WORKPLACE STRESS AND CONFLICT MANAGEMENT FURTHER STUDIES ON HUMAN RESEARCH AIMING AT THE INNOVATION OF WORKPLACE HEALTH PROMOTION

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Abstract

Mental and physical health determines the individual's life quality, productivity, work performance and activity. In addition, it also has a strong impact on the effectiveness and fruitfulness of the functions the individual has in his or her closer or wider environment and also influences his or her public and social activity. Based on this fact we can assert that the existence of programmes that maintain and support the health of the individuals – in other words the members of society – is a major social priority. The effectiveness of individual and social efforts aiming to preserve mental health is in close correlation with biological health protection and the optimal operation of social space, in which workplace health protection has a major role.

Keywords: mental and physical health, life quality, productivity, effectiveness and fruitfulness, health promotion, occupational health protection

Occupational health protection and health promotion

The concept and definition of health

Mental and physical health is of primary importance for both the individual and the society, a significant factor in the effectiveness of the individual's activity. According to the definition of WHO (World Health Organization) „Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" thus health is defined as a state of wellness in which the individual is able to realize his or her potentials and cope with the stressful situations of everyday life, can work fruitfully and actively contributes to public activities.

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Mental health requires the simultaneous presence of general accommodation capacity, competent interpersonal behaviour, the existence of social attitudes, a proper quality of emotional and motivation control, the ability to take pleasure, a good quality of productivity in the form of socially important activities, effective intellectual performance, positive self-concept, proper self-knowledge, as well as the development of integrated and solid life orientation and balanced life conduct (Szakács, 1994).

Among the abilities and skills that facilitate the proper functioning of the above listed factors the most significant ones are the ability of psychic, emotional and intellectual development, the motivation to have adequate self-knowledge, the demand of productivity and performance, the aspiration for developing and maintaining mutually agreeable social and communal relationships, the constant development of individual problem solving and situation management, the ability to cope with stress and the tendency of successfully applying the challenges one has to face in his or her personal development.

The following table shows the promoting and demoting factors of mental health based on the model of MacDonald and O'Hara (1998), as well as MacDonald (2006).

Table 1: Promoting and demoting factors of mental health

Promoting factors of mental health	Demoting factors of mental health
Environmental quality: • Proper living conditions and traffic; • Aesthetic and user-friendly environment, attractive landscaping; • Closeness of nature; • Safe environment.	*Environmental deprivation:* • Poor and unsatisfactory housing; • Few or lack of safe play areas; • Violent and unsafe environment; • Poor public transport; • Poverty and debt.
Self-esteem: • The belief about our self worthiness and significance that leads to the development of personal competence and success.	*Emotional abuse:* • Undermining of self-esteem due to direct physical or sexual abuse, or indirectly by constant criticism and the denial of self significance. It is usually caused by the abuse of powers by parents, peers, teachers, partners, carers or employers.
Emotional processing: • Awareness and respect for our own emotions; • Developing an adequate emotional vocabulary; • Emotional intelligence.	*Emotional negligence:* • Individual and institutional negligence of emotions.
Self management skills: • Assertiveness skills; • Stress management skills; • Problem solving skills; • Social problem solving skills.	*Stress:* • Stress is integral part of our lives but beyond measure it harms mental health.
Social participation: • Positive relationships and social integration contribute to the richness of everyday life; • Social support has a positive effect on health prevention; • Active social participation leads to taking responsibility.	*Social alienation:* • Social alienation and exclusion are serious hazards to mental health.

Source: MacDonald and O'Hara, 1998.

Models of health behaviour

Healthy lifestyle depends on the correlation of several factors, basically the individual's personal attitude, health behaviour as well as the promoting and demoting environmental factors of health behaviour.

In the following section, based on the compilation of Juhász Á. (2006), those models will be presented that are intended to predict preventive health behaviour and sick-role behaviour.

- □ Health Belief model (Rosenstock, 1966, Becker and Maiman, 1975, quoted by Kulcsár, 1998). The model (based on Baum et al., 1997, Curtis, 2000, Kulcsár, 1998) is based on a hypothesis that the individual's health protective behaviour and, in case the individual has an illness, his or her inclination to keep the doctor's instruction is stronger when the individual is prone to or threatened by that particular illness, the proportion of expected benefits and costs is favourable and there are several cues to action present.

