

DOIs:10.2017/IJRCS/202407017

--:--

Research Paper / Article / Review

ISSN(O): 2456-6683

[Impact Factor: 9.241]

Workplace stress & its societal implications: A literature review of different occupational groups

¹Ms. Preeti Sharma, ²Dr. Rajesh Upadhyay ¹Research scholar, COBS, COER University, Roorkee ² Dean Management, COER University, Roorkee Email - preeti.sharma.mgmt@coeruniversity.ac.in

Abstract: Investigating the concept of workplace stress and its societal implications across many professional categories is the purpose of this evaluation of the literature. The effects of job stress on both people and businesses are a subject of growing concern. The first part of the examination focuses on the definition and causes of occupational stress, highlighting its complexity. The impact of stress on society as a whole, as well as how it impairs work performance, physical and mental health, and work-life balance, is then discussed. This review explores the variations in workplace stress experiences among diverse occupational groups, including teachers, healthcare professionals, and office workers. It does this by analyzing a variety of studies and academic papers. It discusses the many pressures that each profession deals with as well as the various coping strategies people employ to mitigate their effects. The review also examines cultural and organizational factors that contribute to workplace stress, such as task demands, corporate culture, and social support systems. The findings highlight the prevalence of workplace stress and the harmful effects it has on an individual's health as well as productivity, job satisfaction, and social functioning. The review highlights the significance of developing comprehensive methods and treatments at the individual, organizational, and societal levels in order to successfully manage and limit workplace stress and its social consequences.

Keywords: workplace stress, occupational stress, job stress, work related stress, stress management, work life balance.

1. INTRODUCTION:

The strain that employees go through physically, emotionally, and psychologically at work is referred to as workplace stress. When people are subjected to demands and expectations that are greater than their capacity to handle them, tension and imbalance result.. The broader repercussions and impacts that workplace stress has on people, businesses, and society at large are its societal implications. Stress at work can have detrimental effects on several levels: At the individual, organizational, and societal levels, The societal effects of occupational stress must be addressed, which necessitates multifaceted proactive actions. Organizations must promote work-life balance, establish stress management programs, and create supportive work environments. Government agencies and legislators have a part to play in promoting laws that give employees' well-being and access to mental health care at work top priority. Individuals, groups, and society can all endeavor to enhance everyone's general wellbeing, productivity, and quality of life by identifying and managing workplace stress. The significant increase in medical care spending in the United States from \$26.9 billion in 1960 (5.3 percent of the Gross National Product) to \$234.4 billion in 1980 (9.4 percent of the GNP) and a projected \$462.4 billion in 1985 (9.9 percent of the GNP) has increased interest in methods to slow this growth and improve individual health and well-being. Parkinson et al., 1982. Work-based programs can reach a substantial group of people who already have social support networks in place and also enable participation for those who have timeconsuming family or community duties that compete for their schedules (Parkinson et al., 1982). People from various professions are affected by the pervasive issue of workplace stress, which has negative effects on society as a whole. As today's workplaces become more demanding and competitive, the prevalence of stress-related problems has increased, needing a complete understanding of how it impacts both individuals and society as a whole.

This literature study will examine the body of prior research in order to understand the concept of workplace stress and its broader societal implications. In order to pinpoint the specific stressors that people in these diverse



situations encounter, this review examines the experiences of numerous occupational groups, including teachers, corporate workers, and healthcare professionals. It also examines the effects of workplace stress, such as how it could impact one's physical and mental health, productivity, and work-life balance. The approach also considers societal and organizational factors that affect how job stress emerges. By providing a detailed analysis of relevant research, this review aims to shed light on the multifaceted nature of workplace stress and its substantial societal implications. The information gleaned from this inquiry will serve as a basis for the development of effective strategies and remedies to address this pervasive issue and encourage healthier and more productive work environments.

