What Really Ails Employees?

Dig deeper into employee health disorders and you may find the work setting at fault.

By ROBERT H. ROSEN

Galloping health-care costs have driven many companies to introduce a variety of cost-containment strategies. Management is encouraging second surgical opinions, less expensive treatments and health-promotion activities to make employees and their families healthier at a lesser cost. Work-site health-promotion programs proliferate. They offer health-risk assessments, drug and alcohol counseling, and smoking-ces-

Robert H. Rosen, editor of Corporate Commentary: A Worksite Health Evaluation Report, is director of the Institute on Organizational Health at the Washington Business Group on Health. He also is assistant clinical professor of psychiatry and behavioral sciences at The George Washington University School of Medicine, Washington, D.C.

sation, stress-management and fitness activities. Most activities focus on the individual's resistance to disease. Health screening, risk-factor reduction and health education serve as program cornerstones.

Despite advances gained from these activities, few organizations have examined how the work environment affects health. In addition, few recognize the tremendous, often hidden costs associated with excessive organizational stress.

There are several reasons why companies have difficulty linking organizational environment with health. Management and health professionals speak different languages and have different attitudes toward employees. Corporate medical directors and occupational health nurses study the impact of organizational stress by measuring physiological disturbances. Employee counselors, psychologists and psychiatrists observe the psychological impact of organizational stress. In-

dustry specialists and human-resource analysts look at the impact of corporate settings on organizational factors such as work behavior and productivity. Financial analysts find interest solely in the bottom line. They look at health-care premiums, disability payments, compensation claims and early pension payments, and frequently overlook the subtle effects of organizational stress. Each department views stress from its own perspective and measures the effects by its own evaluation tools.

Jobs and work places are designed almost exclusively with concern for efficiency, cost and short-term profits. Technological advances and increased capital take precedence over developing the human investment. Consequently, managers often deny the connection between corporate stress and health, ignore stress-related problems and disguise many problems by taking acceptable business actions such as transfers, demotions, termina-

tions, outplacement counseling and technical training. Many managers, in fact, believe excessive stress is a mark of excellence. Furthermore, stress conditions produce varied reactions from employees. This diversity encourages managers to interpret stress reactions as a result of personal problems rather than imperfect work conditions; hence, the relationship between corporate settings and health again is underestimated.

Confidentiality issues also lead employers to underestimate health needs and to shirk their responsibility for stress. The stigma attached to certain physical- and mental-health treatment creates fear of job-related consequences for reporting psychological and physical symptoms or for discussing stressful work conditions. These fears inhibit the use of insurance, particularly mental-health coverage, and inhibit involvement in company counseling and health-promotion programs. Management, in turn, often misinterprets this as a lack of need for these services.

Exploring an organization as a possible source of stress requires an examination of its management values, communication patterns and hierarchical structures. This examination must be accompanied by an awareness that organizational changes may seem threatening to existing powers. Because of this, proposed changes may be resisted by top management.

Organizational ails

The following are organizational disorders that can devastate an employee's health:

■ *Job stress.* Workers need to feel a sense of accomplishment, to believe their work has meaning, to use their special abilities and to see the results of their work. Too much or too little responsibility is a health hazard.

While a certain level of job stress can foster motivation, excessive stress is detrimental. The most familiar organizational stressor is quantitative overload. This stems from excessive pace, physical demands and time pressure, and the interference of organizational activities with home life or other nonwork pursuits.

A second stressor, work stagnation, occurs when knowledge and skills are underused and initiative is undermined. Monotonous jobs with little responsibility, few demands on creative and problem-solving skills or few opportunities for social interaction promote this type of stress.

■ *No control over work.* All job performances are affected by the amount of con-

trol workers have over their activities and the extent to which they make job-related decisions. At one extreme is the machine-paced assembly worker with little control over job tasks; at the other is the professional consultant who sets all individual goals and decides how to reach them.

All workers need some sense of autonomy. Without it, they feel alienated, hopeless and anxious, and frequently lose the capacity for independent, quality decision making and innovation. Both anxiety —the fear that one *will* lose control—and depression—the perception that one *has* lost control—require physical- and mental-health treatment. Most people place importance on having some control over work pace, work methods, process decisions, scheduling contact with other people and work design. Workers like to control the potential for failures, disapproval and future stressors, and to have a say in group tasks and decisions.

■ *No sense of belonging.* Workers have a strong need to part of a family—to be a conforming member of a winning team—and thrive on the camaraderie of an effective small group. They love praise, and they show time and again that they are responsive to external reward and punishment. Clearly, they strive to belong. This sense of social support is an important buffer against negative stress. It helps people perceive problems as less threatening and helps prevent health problems; it enhances group cohesion and employee morale; and it stimulates positive feelings for both coworkers and the organization as a whole. In contrast, the absence of social support prompts feelings of alienation, tension and burnout.

Environments with poor supervision often lack social support. Inconsistency, poor leadership, inadequate management skills, a lack of concern for the welfare of workers and ongoing conflicts mark the performance of poor supervisors. They rarely understand employee behavior and the impact of departmental stress on health and productivity. These managers either do not realize or do not care that contemporary workers want to be guided, rather than directed and controlled. This

is a critical factor in light of increasing service jobs, which require close customer relations, managerial skills and interpersonal competence.