- □ Protection Motivation Theory (based on Armitage and Conner, 2000). The model created by Rogers besides the factors of Health Belief model also incorporates the concepts of response-efficacy and self-efficacy as determining factors of health behaviour.

- □ Social Cognitive Theory (Bandura, 1986, quoted by Armitage and Conner, 2000).

- □ Theory of Planned Behaviour. The main guideline of the model (based on Sarver, 1983 and Armitage and Conner, 2000) is the supposition thathuman behaviour is absolutely rational and the main determining factor of the behaviour is the individual's intention to perform a particular action. According to the theory the attitude toward behaviour, the subjective norm and the perceived behavioural control increase the intention to carry out a certain behaviour independently from each other. Behavioural Enaction Models elaborate on the processes that follow intention formation. They are principally concerned with improving intention-behaviour relations. These models investigate when, where and how goal intention becomes behaviour. The models set out the factors that influence the attempts to attain the goals and the means by which they are attained.

- □ According to the multi-phase models of health behaviour there are several distinct phases incorporated in health behaviour. Individuals in different phases of behaviour change behave differently and information and interventions that are needed for behaviour change are varying from phase to phase. The most popular multi-phase model is the Transtheoretical Model of Change (based on Prochaska et al., 1992, Velicier et al., 1996, Baum et al., 1997, Armitage és Conner, 2000 és Curtis, 2000). This model considers health behaviours as parts of a dynamic process. In each phase of the process the individual is characterized by different intention, motivation and action. Thus health promoting interventions must be in accordance with the phase the individual is in.

Health promotion

The objective of health promotion is to improve the health and life quality of individuals, groups and communities. Health promotion is a process, by which members of the affected target group are able to improve their own health condition as well as the effectiveness of their efforts to attain healthy lifestyle. The primary objective of health promotion is to achieve that individuals can take care of their own health (Marks et al., 2000), its most important social contexts are family, school and work site.

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. (Bangkok Charter, 2005, quoted by: Juhász Á., 2006). Mental health promotion can be divided into several components:

□ Promotion of positive mental health;

 The promotion of positive mental health requires the development of psychological and social resources that contribute to coping with stress, better accommodation, productivity, social and personal wellness and the optimal functioning of individuals.

□ Prevention of mental problems and illnesses; According to the definition of the WHO, the prevention of mental illnesses and disfunctions can be carried out in three different forms. Primary prevention intends to avoid the development of disease, in other words it incorporates the actions of prevention. Secondary prevention controls the spreading of the disease, while the tertiary prevention aims at the reduction of further negative effects and aftermaths of the disease already suffered by means of nursing and rehabilitation activities that improve life quality and reduce the risk of recurrence.

□ Support of research and innovation in the field of mental health;

 Research on mental health provides opportunity to improve methods and programmes, to mark the areas of goal-directed improvement affecting a certain part of the society, as well as to select the adequate methods.

□ Improvement of the life quality of people with mental disease or disability by means of social integration and protection of their rights and dignity;

 The social context of mental health promotion can be the family, the school, the workplace, the health care system and other areas of the social environment.

 The focus of research planned in a given workplace environment can be one of the three main target areas of occupational health protection and health promotion:

□ Defining the characteristics of occupational stress management as a factor that influences health condition and work productivity; investigation and enhancement of individual problem solving strategies.

□ Discovering and developing the individual characteristics of conflict management as a skill that facilitates the effectiveness of relationships and cooperation at the workplace.

□ Effective management of problematic situations and individuals as a means to discover and develop the individual characteristics of the skill that facilitates the effectiveness of relationships and cooperation at the workplace.

Table 2. : The focus of positive mental health and development

Positive emotions   – Positive affects;   – Satisfaction with life.
Positive psychological functioning (e.g. psychological well-being)   – Self-acceptance;   – Quest for personal growth;   – Purpose in life;   – Environmental mastery;   – Autonomy;   – Positive relationships with others.
Positive social functioning   – Acceptance of others;   – Formation of social relations;   – Contribution to the well-being of others and the society;   – Interest in social life;   – Social integration.