ISSN(O): 2456-6683

[Impact Factor: 9.241]

1.1 Social Stressors

Two modal concerns have historically driven stress research: one is primarily interested in naturalistic stressors, while the other is concerned with the mediation and effects of stress. The discussion that came before shows that sociologists have been and should continue to be interested in the former. Other scientists, who are more focused on the biological and psychological effects of stress, are less interested with the source and causes of the stressors. Whether stress is created artificially in a lab, is specific to a person, or is rooted in really exceptional circumstances doesn't matter to these researchers. Their perspective is that the organism's response to stress is legitimately more interesting than the stress's root cause (Pearlin, 1982). Comparatively, sociological focus is more on stressors and their naturalistic causes. Of course, when we talk about stressors, we mean the actual situations that cause stress. Although almost all social scientists involved in stress research are interested in stressors, their conceptualizations of stressors and the relative weight they accord various forms of stressors vary widely. In recent years, attention has generally been split between major life events and more persistent or ongoing issues, commonly referred to as chronic strains.

1.2 Life Events as Stressors

Life's Events as Stressors Life events have attracted by far the most research interest in the last 20 years. In truth, some organizations have improperly exploited actual events as metaphors for stress studies. At least three causes account for the enormous growth in life events research during the past 20 years. First, the seminal work from 1982 by Hans Selye provided a crucial theoretical framework for events investigation. Second, in response to Selye's theoretical purpose, a method was created to assess the level of eventful change experienced by people in a way that appeared simple and objective. Third, early research on life events attracted attention since it was able to show links between the severity of eventful change and numerous health markers. Overall, stress researchers who sought to classify and quantify stressors found a theory to guide their work, a method to employ, and empirical results to applaud their efforts. The idea, methods, and findings of life events research have all been under review since the field's inception. The study on life events has already been examined by others (e.g., Dohren- wend and Pearlin 1982; Thoits 1983), so I won't be doing that here.

1.3 Primary and Secondary Stressors

The premise that substantial stressors rarely, if ever, occur singularly underlies the explanation above. People are very likely to be subjected to other major stressors if they are already exposed to one. Chronic strains are triggered by one incident, which in turn causes subsequent events or strains to follow. As a result, groups of stressors may form, each group made up of various occurrences and strains. Furthermore, problems that began in various institutionalized positions may have led to the clustered stressors (Wheaton in press): a job loss may lead to economic pressures, occupational strains may result in marital strains, and so forth. Given the interdependence of the various facets of people's lives, it is fair for stressors to proliferate and disperse both inside and across institutional boundaries. Disruptions in one aspect of people's lives are therefore likely to result in disruptions in others. Additionally, the stressors that one person encounters frequently cause issues for other people who have the same role sets. As a result, a married person in a challenging workplace scenario is likely to have a spouse who is stressed out as a result (Pearlin and McCall in press).

1.4 Various solutions to overcome from workplace stress

There are ways to deal with workplace stress, which can sometimes feel overwhelming. First and foremost, time management is essential. Set realistic deadlines, order jobs by importance, and delegate work where you can. Stress can also be reduced by establishing a network of co workers who support one another or by asking a mentor for advice. It's also important to take care of yourself. Regular exercise, a healthy diet, and enough sleep are all recommended. Throughout the day, taking little breaks might help you stay focused and be more productive. Communication is crucial; express concerns and ask for input to deal with problems quickly. Finally, learning stress-reduction methods like



meditation or deep breathing exercises might help you unwind and become more resilient. These techniques can be used to successfully overcome job stress.

ISSN(O): 2456-6683

[Impact Factor: 9.241]

2. Objectives:

The objectives of addressing workplace stress and its societal implications are as follows

- Recognize the effects of workplace stress on personal wellbeing:
- Analyze the effects of occupational stress on the organization:
- Examine the social effects of workplace stress.
- Create methods and treatments to deal with workplace stress:

3. RESEARCH METHODOLOGY:

All stress management approaches have been linked to successful outcomes in several research, but there haven't been many that compare the relative efficacy of different ways. When taking into account both physiological and self-report indices, the adoption of multimodal techniques to stress management seems to be more beneficial than individual strategies.

The effectiveness of worksite stress management programs must be evaluated in more detail in future study, despite the fact that the discipline is still in its infancy and more demonstration studies are required. This section covers general characteristics, the proportion of successful and failed participants, benefit maintenance, and cost-benefit analyses.

