Understanding and dealing with stress and pressure in the workplace

Stress can impact on people’s physical, psychological and emotional health as well as on their behaviours. Parastou Donyai and Pam M. Denicolo examine what is meant by stress and the external and internal factors involved, and outline potential ways to help deal with stress at work.

Stress is the adverse reaction people have to excessive pressures or other types of demand placed on them, as defined by the Health and Safety Executive (HSE), which exists to protect people against risks to their health or safety arising out of work activities. On the HSE website (www.hse.gov.uk), it explains that, although stress in itself is not an illness, excessive or prolonged stress can lead to ill health. Work is generally good for people if it is well designed, but it can also be a major source of pressure; pressure can be positive and a motivating factor since it can help people achieve their goals and perform better, but it can also result in stress if it becomes excessive; stress can impact on people’s physical, psychological and emotional health as well as on their behaviours (see Panel 1).

Models of stress
Research has examined stress from different perspectives. Stress can be seen as the response of the individual, as an accumulation of difficulties in an individual’s environment, or as the interaction of characteristics of the person and the environment combined. The first two models emphasise processes internal to an individual and events external to the individual, respectively. The difficulty with the first...
### Panel 1: Symptoms associated with occupational stress

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<thead>
<tr>
<th>Psychological symptoms</th>
<th>Emotional symptoms</th>
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<tr>
<td>Job dissatisfaction</td>
<td>Irritability or anger</td>
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<td>Low morale</td>
<td>Annoyance</td>
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<tr>
<td>Indecisiveness</td>
<td>Feeling numb</td>
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<td>Difficulty concentrating</td>
<td>Hypersensitivity</td>
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<tr>
<td>Loss of memory</td>
<td>Feeling drained and listless</td>
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<td>Feelings of inadequacy</td>
<td>Apathy</td>
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<td>Low self-esteem</td>
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<td>Depression</td>
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<table>
<thead>
<tr>
<th>Physical symptoms</th>
<th>Behaviours</th>
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<tr>
<td>Tiredness</td>
<td>Finding it hard to sleep</td>
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<tr>
<td>Gastrointestinal conditions</td>
<td>Changing eating habits</td>
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<tr>
<td>Headaches</td>
<td>Excessive use or abuse of cigarettes, alcohol or drugs</td>
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<tr>
<td>Aching muscles</td>
<td>Avoiding friends and family</td>
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<tr>
<td>Palpitations</td>
<td>Sexual problems</td>
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<td>Cardiovascular disease</td>
<td>Careless mistakes</td>
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<td>Allergies and skin disease</td>
<td>Impaired interpersonal relationships</td>
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<tr>
<td>Respiratory disease</td>
<td>Lack of co-operation, planning and commitment</td>
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<tr>
<td>Sweating</td>
<td>Poor communications</td>
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<tr>
<td>Fainting</td>
<td>Obstructive behaviours, including power struggles</td>
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Source: Department of Health

The model is that it focuses solely on the internal processes regardless of the nature of the environmental cause of stress. By focusing mainly on the environment, the second model assumes that people experience a particular event in the same way. Nowadays, as well as individual responses and environmental conditions, individuals’ interactions with workplace pressures are considered when investigating stress, as in the third model.13

**Transactional model** According to the widely accepted transactional model (interactional model), stress is a two-way interaction between the environment and the individual, occurring when there is an imbalance between demands placed on an individual and his or her ability to cope.14 The model begins when the individual evaluates a particular event, situation or demand (stressor). This primary appraisal of the stressor focuses on likely negative outcomes of harm, threat or challenge. An appraisal of harm means that damage has already occurred, an appraisal of threat refers to harm that might happen in the future, and an appraisal of challenge means the individual might see a resultant positive outcome as also attainable.

The model then moves on to explain a secondary appraisal, where the individual defines available coping options for dealing with the perceived harm, threat or challenge. Individuals might identify coping options internal or external to them and these options may take the form of resources or responses.14 For example, a coping response for someone faced with the threat of job loss might be to look for another job, whereas someone else in the same situation might take comfort from the availability of material resources to help cope with the same threat. According to this model, stress occurs where there is an imbalance between the demands placed on individuals and their coping responses and resources. However, the model can change over time as personal issues and concerns, as well as the resources and responses, change. Thus a different appraisal of the same stressor can result in less stress to the same individual in due course. Of course, the nature of the stressor itself can change, too, as changes are made to the work environment in which the individual is employed.

**Coping with stress**

Pharmacy is witnessing an unprecedented level of workplace pressure as changes in organisational structures, cultures and management practices combine with the demands of newer pharmacy roles and public expectations. Although pharmacy employers and supporting organisations are ultimately responsible for developing programmes that focus on addressing widespread occupational stress, pharmacists may find benefit from adopting a personalised strategy to help them cope with workplace stress. As described above, there are several elements involved in an individual’s interaction with environmental work stressors. First, there is the stressor itself; second, the appraisal of the stressor; and third, the reaction that ensues.

**The stressor**

While we await the definitive findings of research into pharmacists’ stress, Panel 2 contains a list of the major recognised causes of stress in the NHS workplace according to nurses and doctors.15 Addressing the stressor itself can be difficult if pharmacists believe they have little control over their work environment. For example, if the cause of stress is related to the work content (eg, job content, workload, work pace, working hours, participation and control) or work context (eg, career development, status, pay, role in the organisation, interpersonal relationships, organisational culture, home-work interface), pharmacists may see little option but to continue under the same conditions and suffer the consequences, or to change their role at work or their job altogether.