Work and stress

In general sense stress is a state when people encounter events that jeopardize their physical and psychological well-being. These events are called stressors and the responses people give are stress reactions (Atkinson et al, 1994). The term stress was originally used in English and Latin languages as a synonym of verbs hurt, cause harm or damage. It was used later in science, more precisely in physics meaning external pressure on an object (Juhász Á., 2007).

Hereafter by the term stress we mean the physical and mental changes of human organism caused by stressors. The state of psychological stress develops when the human organism encounters a situation that is not feasible for the individual with his or her existing resources. On the other hand, those tasks and problems that the individual evaluates easy to solve do not cause stress. The most obvious forms of stress are traumatic events that are beyond the realm of usual human experience and generate a dangerous situation. The more difficult the event is for the individual to control, the more stressful it seems. It is important to mention though, that the situation is less stressful when it is predictable even if the individual is unable to take control. Workplace stress is an emotional, mental, behavioural and physiological answer to harmful and uncomfortable quality of work, work environment and work situation. Practically each job description includes elements that can become stressful for certain people in a particular situation.

One of the most usual causes of stress incorporated in the task itself are quantitative or qualitative work over- or underload. The expressions quantitative and qualitative overload describe the situation when too much or too little work is assigned to a particular employee under a given period of time. Based on the result of various examinations in case of qualitative overload the risk of heart attack is directly proportional to the work hours a given individual accomplished.

Qualitative overload occurs when the task to accomplish is too complicated and seems unfeasible for the individual. (Juhász, 2007) According to another point of view, qualitative overload leads to lower self-esteem when exceptional work performance is expected and

the individual is not aware of the information required for task accomplishment. Qualitative work underload equals to monotony and incorporates tasks with simple, repeated, routine movements affecting negatively the health of the individual – as it was pointed out by several investigations. Periods of monotony and boredom can have negative effect on alertness and reaction capacity, which can be disadvantageous in the case of jobs such as the operator whose daily work incorporates uneventful periods and emergency situations requiring quick reaction.

It is also a significant stressor when work conditions do not provide the necessary background for job performance, for instance tools or equipment that are necessary for quick and effective work are not available.

Another important stressor affecting work conditions, is the situation when the employee does not have a chance to decide how to work, what equipment to use, when to perform a given task; in other words the work process is overregulated.

Changes in work can also generate stress. Frequent changes of assigned tasks, evaluation criteria and equipment cause stress by making employees less confident in their professional knowledge and competence. One of the typical stressors of our age is to keep up with the rapid technological change which requires constant accommodation and learning by employees.

Among the stressors deriving from tasks – besides the ones listed above – other factors under examination are deadlines, working under tight time pressure, fatigue due to physical loading, as well as financial and career-related costs of mistakes, the burden of decision making.

It is also a common source of stress when the employee must take responsibility for expensive machinery and equipment or when the effects of possible mistakes influence the entire environment of the individual.

Possible other stressors are characteristics of physical environment such as noise, heat, improper lighting, polluted air, unpleasant smell, overcrowded environment, lack of rooms to retire when needed (in case of work sites that consist of one single space), dangerous work situation (policeman, fireman).

Other work environment related stressors are vibration hazard, radiation, handling of hazardous material, poor provision and inadequate work conditions (lack of bathroom or proper room for eating), inappropriate operation or arrangement of equipment. There are significant individual differences in tolerance toward the above mentioned uncomfortable and disturbing environmental stimuli. (Juhász, 2007)

Another category of workloads is related to work organization: stress can be caused by our position in the organization, our relationship with others, the situation and communication of the organization. The examination of stressors based on this aspect is usually divided into three categories: individual, group, organization.