4. LITERATURE REVIEW:

These strategies, which fall under the heading of "health promotion/disease prevention," include those for lowering stress levels, losing weight, stopping smoking, managing hypertension, improving diet, and getting more physically fit. The objectives of health promotion programs range from strictly instructional to teaching people how to take their blood pressure, deal with stress, or change their lifestyle. Corporate involvement in these endeavors has been clearly on the rise in recent years, as shown by the ongoing growth of employee health programs. While some programs concentrate on specific problems like hypertension or alcoholism, others offer more comprehensive services including counseling for both employees and their families. Businesses predict that health promotion will raise output, lower medical and disability costs, reduce absenteeism and staff turnover, and improve employee morale and satisfaction. The significant increase in medical care spending in the United States from \$26.9 billion in 1960 (5.3 percent of the Gross National Product) to \$234.4 billion in 1980 (9.4 percent of the GNP) and a projected \$462.4 billion in 1985 (9.9 percent of the GNP) has increased interest in methods to slow this growth and improve individual health and well-being. Parkinson et al., 1982. The workplace is a great venue to conduct programs for health promotion and illness prevention. Work-based programs can reach a substantial group of people who already have social support networks in place and also enable participation for those who have time-consuming family or community duties that compete for their schedules (Parkinson et al., 1982). Fielding (I 982) recently investigated the efficacy of occupational health improvement efforts for hypertension, stopping smoking, decreasing weight, and enhancing physical fitness. Discussions about costeffectiveness and cost-benefit issues were held, and programs were graded according to how directly tied the target issue was to excess morbidity or mortality. Initiatives to control hypertension were found to be cost-effective, and those to aid smokers in quitting were considered to be "probably" cost-effective. It was impossible to estimate the financial savings that physical fitness and weight loss programs would bring to organizations due to a lack of data. Any mention of employee stress management programs was conspicuously absent from the report. Psychological job stress is still a significant concern despite the fact that it is a growing problem with negative health effects (Caplan et al., 1975; Cooper & Marshall, 1976). Despite the existence of numerous studies on the subject (Hoiberg, 1982; Hurrell & Colligan, 1982; Sharit & Salvendy, 1982) and the fact that many companies now offer stress management to their employees (Parkinson et al., 1982), a recent review of the literature found a paucity of scientific studies evaluating job stress reduction techniques (Newman & Beehr, 1979). In fact, some researchers have questioned whether the concept of stress itself is helpful in light of the abundance of stress indicators (Elliott and Eisdorfer 1982). Sociological stress researchers that are primarily concerned in mental health outcomes today face a unique set of institutional restrictions on the choice of outcome criteria, as Mirowsky and Ross (1989) have persuasively highlighted. As a result, it has been hypothesized (e.g., Kessler and McLeod 1984) that women may be more susceptible than men to some stressful situations, such as network losses. Perhaps the differences between men and women's vulnerability to stresses are not in their overall levels of vulnerability, but rather in the specific consequences to which they are vulnerable. This caution is based on research



by Aneshensel (1988), who demonstrated that apparent gender differences in vulnerability to the effects of events vanish when depression, excessive drinking, and other outcomes are taken into account.

ISSN(O): 2456-6683

[Impact Factor: 9.241]

5. DISCUSSION:

Wide-ranging societal effects of workplace stress include negative effects on people, groups, and communities. Employees who are under a lot of stress may experience problems with their physical and mental well-being as well as lower job satisfaction and productivity. In turn, this has an effect on businesses by raising absenteeism, turnover rates, and medical expenses. On a larger scale, workplace stress puts a load on healthcare systems and lowers people's general wellbeing and quality of life.

The financial burden of stress-related healthcare costs, lowered enjoyment, and strained interpersonal relationships are just a few of the societal repercussions. A complete strategy is needed to address workplace stress, one that includes promoting policies that prioritize employee well-being, establishing supportive work environments, and putting stress management programs into practice. By doing this, businesses may increase worker happiness and output, lower healthcare expenses, and advance society as a whole. Regulations and programs that encourage stress reduction and mental health support in the workplace are implemented by government agencies and policymakers. We can promote healthier and more effective people, businesses, and communities by tackling workplace stress.

6. CONCLUSION:

The extensive problem of workplace stress and its wide-ranging societal ramifications across various professional groups have been clarified by this literature study, which is concluded. The results underscore the multifaceted nature of job stress, with particular stresses experienced by teachers, business personnel, and healthcare professionals. Workplace stress can have negative effects on one's physical and mental health as well as their ability to do their jobs effectively. The review emphasizes the importance of supportive work environments and efficient coping mechanisms while also highlighting the impact of organizational and societal factors in causing workplace stress. Multiple levels of comprehensive interventions are needed to address workplace stress. Employees can be empowered to better manage their stress through individualized tactics including stress management practices and self-care routines. Focus should be placed on improving workplace morale, lowering workload expectations, and offering sufficient social support. To encourage healthy work conditions, larger societal changes are also required, such as regulatory changes and awareness campaigns. Stakeholders can collectively work toward developing long-term solutions that increase employee wellbeing, boost productivity, and contribute to a healthier and more resilient society by recognizing the intricacies of workplace stress and its ramifications.

