A Shortened Stress Evaluation Tool (ASSET)

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Introduction

There is widespread acceptance that the workplace can be damaging to health. Many developed industrial countries have already produced, or are actively considering, legislation intended to make organizations accept greater responsibility for the physical and mental well-being of their workforce. In the U.K., for example, the Health and Safety at Work Act (1974) and the Management of Health and Safety at Work Regulations (1999) are intended to make employers meet their legal obligations with respect to employee health issues.

This greater awareness of the impact of work factors on health is part of a wider epidemiological trend. The contribution of social and environmental factors to the incidence of many human diseases has been recognized for a considerable time. For many people, their job is the single activity that occupies most of their waking hours. It is hardly surprising, therefore, that the nature of work – or, more specifically, the pressures and strains associated with it – has become widely acknowledged as constituting a major health issue (Levi, 1998).

Problematically for many organizations, there are concurrent forces acting to make the workplace more stressful, and so potentially less healthy. The marketplace is becoming ever more global and competitive. The pressure to improve efficiency and boost profitability is often unrelenting. Many workers are finding that the nature of their work is undergoing rapid, even radical, change, fundamentally altering their relationship with their employer. Recent technological advances have led to the automation of many work practices, creating inflexible jobs that offer employees much less control over their workload (Shabracq & Cooper, 2000). Many organizations are actively reducing their permanent workforce and converting to a culture of short-term contracts and ‘out-sourcing’, heightening feelings of job insecurity. Retained employees are increasingly being required to work well beyond their contracted hours on a regular basis, often unwillingly,
as managers struggle to meet ever tighter deadlines and targets using fewer resources. All of these trends have undoubtedly contributed significantly to the development of a ‘workaholic’ culture in many parts of the industrialized world (Paoli, 1992).

In a study commissioned by the Health and Safety Executive (HSE) (1999), one in five UK employees was found to be suffering from high levels of work-related stress. A survey of 9000 safety representatives by the Trades Union Council (TUC) (2000) identified workplace stress as being the greatest concern for two-thirds of respondents – and the main concern in almost all of the industrial sectors studied. Over 90 per cent of the Human Resource (HR) professionals surveyed by the Industrial Society (2001) believed stress to be a problem in their organization – just over one-third indicated that it was a significant problem and 5 per cent felt that it was a serious problem.

There is mounting concern that feelings of job satisfaction are being eroded as employees become increasingly resentful at the deterioration in the quality and security of their jobs. The changes in work environment outlined earlier can adversely affect costly organizational factors such as staff morale, turnover and absenteeism rates, leading to reduced employee performance, poor quality control and a fall in productivity (Siu, Donald, & Cooper, 1997) – paradoxically, the exact opposite effect to that intended. The HSE has estimated that stress-related illness is responsible for the loss of 6.5 million working days each year in the UK, costing employers around £370 million and society as a whole as much as £3.75 billion.

There is growing evidence that present trends in employment practice and conditions may be directly harming the physical and mental well-being of many employees (Sparks, Faragher, & Cooper, 2001). High and/or prolonged periods of stress can result in irritability, depressive mood, back and chest pains, high blood pressure, gastrointestinal disturbances and a general increased susceptibility to illness. Moreover, stressed individuals often indulge in adverse life-style behaviours such as excessive alcohol drinking, cigarette smoking and poor dietary habits. Through a variety of mechanisms, prolonged exposure to stress can lead to long-term health problems including coronary heart disease and mental illness.

The presence of workplace stressors does not, of course, automatically result in an adverse health outcome. Individuals bring with them to work personal characteristics that, rather than increasing their risk of damage, may actually protect them from the harmful effects of stress, in effect moderating the relationship between work factors and health. Positive organizational work policies and a good working environment can act protectively to moderate the effects of stressors. The challenge facing organizations is to develop appropriate policies to identify and then effectively deal with workplace stressors. Thus, employers are increasingly looking to carry out risk evaluations and to institute adequate risk management measures as a key element to an effective stress intervention/management policy. Central to such an