On the individual level ambiguity is a frequent problem: this occurs when the information the employee has can be misunderstood or it is not exact. Ambiguity is generated when the individual is not aware of the work objectives of his position, what are the co-workers' expectations toward her or him and what are his or her responsibilities. In this situation the employee is not convinced the others are aware that a particular completed work is his or her achievement, it also can happen that managers and colleagues pretend that the success is the result of their efforts. After the realignment of the organization the new employee usually takes over tasks of other colleagues. In this case it is not always clear which task belongs

to his or her scope of responsibilities and which task is to be performed together with the others. Job-related ambiguity has negative effects on several factors including workplace satisfaction and self-esteem. Role-conflict is another frequently occurring situation at the workplace; it arises when expectations towards a particular employee are conflicting or excluding each other. Another role conflict occurs when the individual is obliged to perform a task which he or she does not want or which the individual thinks not part of his job. According to several examinations role-conflict can result in the extended risk of heart rate increase or coronary heart disease. Hasty or unsatisfactory promotion can also generate stress. Other typical stressors are insecure job and the situation when extended scope of responsibilities is accompanied by little authority.

On the group level significant source of stress is the lack of cohesion and proper work relationships. Intra-group conflicts require extra attention and energy from employees, increasing the strain on them. On organizational level the milieu and the employees' exclusion from decisions, lack of being proud to belong to the organization and weakness of intra-organizational communication can generate stress. Severe restrictions of behaviour are also common sources of occupational stress. The essential question is whether the employees can participate in decisions affecting their work. Based on various examinations we can state that lack of participation increases risk of coronary heart disease, decreases workplace satisfaction and self-esteem. Another important question is whether the management style of the senior management is convenient to the expectations and personality of employees as well as the quality of the task. Controlling systems can also be stressful when they are unfair, the expectations are not clear for the employees or when the employees get only negative feedback. Low wages and insecurity of job are important stressors as well.

The effects of occupational stress on organizational level include decreasing participation in work (being absent or arriving late to work, labour mobility), declining work performance (qualitative and quantitative, accidents, growing amount of raw material and equipment usage), loss of vitality (lower motivation level, dissatisfaction) reduction of communication effectiveness (distortion of messages, decrease of communication frequency), growth of decision-making failures, decay of relationships (mistrust, disrespect, disagreement). (Quick and Quick, 1984).

Occupational stress management

There are three levels of strategies developed to manage occupational stress (Noblet and LaMontagne, 2006).

The aim of individual-level interventions is to equip people with the knowledge, skills and resources to cope with stressful conditions. In this case the skills and knowledge to develop are as follows: relaxation techniques, time management, cognitive and behavioural coping strategies, conflict management. The development can be carried out by individual advising and in the form of skill development trainings.

The interventions that refer to the interface between the individual and the organization help to clarify role ambiguity, improve the relationships at work, enhance person–environment fit and facilitate employee involvement in decision-making.

The third level of interventions addresses areas in the physical, organizational and social environments that add to the development of stress. Interventions include job redesign and organizational development programmes.

Conflicts in the organization – individual conflict management strategies, as the factors that influence the effectiveness of managing interpersonal disagreements

One of the keystones of reducing occupational stress is strengthening and improving the cooperation of employees. Cognitive, emotional or physical support at the workplace creates a better atmosphere, which contributes to better performance and the reduction of mistakes. In most of the cases the ability to manage consecutive processes is necessary for the success of workflows. Thus it is the supervisor's responsibility to foster the proper cooperation of employees and the adequate management of the arising conflicts.

Classification of conflicts

Conflict is a disagreement of two or more parties based on the difference of values, needs or motives. As a result of the supposed or real differences the affected parties can undergo intense emotions.

When defining and classifying conflicts various aspects can be taken into consideration, such as the duration or intensity of the conflict, as well as the extent its management contributes to the development of the individual and the society.

- The classification of conflicts according to intensity – the disagreement of the opposing parties can range from minor misunderstandings and debates to attempts to humiliate the other party. Aggressive physical attacks, threats, ultimatums, assertive verbal attacks, direct challenge of others lie between the two extremes.

- The classification of conflicts on the basis of their effect - destructive conflicts restrain performance and generate further tension, while constructive conflicts can be directed to goal attainment and improvement.

- Conflicts can be categorised by location –intrapersonal conflicts mean the clash of values embedded in the personality as well as certain role-bound accommodating efforts. In the course of conflicts between individuals and groups the disagreement is caused by clashing values, needs, motives and aspirations.