REFERENCES:

- 1. Abbamontme, m., matheny, w. G., & dievanayag, s. A. (1997). The effect of biofeedback-assisted relaxation training on stress-related responses in police officers. Paper presented at the American Industrial Hygiene Association Conference, May.
- 2. Benson, H. (1976). The Relaxation Response. New York: William Morrow.
- 3. Bernstein, D. A., & Borkovec, T. D. (1973). Progressive Relaxation Training. Champaign, IL: Research Press.
- 4. Borkovec, T. D., & Nau, S. D. (1972). Credibility of analogue therapy rationales. Journal of Behavior Therapy and Experimental Psychiatry, 3, 257-260.
- 5. Burish, T. G., & Hendrix, M. (1980). Importance of relaxation instructions in the EMG biofeedback training package. Journal of Psychosomatic Research, 24, 137-145.
- 6. Caplan, R. D., Cobb, S., French Jr, J. R. P., Van Harrison, R., & Pinneau, S. R. (1975). Job Demands and Worker Health. DHHS (NIOSH) Publication No. 75-160. Washington, DC: US Government Printing Office.
- 7. Carrington, P., Collins, G. H., Benson, H., Robinson, H., Wood, L. W., Lehrer, P. M., Woolfolk, R. L., & Cole, J. W. (1980). The use of meditation-relaxation techniques for the management of stress in a working population. Journal of Occupational Medicine, 22, 221-231.
- 8. Cooper, C. L., & Marshall, J. L. (1976). Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. Journal of Occupational Psychology, 49, 11-28.
- 9. Cuthbert, B., Kristeller, J. R., Simmons, R., Hodes, R., & Lang, P. L. (1981). Strategies of behavioral control: Biofeedback, meditation, and motivation. Journal of Experimental Psychology: General, 110, 518-546.
- 10. Dralen, M., Nevid, J. S., Pace, N., & O'Brien, R. M. (1982). Worksite-based behavioral treatment of mild hypertension. Journal of Occupational Medicine, 24, 511-514.



- 11. Ellis, A. (1962). Reason and Emotion in Psychotherapy. New York: Lyle Stuart.
- 12. French, J. R. P., & Caplan, R. D. (1972). Organizational stress and individual strain. In A. J. Marrow (Ed.), The Failure of Success (pp. 30-66). New York: AMACOM.

ISSN(O): 2456-6683

[Impact Factor: 9.241]