However, employers have a responsibility to address workplace pressures and individuals have the right to seek help from their employers, for example, by asking for a risk assessment to be carried out. Section 2 of the Health and Safety at Work etc Act 1974 imposes a duty of care on all employers by stating that “every employer should ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees”. The Management of Health and Safety at Work Regulations 1992 (amended in 1999) require all employers to undertake to adopt modern risk management tech-

### Panel 2: Major causes of stress in the NHS workplace

These major recognised causes of stress were verified by staff, including nurses, junior doctors and consultants:15

- Erosion of autonomy or lack of control over work-life balance
- Rigidity of the hierarchy
- Doing tasks below grade
- Lack of the right tools (or broken tools to do the job)
- Increase in patients’ expectations
- Increase in administrative duties
- Lack of coherence in organisational structure and procedures
- Isolation from other team members
- Colleagues not understanding each other’s roles and competencies
- Lack of management support

### Panel 3: Cognitive-behavioural techniques

The following are guiding principles for cognitive-behavioural techniques:15

- Individuals do not respond directly to their environment; they respond to their own cognitive interpretations of the environment
- Cognitions (thoughts, emotions, feelings) and behaviours (actions) are causally inter-related
- The prediction and understanding of negative cognitions and behaviours are enhanced by paying attention to a person’s expectations, beliefs and attributions
- It is possible and desirable to combine and integrate cognitive approaches to correcting problems with performance-based and behavioural-contingency management
Panel 4: How to take control of stress

The following categories of action for individuals taking control of stress are derived from NHS Employers’ guidance:

- Accept and acknowledge you are feeling stressed
- Maintain a healthy diet
- Incorporate exercise in your weekly routine
- Nurture yourself (e.g. indulge in a hobby)
- Learn to relax
- Ask for support from friends and family
- Evaluate and reflect on stressful situations
- Contact support services

The HSE has an example of a stress policy on its website and N H S Employers must meet a number of HSE targets by 2010. Also, in the N H S, the “Improving working lives” (IWL) standard enables staff to measure their employer’s human resources management; IWL sets the benchmarks by which organisations should create flexible working environments that promote staff welfare and development.

Many organisations exist to help people deal with potential causes of stress at work. The HSE has compiled a list of websites relating to various aspects of stress (www.hse.gov.uk/stress/links.htm), which can be used for gaining further information. Pharmacists who are members of a trade union organisation, such as the Guild of Healthcare Pharmacists or the PDA, can seek help from their union representatives. The Society recently relaunched its benefits fund as Pharmacist Support, and pharmacists seeking help may be interested in the specialist advice services available to them.

The appraisal of the stressor

Altering particular ways in which stressors are appraised (at individual level) is another way of dealing with stress. Although, at first glance, this might appear easier said than done, certain techniques focusing on thoughts and actions have been shown to be beneficial in relation to stress. For example, cognitive-behavioural techniques have gained success in the management of stress and other conditions as people are taught to recognise and to learn to refute unproductive thoughts and actions through cognitive appraisal and cognitive restructuring.

Encountering stress in life is inevitable and altering the way particular stressors are viewed (primary and secondary appraisal) can help some people deal with stressors in a more considered manner. Four basic guiding principles of cognitive-behavioural techniques are outlined in Panel 3.

For example, one cognitive-behavioural technique is cognitive appraisal, which involves learning to assess the severity of a stressor in a different way by considering the perspective in which the stressful situation is being viewed. Here, individuals ask themselves specific questions when a negative event is encountered. Say, if a pharmacist is frustrated because a patient is particularly discourteous to him or her, the pharmacist would question if the incivility will matter in one day, one week, one month, one year or five years. Similarly, the pharmacist might appraise the situation by questioning the consequence of the event: “What is the worst possible outcome of the patient’s lack of respect?” In this case, the pharmacist would see that the encounter does not pose a threat to his or her life or job security but, instead, reflects the patient’s frustration, perhaps as a result of his or her illness.

A related cognitive-behavioural technique is cognitive restructuring, which is based on the premise that many people believe other people or events outside of themselves are responsible for how they feel and behave. The A-B-C model can be used to represent this concept, based on “A” being the activating event and “C” the consequences (feelings and behaviour) that occur in relation to the activating event. Cognitive restructuring concerns changing the “B” component of the model, the beliefs that occur between the activating event (“A”) and the consequences (“C”). This is in line with the interactional model of stress (as described) and our argument that the appraisal of the stressor can be modified by the individual.

Taking the above example of the encounter with a “rude” patient, using cognitive restructuring the pharmacist would see that it is not necessarily the patient’s behaviour that leads to his or her own feelings of frustration, but the pharmacist’s thoughts and beliefs that mediate the response. The pharmacist might see that the belief he or she holds (e.g. because I work hard and am polite to people, patients should be polite in return) will lead to increased stress because the pharmacist cannot possibly control the behaviour of other people. R restructuring the thought would lead the pharmacist to substitute a more rational belief (e.g. I am not responsible for the behaviour of this patient; or this patient’s rudeness is not related to my behaviour, but to frustration with the situation, perhaps his or her illness).

Ultimately, the goal is to tolerate stressors by replacing negative feelings with neutral ones or less negative ones. For those interested in learning more about cognitive-behavioural techniques, there are beginners’ books available and readers may find a small investment of their time in learning about the techniques and applying them in everyday work situations could lead to a lifetime of change and increased fulfilment at work and elsewhere.

Support for dealing with stress

Those suffering from symptoms of stress are advised to speak to their GP, line manager, human resources department or occupa-