- The classification of conflicts according to their duration – the extremes are the rapid, short term and the permanent, long-term tensions and disagreements.

- The categorization of conflicts on the basis of the extent of their manifestation – in the course of latent conflicts the affected parties do not reveal the tensions, although the disagreement influences their relation and their activities within an organization (such as cooperation, work performance). In the case of manifest conflicts the discord between the parties is obvious.

- The categorization of conflicts by their significance – When a conflict is underestimated the parties or the organization are not aware of the importance of the tension, consequently the conflict management is not carried out in time or does not take place at all. The supposed significance of overestimated conflicts is exaggerated as compared to the effects of the conflict, while realistically estimated conflicts facilitate effective problem-solving of individuals and groups.

The management of conflicts

Neges, G. and Neges, R. (1998) defined ten steps of conflict management. These are as follows:

- □ recognition (realization and awareness of the conflict);
- □ localization (discovering the situation, defining the parties involved);
- □ definition of the conflict situation (the reason of the conflict, finding out the extent the parties are involved);
- □ decision about the negotiation of conflict (in the case of a third party: initiation, including evaluation, the clarification of satisfaction, bringing up the situation, feedback, preparation of decision about conflict resolution; in the case of an involved party the decision whether he or she intends to participate in problem resolution);
- □ acknowledgement of conflict by both parties (mutual confession, clarifying the way of solution);
- □ internal or external resolution (the parties decide whether they involve external aid or manage the conflict themselves);
- □ straightforward announcement of needs (bringing up the conflict and talking about it openly);
- □ clarification of emotions (open acceptance and coordination of emotions),
- □ negotiation (clarifying the steps of resolution, agreement on the method of problem resolution);
- □ the principle of insurance (prevention of further problems, profit of both parties, alternative: further discussions)

The two-dimensional model of conflict management

On the basis of Katz and Lawyer (1992) we can assert that there are individual differences in our attitudes toward a given conflict situation and its resolution, in other words each person has a specific conflict management method. Some people tend to neglect the signs of conflict, others are characterised by self-assertion, while there are people who attempt to find resolution that is acceptable for all parties.

The above mentioned authors identify five conflict management strategies. Individuals apply each one of the strategies during their lives in managing conflict situations but by their adulthood one of the strategies gets overrepresented in their problem solving repertoire. This also means that some of the five strategies will be less characteristic of the given individual, there are strategies that we apply rarely when managing our conflicts.

The conflict management strategies determined by the authors are as follows:

- □ Avoiding strategy.
- □ The individual utilizing this strategy intends to avoid conflicts, tries to elude the situations that may involve the emergence and the discussion of a given problem, is not willing to take the responsibility of managing the situation. This attitude is characterised by putting off the problems ('Let's talk about it later...'), lack of belief in the positive outcome ('There is no solution...') as well as the underestimation of one's

own competence ('I am not able to take measures and change things positively'). In this case – besides the frustration of the affected parties – the fulfilment of personal goals is unlikely and the relationship between the parties is difficult to maintain.

☐ Accommodating strategy

☐ The individual applying this strategy intends to keep up the relationship at whatever cost sacrificing his or her personal goals. Accommodation strategy means giving up the goals for the sake of preserving the relationship.

☐ Competing strategy

☐ Individuals who prefer this strategy aspires to gain the maximum of personal goals no matter how it affects the relationship. By the measurement of profit and loss the individual aims at minimizing personal loss and maximizing profit independently of the other party's interest. This kind of conflict management is dominated by goal-oriented attitude.

☐ Compromising strategy

☐ The individual employing the compromising strategy intends to reach an agreement (by means of conviction, sometimes manipulation), aims at finding a solution that is acceptable for all parties of the conflict situation. For a certain extent the individual is ready to make sacrifices.

☐ Collaborating strategy

☐ Attempts to keep up the relationship and attain the goals of the involved parties. Beside his or her own point of view the other party's interests are taken into consideration in the process of making suggestions to solve the problem.

The individual's choice from conflict management strategies depends on how important it is for the individual to maintain the relationship with the other party or to attain his or her personal goal.

