995). The word used in the previous sentence, “perceived,” is a critical factor in understanding workplace stress. The employee must perceive the situation as one that is threatening. Perception of the situation occurs at the level of cognitive appraisal. The employee's emotional, cognitive, behavioral, and physiological response to stress has a direct relationship to the characteristics of the stressor, the resources the employee has to buffer the stressor, and the employee's personal characteristics.

According to Cryer, McCraty, and Childre (2003), workplace stress has increased by 10 percent since 2001. There are many factors that can contribute to workplace stress. These stressors include the employee's appraisal of adaptation to a technologically changing environment. In other words, some individuals have the capacity and the resources to advance their skills while others may not. The changing environment creates distress when that challenge is perceived as a threat to the employee and his or her well-being (Lazarus & Folkman, 1984). There are, however, individuals who work in what is now considered a toxic work environment. Toxic workplaces are characterized by "relentless demands, extreme pressure, and brutal ruthlessness" (Macklem, 2005). Moreover, employees within a toxic work environment operate consistently in fear, paranoia, and increased anxiety states. Appraisals of threat or harm that arise from both high work demands and over-controlling/harassing environments have been found to be most often stress producing (Karasek & Theorell, 1990; Mausner-Dorsch & Eaton, 2000). Employees experiencing chronic work stress have been shown to develop unstable blood pressure, increased cholesterol levels, muscle tension, diabetes, hypertension, ulcers, headaches, substance abuse, and clinical depression. Moreover, their capacity to concentrate and retain information becomes a problem. The employee also may experience significant anxiety, anger, and irritability (Israel et al., 1989), which may affect his or her capacity to maintain interpersonal relationships outside of the organization. Workplace stress has been shown to lower productivity, increase absenteeism, and create pervasive patterns of dysfunction in the workplace (Anderson & Puluch, 2001; Levin-Epstein, 2002). Stress has also led to changes in work habits, changes in personality (or social behavior), and job burnout. It is estimated that disorders related to stress annually claim nearly 10 percent of the earnings from businesses (Dyck, 2001). Murphy (1995) describes five categories of workplace stress: (1) Factors unique to the job, (2) role in the organization, (3) career development, (4) interpersonal work relationships, and (5) organizational structure/climate. Each of the five categories demonstrates that stress can occur specifically when there is a conflict between the employee and the job demands placed on that employee. In fact, when the employee has little control over the situation, the tolerable challenging stress becomes distress.

The first category discussed relates to the "factors unique to the job." In this section, the employee is coping with the specific hours worked, level of autonomy in the work environment, the pace at which the employee is expected to work, how meaningful the job, the actual physical

environment, level of isolation from others, and workload. Shift work, specifically overnight hours, can have a negative impact on the well-being of employees and induce negative psychophysiological consequences beginning with the disruption of the circadian rhythms (Costa, 1996). Research has shown that approximately 20 percent of night shift workers have to leave their positions due to psychophysiological dysfunction such as chronic fatigue, hypertension, heart disease, and gastrointestinal dysfunction (Costa, 1996). In addition, the diminished capacity to cope with stressors has led to problems within marital relations, care for children, and social contacts. These factors will significantly impact the employee's performance and efficiency—leading to errors and accidents (Costa, 1996). Workload and other job demands also impact stress and fatigue leading to health complications and decreased work productivity (MacDonald, 2003). Kantowitz (1987) describes a multidimensional model indicating the combination of work demands (task number, type, difficulty, contextual factors) plus individual factors (coping capacity, willingness to expend effort, values, motives strategies) were determinants of effort expended, performance, stress, and frustration. Increased stress and performance deterioration was related to the inverse relationship of task demands and employee capacity to perform the task (Wickens & Hollands, 2000). "Work overload is one of the most stressful tasks demands facing employees today" (Anderson & Pulich, 2001).

