

# OCCUPATIONAL DISTRESS. IMPORTANCE, PREVENTION AND ORGANIZATION MANAGEMENT.

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**Abstract:** Occupational distress is one of the most important health problems in E.U. However, in Romania, distress disorders are underevaluated. On one hand, this situation is due to understaffed resources (especially occupational health doctors), but on the other hand, is due to the lack of the regulations in force. Nonetheless, taking into account the importance of distress effects, it is much easier to prevent and to manage the distress.

**Keywords:** occupational distress, depression, cardiovascular diseases, distress prevention, distress management.

**Rezumat:** Stresul profesional este una din cele mai importante probleme de sănătate la locul de muncă în U.E. Cu toate acestea în România stresul este insuficient investigat. Aceasta, pe de-o parte se datorează resurselor umane insuficiente (mai ales medici de medicina muncii), dar și carențelor legislative. Totuși, ținând seama de efectele stresului este mult mai ușor să-l prevenim și/sau să-l gestionăm corect.

**Cuvinte cheie:** stres profesional, depresie, boli cardiovasculare, prevenirea stresului, managementul stresului.

Distress is part of the day-to-day existence; its effects cannot be avoided.

Occupational distress is a complex of physical, emotional, cognitive, behaviour and psychological reactions that occur in case of a discrepancy between the work place requirements and workers' professional capacity. Distress is a personal and subjective reaction to strains, so it depends on each one's perception, both of the problem dimension and of the own capacity to face it. The famous researcher Hans Selye used to say that it is not so important what is happening to us, but the way we are responding to.(1)

In 1974, H. Fruntenberg redefined occupational distress as burnout syndrome: resources abrasion and depletion induces individual decrease of action potential. This syndrome is induced by chronic distress affecting social workers.(2)

Distress is a recent concern of health specialists. If work environment conditions are stimulating for the

employee, these are positive stress factors (eustress). In the same time, if the work requirements are felt as difficult conditions, these are distress factors.

A clinical trial made by Yale University demonstrated that almost 30% workers are distressed at work. For this reason, U.S. Safety Work and Health Administration experts notified distress as the work place risk factor.(3)

On the 2-nd of July, 2002, the President of the European Parliament and the EU Commissioner for Employment and Social Affairs opened up the first pan-European campaign for occupational distress control, starting from the following occupational distress effects in EU:(4)

- occupational distress is the second work health problem (on the first place are the back pains, most of them caused also by distress);
  - occupational distress troubles one of each three EU employees;
  - occupational distress is a cardiovascular risk factor in 16% of men and in 22% of women heart patients;
  - occupational distress is the cause for 50-60% EU employees sick leaves;
  - occupational distress causes economic damages in EU (almost 20 billions euro every year ).
- In Romania, "Emotional Intelligence at Work Places" study estimated that (5):
- 40% of the Romanian employees suffer from occupational distress;
  - 70% of the Romanian employees work more than 48 hours weekly;
  - Romanian employee labour productivity is of 10,000-12,000 Euro/year; annual average European productivity is of 42,000-45,000 Euros; it is obvious that we will have to make strong efforts to reach the European average and these efforts will render even more serious the occupational distress symptoms.

Although, in Romania, there are no statistic data concerning the occupational distress, recent marketing and affairs communications studies prove that the Romanian drugs market for mental disorders has tripled. The number of anti-depressive drug users increased to 50% in the last 3 years and it is considered that this

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consumption does not cover the needs.(6)

Occupational distress can make victims in various jobs. Experts consider that the distress professions are characterized by: high responsibility level; high psychosensorial demands, low decisional control and high physic danger exposure. Deficient work security and health standards always cause distress.

The most frequent distress cause is the lack of work control, both the lack of control on the work prerogatives and the lack of control on the schedule operations. Work monotony, pressure deadlines, inadequate relationships, work place uncertainty are other occupational distress risk factors. Neglecting the medical current check up (which would help to diagnose the precocious distress symptoms), the lack of personal hygienic rules (which provides immunity deficiency) are also distress risk factors. For women, distress is higher, but, both for men and women, distress in an important health problem at all organization levels and branches.