The preference of a certain conflict management style is also influenced by several other factors, such as the knowledge on what styles are favoured or rejected by the given organization

Work-related changes and improvements suggested by mid-level leaders based on most frequently occurring stress-generating problem situations

Based on the research carried out in this subject we can point out that the direct and indirect use of research results of occupational health protection studies is extremely important for the planning of staff- and organization development projects.

According to the outcome of surveys involving leaders and employees the following suggestions are worth considering when planning changes or development:

☐ Exact job descriptions and definition of foremen's duties;

☐ The organization must be prepared to manage absences and the substitution of employees; the control of absences is not to be carried out by foremen;

☐ Distribution of responsibility and control based on the scope of competence and tasks (e.g. distribution of properties);

□ Reduction of extra work load resulting from shift of duties (METODOK, MEO);

□ The organization-level management of extra tasks brought about by teaching new work processes;

□ Regular work meetings (It is necessary to hold meetings for the foremen);

□ Improvement of organizational communication;

□ Improving the mechanics' competence;

□ Consultation about employee-related decision-making;

□ Effective control on problematic employees;

□ Exact description of the foremen's scope of responsibility.

Summary

Mental and physical health is of primary importance for the individual and the society, a significant factor in the effectiveness and fruitfulness of individual-, group- and social-level activities.

The existence of programmes that maintain and support the health of the individuals and the society is a major social priority. The effectiveness of individual and social efforts aiming to preserve physical and mental health is in close correlation with biological health protection and the optimal operation of social space, in which workplace health protection has a major role.

Healthy lifestyle depends on the correlation of several factors, including prevention, which is of primary importance and can have a direct effect on the personal health behaviour of the individual and the management of promoting and demoting factors of health behaviour.

The objective of health promotion is to improve the health and life quality of individuals, groups and communities, by which members of the affected target group are able to improve their own health condition as well as the effectiveness of their efforts to attain healthy lifestyle. The primary objective of health promotion is to achieve that individuals can take care of their own health (Marks et al., 2000), its most important contexts are family, school and work site.

People face several kinds of stressful situations in their lives. The most obvious forms of stress are traumatic events that face people with dangerous situations and decisions that entail events, on which the individual has limited influence.

Occupational stress can occur as a result of numerous factors, such as work overload, the disproportion of effort and award, lack of participation in decisions, little support from others, state of insecurity at the workplace. (Stansfeld and Candy, 2006). In general individuals exposed to permanent occupational stress encounter growing risk of somatic and psychic disease that will affect indicators of their work performance. There are different levels of methods worked out to manage occupational stress.

One of the possible methods to reduce occupational stress is the improvement and strengthening of the employees' cooperation by means of conflict management. Conflict management has different levels and strategies on organizational level.

Results of research carried out in the subject of occupational health protection can be used directly and indirectly and are important parts of staff- and organization development programmes and projects.

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Tudományos szakmai, kutatási és ismeretterjesztő közlemények /
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STRESSZ- ÉS KONFLIKTUSKEZELÉS MUNKAHELYI KÖRNYEZETBEN ADALÉKOK A MUNKAHELYI EGÉSZSÉGFEJLESZTÉST CÉLZÓ HUMÁN KUTATÁS-FEJLESZTÉSI VIZSGÁLATOKHOZ

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Összefoglaló

A mentális és fizikai egészség meghatározza az egyén életminőségét, produktivitását és ezzel együtt munkateljesítményét, aktivitását, ezen túlmenően a szűkebb és tágabb környezetében betöltött szerepeinek hatékonyságát, eredményességét, közösségi aktivitását, társadalmi szerepvállalását. Az előbbiek alapján elmondható, hogy az egyén, azaz a közösség és a társadalom tagjainak egészségét szem előtt tartó, azt támogató programok megléte kollektív érdek. A lelki egészség megőrzésére irányuló egyéni és közösségi törekvések hatékonysága szoros kölcsönhatásban áll a biológiai egészségmegőrzéssel és a szociális tér optimális működésének elősegítésével is, amelyben a munkahelyi egészségvédelemnek kiemelkedő jelentősége van.

Kulcsszavak: mentális és fizikai egészség, életminőség, produktivitás, hatékonyság és eredményesség, egészségmegőrzés, munkahelyi egészségvédelem

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