The second category discussed by Murphy (1995) refers to the employee's "role in the organization." This category focuses on the employee's level of responsibility in the workplace. There are times, in organizations which are particularly top-heavy with management or authorities, where employees must perform multiple functions requiring oversight from multiple supervisors. Stress can pose a significant threat when the employee must perform several roles simultaneously—some roles may be incompatible, some ambiguous. Role ambiguity occurs when management has not clearly defined the role of the employee leading to a lack of clarity about the employee's responsibilities and performance expectations. Role ambiguity is easily remedied by management's creation of job descriptions and communicating priorities.

The third category of workplace stressors pertains to "career development." The issues presented in this category pertain to the level of under/over promotion, job security, and career development opportunities. In a time of both technological changes, major mergers, and acquisitions, employees are faced with being phased out of positions or being in positions where there is no real opportunity to "shine" or be creative.

Thus, the employee has a sense of being “stuck” in a position with no opportunity for advancement. Both the manager and employee are responsible for identifying and creating a remedy for this category of stress. Managers must assist and guide employees to best prepare them for career advancement (Anderson & Pulich, 2001).

The fourth category of workplace stress pertains to the interpersonal relationships within the workplace. Workplace relationships and group dynamics are the primary factors. Workplace stress in this category is generally a response from problematic relationships between administrators, coworkers, and/or subordinates. Additional stressors include harassment, discrimination, threats of violence, and managerial bullying. Raynor and Hoel (1997) provided five categories of bullying behavior: (1) Threat to professional status through belittling opinions, public humiliation, and accusations of “lack of effort”; (2) threat to personal standing such as name-calling, insults, and teasing; (3) isolation such as preventing access to opportunities such as training and withholding information; (4) overwork such as undue pressure to produce work, impossible deadlines, and unnecessary disruptions; and (5) destabilization such as failure to give credit when due, meaningless tasks, removal of responsibility, and shifting of goalposts.

The fifth, and final, category of workplace stress pertains to the overall organizational structure (and climate). Within this category, organizational communication patterns, management style, and meaningful participation in decision-making (job control) are in focus. In essence, the capacity to exert influence over one’s environment through participation in planning and execution of job tasks has positive effects of stress reduction, improved work performance, job satisfaction, and decreased psychosomatic disorders (Israel et al., 1989).

### ***Managerial Intervention***

Managers play a critical role in the identification and intervention of chronic workplace stress. Lazarus (1991) has identified three main strategies for reducing work-related stress. The first strategy managers can implement to help their employees cope with workplace stress is altering the working conditions so that they are more conducive to effective coping. By removing obstacles such as work overload, environmental annoyances, isolation, and lack of autonomy, an environment is created in which an employee will be able to flourish. The second strategy for reducing work-related stress is to help the employee improve his or her transaction with the environment. In other words, managers

should provide the employee with services such as an employee assistance program or links to stress management resources to help them work through the issues that hinder adequate appraisal of the situation; moreover, such programs will teach the employee how to utilize behavioral skills such as implementing a new diet, meditation techniques, and relaxation techniques in order to relieve the physical and psychological effects of stress. Usually, these programs will entail cognitive behavioral interventions (Long, 1988). The third strategy is to help the employee identify the stressful relationship between the individual or group and the work setting (Lazarus, 1991; Long, 1995) and developing a strategy to help reduce the tension in that relationship.

### CONCLUSION

Workplace stress places significant psychological, physiological, and financial costs on both the individual employee and his or her organization. Workplace stress has been associated with the etiology of physical disorders such as heart disease, hypoadrenia, immunosuppression, and chronic pain. In addition, the psychological impact of workplace stress includes depression, persistent anxiety, pessimism, and resentment. The impact of these symptoms on organizations is significant as these symptoms lead to hostility in the workplace, low morale, interpersonal conflict, increased benefit expenses, decreased productivity, and increased absenteeism. By providing the foundation for employees to flourish while also allowing employees to take responsibility for their stress related symptoms, organizations will find significant improvement in productivity and an improved workplace dynamic.

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