Against aggression, the human body fights to accommodate to the new situation. There are two types of human body responses: a physiological response and a psycho-emotional response. In physiological plan, the human body accommodation reaction is based on two main systems: vegetative nervous system and endocrine system. These two systems release an accommodation reaction known as accommodation general syndrome. It is very important to notice that hormones ensure immediately the defence capacity of the body placed under the pressure of disequilibrium. Cortisone and adrenaline are known as distress hormones. Long time secretion of these two hormones (during repeatedly distress risk factor exposure) may cause progressive body depletion with negative health effects, such as: immunity depletion, gastric ulcer, arterial hypertension etc. But all these are cognitively controlled; in fact, the individual is the one who delimits the event distressing nature, the defence reaction intensity and efficiency depends on the individual, cognitive and emotional factors.(7)

Occupational distress can trouble health condition with unspecific symptoms fluctuating in time. First symptoms associated with occupational distress are: headache, sleeplessness, indigestion, dizziness, stomach pain, irritability, lack of self-control, concentration difficulties, professional dissatisfaction, mental reduction etc.

Physical and emotional effects of high distress levels are: extreme fatigue, sadness, depression, affective disorders, insomnia, back pain or neck pain, diabetes, asthma attacks, cardiovascular diseases, irritable colon syndrome, appetite increase or decrease, low libido.

Occupational distress effects related to chronic diseases are difficult to observe, because chronic diseases have a long term evolution and they are influenced by many other factors. However, occupational distress has been associated with high risk of coronary diseases. Also, occupational distress influences chronic diseases, such as muscle chronic diseases, bones chronic diseases and mental chronic disorders.(8)

As some trials mention, distress causes 75% of the cardiovascular accidents and disorders.

In Romania, occupational distress legislative issues are mentioned in the Law no. 319/2006 - work security and health; in the General Rules regarding labour protection – 1996 (chapter 2: work tasks 2.2.2. Neuropsychic effort art. 139-142); in the Order of the Minister of Health, no. 803/2001 regarding the response indicators, psychological indicators and behaviour indicators.

Regarding the preoccupations at national level on occupational stress, things are only at their beginning. There is a protocol between the Ministry of Health and the Ministry of Labour in order to include appreciation criteria for occupational distress. Mental Health National Centre will train, both the work health experts and the family doctors to diagnose mental disorders in relation to the occupational distress. In 2008, experts from Public Health Institute of Bucharest applied mental risk evaluation methodology, and this year, the Ministry of Health will coordinate a health programme for Labour Health experts training.(9)

Occupational distress management definitions are mentioned in the National Collective Agreement for 2007-2010 (10), art. 37: "the employer and the collective agreement subscribers will make common efforts to transpose management standards to control occupational distress:

- as regards to work contents;
- as regards to work control;
- as regards to work activity management;
- as regards to work relationship"

Work Security and Health Committee has to analyze the information on the occupational bad practices and will order corrective measurements.

Occupational distress has to be prevented. Its prevention has to concern occupational health doctors, employers, work security engineers and every employee.

First of all, occupational distress management has to identify the causes of distress and to find and apply specific techniques in order to reduce the body reaction to strains. It is obvious that the only efficient way to solve this problem is to work together. This means to involve all factors, from political agencies to researchers, social partners and employees.

Therefore, it is impossible to elaborate a universal occupational distress prevention rule, but it is possible to guideline organizational distress prevention. Occupational distress prevention programmes consist of three stages: 1) problem identification; 2) intervention; 3) evaluation.

**Problem identification.** The best occupational distress exploring method depends on the size of the organization and on the available resources. To inform about the risk factors and distress conditions can be useful. Data collections methods have to be in accordance with the employees' perceptions on the work conditions and with distress, health and satisfaction levels. Behaviours scaling (absences, illness, profit rate,

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performances etc.), psychological scaling (standard tests and questionnaires), symptoms evaluation (hormones dosages, cardiovascular reactivity indicators, psycho-neurological reactivity indicators etc.) can diagnose and evaluate occupational distress.

**Intervention.** Once the stress sources have been identified, the next stage is the intervention strategy design and implementation methods. Some interventions can be quickly implemented (as communication improvement, distress management trainings), other interventions can be implemented only on long term (such as the technologic process redesign).

**Intervention evaluation.** It is necessary to find out if intervention has discountable effects or not. Evaluation has to focus on the same information collected during first stage (problem identifying stage). Employees' perceptions are the most reliable measurements and they often can be the first intervention indicator. Behaviours scaling, psychological scaling, symptoms evaluations can be also useful.

Occupational distress prevention is a sustained process, which uses evaluation data to redefine and redirect the intervention strategy. Occupational distress reduction and its psychosocial risks is not only a moral and an ethic problem, but also an economic one. Organizational economic efficiency is usually based on its best health and security performances. Occupational health brings trust and business prosperity.(11)

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