Relations with coworkers also can be a source of organizational stress. Crowded work conditions result in tense interpersonal situations. Isolation, on the other hand, produces loneliness and a sense of alienation. Continued contact with people who transmit the causes of stress to others and denigrate others' achievements also creates excessive stress. Some peer competition, however, is healthy; within a true team environment, it produces optimal levels of stress and sparks innovation.

Health relations between supervisors and workers and between coworkers can be achieved. The healthiest work environments are supervised by people who provide enough information, help and equipment to get the job done; give clear responsibilities and enough authority to

An organizational change without employee participation is doomed for failure: Stressed workers typically respond by sabotaging the change process

workers; know how to gain cooperation and provide constructive feedback; recognize the critical importance of reward; and can identify employees under stress. These managers support project teams, quality circles, health education and self-help activities, and promote the organization as an extended family.

■ *Job conflict.* Unclear goals, job descriptions and messages from supervisors, plus conflicting performance demands, heighten stress levels. As organizations diversify and the skills of workers change, it becomes more important to clarify work demands and job foci. In addition, the demand grows for job coaching, career development programs, technical and management training, and more sophisticated performance-appraisal counseling.

■ *Inadequate rewards or advancement opportunities.* Adequate extrinsic rewards (money, fringe benefits, job security, good hours, travel convenience and profit-sharing plans) and intrinsic rewards (interesting work, and training and career-development opportunities) are essential to employee health. Dissatisfaction with wages, reward structures, and promotional opportunities trigger physical and mental disorders.

9

■ *Constant change.* Constant change is just as disruptive as monotony. Frequent job changes, rapid alterations in work processes and introduction of new technologies without sufficient explanation or warning each can produce stress. The absence of systematic methods for supporting people through change processes makes workers feel out of control, lost and helpless and undermines their self-image. An organizational change without employee participation is doomed for failure: Stressed workers typically respond by sabotaging the change process.

■ *Physical environmental hazards.* Commonly cited occupational stressors include exposure to life-threatening chemical hazards and toxic wastes, excessive fluorescent lighting, poor air circulation, odors, extreme temperatures and excess noise. The stress associated with physical environmental hazards is not yet well understood. However, research reveals associations between each of the other organizational ills and poor employee health. Each organizational disorder is linked with all or most of the following:

physical fitness, nutrition and weight control, health screening, smoking cessation and biofeedback; programs focusing on specific organizational health needs, promoting family participation and involving employees in program design, modification and evaluation (use self-help and employee-administered groups wherever possible); increased use of organizational and stress-attitude surveys and health-risk appraisals;

■ Increased employee education about the importance of mental health and services provided under the mental-health benefit plan;

■ Greater employee involvement in efforts to identify and correct unhealthy and unsafe work conditions;

■ Improved executive- and management-development programs, with greater focus on interpersonal and psychosocial skills such as decision making, teamwork, reducing departmental stress, identifying emotional instability, enforcing discipline, understanding behavior in the work place, evaluating performance, criticizing and praising workers, handling complaints,

conditions, including noise control, improved lighting, hazard precautions and relaxation rooms;

■ Organization-wide policies, programs and rewards to promote health, for example: smoking policies, sick leave, exercise programs and rewards for health-promotion suggestions;

■ Improved employee benefits;

■ Greater attempts to identify departments or pockets of stress and to design tailored solutions;

■ Expanded use of role analysis and role-negotiation techniques to reduce role ambiguity, conflict and overload on the job, and to increase job complexity, clarity and control;

■ Restructuring of work through job enhancement, job rotation and job enlargement; increased variety of tasks assigned to particular jobs; increased flexibility of job goals; cross-training and job sharing to increase work diversity;

■ Greater employee influence over work design, its flow, pace, quotas and scheduling;

■ Lateral transfers, sabbatical leaves and retraining for employees who reach career plateaus;

■ Increased use of flextime to permit adjustment of work hours to suit personal needs.

Increased attention to quality of work life stands only to benefit the organization. By improving the work environment, management promotes a healthy state of body and mind for employees and a healthier productivity level for the firm.

Jobs and work places are designed almost exclusively with concern for efficiency, cost and short-term profits

---

hypertension, ulcers, cardiovascular disease, anxiety, depression, alcoholism and drug abuse. The work-related results of mental and physical disorders are extremely hazardous to organizational health. They include job dissatisfaction, low morale, absenteeism and diminished productivity.

What's an organization to do?

There are several principles and practices an organization can implement to promote a healthy work environment and, consequently, a healthier work force:

■ Greater collaborative effort between mental-health professionals and management staff;

■ Employee-assistance programs designed to identify signs of stress, emotional disturbance and substance abuse; emphasis on rehabilitation and early referral; after-care crisis-intervention programs for high-risk individuals;

■ Increased health programming in such areas as cardiovascular-risk reduction,

dealing with different personality types and recognizing person-job incompatibility;

■ Career assessment, vocational counseling and personal development seminars, with emphasis on person-job compatibility; relocation and preretirement counseling; specialized programs for minorities and handicapped workers;

■ Increased emphasis on intergroup problem solving, participative-management techniques and team building; expanded use of autonomous work groups, quality circles, team work and process-consultation techniques;

■ Improved training in conflict and problem resolution, communication, interpersonal skills, motivation techniques, time management, relaxation and stress management;

■ Use of interactive, psychosocially oriented performance appraisals and ongoing evaluations by supervisors and subordinates about job attitudes, expectations, complaints and quality of performance;

■ Improved safety, hygiene and work