- 13. Friedman, M. (1963). Patient-expectancy and symptom reduction. Archives of General Psychiatry, 9, 342-347.
- 14. Ganster, D. C., Mayes, B. T., Simew, E., & Tharp, G. D. (1982). Managing occupational stress: A field experiment. Journal of Applied Psychology, 67, 533-542.
- 15. Goldstein, A. P. (1960). Patient's expectancies and non-specific therapy as a basis for effecting therapeutic change. American Journal of Psychotherapy, 14, 914-932.
- 16. Hoiberg, A. (1982). Occupational stress and disease incidence. Journal of Occupational Medicine, 24, 219-221.
- 17. Hurrell Jr, J. J., & Colligan, M. J. (1982). Psychological job stress. In W. N. Rom (Ed.), Occupational Medicine (pp. 57-65). Philadelphia, PA: WB Saunders.
- 18. Jacobson, E. (1938). Progressive Relaxation. Chicago, IL: University of Chicago Press.
- 19. Kazdin, A. E., & Wilcoxon, L. A. (1976). Systematic desensitization and nonspecific treatment effects. Journal of Consulting and Clinical Psychology, 44, 529-534.
- 20. Kohn, J. P. (1981). Stress modification using progressive muscle relaxation. Professional Safety, 26, 23-29.
- 21. Lazarus, R. S. (1966). Psychological Stress and the Coping Process. New York: McGraw-Hill.
- 22. Lublin, J. (1980). On-the-job stress leads many workers to file—and win—compensation awards. Wall Street Journal, p. 10.
- 23. Meichenbaum, D. (1977). Cognitive Behavior Modification. New York: Plenum.
- 24. Murphy, L. R. (1982). Worksite stress management programs. Employee Assistance Program Digest, 32(3), 6-11.
- 25. Murphy, L. R. (1983). A comparison of relaxation methods for reducing stress in nursing personnel. Human Factors, 25, 431-440.
- 26. Murphy, L. R. (1984). Stress management in highway maintenance workers. Journal of Occupational Medicine.
- 27. Newman, J. D., & Beehr, T. (1979). Personal and organizational strategies for handling job stress: A review of research and opinion. Personnel Psychology, 32, 1-43.
- 28. Orme-Johnson, W., & Farrow, J. T. (1977). Scientific Research on the Transcendental Meditation Program. Collected Papers, Vol. 1. Livingstone Manor, NY: MIU Press.
- 29. Parkinson, N., et al. (Eds.). (1982). Managing Health Promotion in the Workplace: Guidelines for Implementation and Evaluation. Palo Alto, CA: Mayfield.
- 30. Patel, C. H. (1977). Biofeedback-aided relaxation and meditation in the management of hypertension. Biofeedback and Self-Regulation, 2, 1-41.
- 31. Paul, G. L. (1966). Insight vs. Desensitization in Psychotherapy. Stanford, CA: Stanford University.
- 32. Peters, R. K. (1981). Daily relaxation response breaks: Follow-up of a work-based stress management program. Springfield, VI: National Technical Information Service No. PB 83-175364.
- 33. Peters, R. K., Benson, H., & Porter, D. (1977). Daily relaxation response breaks in a working population: Effects on self-reported measures of health, performance, and well-being. American Journal of Public Health, 67, 946-953.
- 34. Peters, R. K., Benson, H., & Peters, J. M. (1977). Daily relaxation response breaks in a working population. II. Effects on blood pressure. American Journal of Public Health, 67, 954-959.
- 35. Peterson, P. (1981). Comparison of relaxation training, cognitive restructuring/behavioral training, and multimodal stress management training seminars in an occupational setting. (Doctoral dissertation). Fuller Theological Seminary, Los Angeles, CA.
- 36. Piper, W. E., & Wocan, M. (1970). Placebo effect in psychotherapy: An extension of earlier findings. Journal of Consulting and Clinical Psychology, 34, 447
- 37. Pomerleau, D., & Brady, J. P. (1979). Behavioral Medicine, Theory and Practice. Baltimore, MD: Williams & Wilkins.
- 38. Richmond, J. B. (1979). Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. DHHS (PHS) Publication No. 79-5507 1. Washington, DC: US Government Printing Office.
- 39. Salveinik, G., & Smith, M. J. (Eds.). (1981). Machine Facing and Occupational Stress. London: Taylor & Francis.
- 40. Scheincarten, S. (1981). Stress management seminar for steel company executives. Unpublished report, Center for Improved Productivity, Cincinnati, OH.

INTERNATIONAL JOURNAL OF RESEARCH CULTURE SOCIETY Monthly Peer-Reviewed, Refereed, Indexed Journal Volume - 8, Issue - 7, July - 2024



41. Schleifer, M. (1981). Cue-controlled relaxation: An innovative approach for reducing job stress in a hypertensive working population. Unpublished NIOSH report, Cincinnati, OH.

ISSN(O): 2456-6683

[Impact Factor: 9.241]

- 42. Schwartz, G. (1980). Stress management in occupational settings. Public Health Reports, 95, 99-108.
- 43. Sharit, J., & Salveinik, G. (1982). Occupational stress: Review and appraisal. Human Factors, 24, [page numbers].
- 44. Steinmetz, J., Kaplan, R. M., & Millerg, L. (1982). Stress management: An assessment questionnaire for evaluating interventions and comparing groups. Journal of Occupational Medicine, 24, [page numbers].
- 45. Tarler-Benllo, D. (1978). The role of relaxation in biofeedback training: A critical review of the [specific topic]. Journal of School Psychology, 19, 233-241.
- 46. Tasto, D., Colligan, M. J., Skjei, W., & Pollys, J. (1978). Health Consequences of Shift Work: A Review. Occupational Medicine, 24, 907-916.