CHAPTER I

INTRODUCTION

The first chapter is presented in five sections, each attempting to highlight the key aspects pertaining to the importance of mitigating occupational stress, burnout and facilitating well-being and the process of achieving it considering the available theoretical and conceptual framework.

Section I: presents the introduction highlighting the background of the study, the general description and effects of stress, burnout and well-being

Section II: introduces and defines occupational stress, burnout, and well-being and presents the various models of the constructs

Section III: deals with the interventions to mitigate occupational stress, burnout and further enhance well-being

Section IV: details the need for focusing on occupational stress, burnout and well-being of health care professionals

Section V: deals with the conceptual framework of the investigation

Section I: Introduction

An introduction to work stress must avoid making the impression that work is a psychologically detrimental activity as it is not necessarily inherently stressful. The intrinsic value of work to the health and life satisfaction of the worker is well recognized (Probert, 1990). Early philosophers such as Freud and Adler contended that work forms an integral part of basic human existence. In his theory of development,
Erikson (1950) noted the importance of work to an individual’s sense of self-hood. Motivational theorist Maslow (1968) have suggested that work does not only fulfill basic needs for security, food or shelter, but also provides a means by which higher level needs, such as need for competence, meaning and social engagement are satisfied.

Work, therefore, plays a major role in people’s lives and influences their sense of well-being and identity. It provides a medium by which people identify themselves in society and can be influenced by economic, societal, cultural and individual factors (Szymanski et al., 1996). An individual’s identity is a function of their validated social roles, particularly those associated with their occupation. Hence, if the very occupation that provides an individual his much approved social identity is a source of stress then it may as well lead to psychological distress and subsequent loss of function.

Stress is not inherently deleterious however, each individual’s cognitive appraisal, their perceptions and interpretations, gives meaning to events and determines whether events are viewed as threatening or positive (Lazarus & Folkman, 1984). Personality traits also influence perceived stress because what may be stressful for one person may be exhilarating to another.

Stress has been regarded as an occupational hazard since the mid 1950s. It has even been cited as a significant health problem (House, 1987). Lazarus (1991) postulated that occupational stress is a process, involving a transaction between an individual and his/her work environment. The worker’s response to work stress can be either psychological, physical or both (Santos & Cox, 2000), and is usually categorized as being acute, post traumatic, or chronic.
Etiologic research has demonstrated a strong relationship between workplace stressors and adverse health outcomes. Job stress among healthcare staff is becoming a common occurrence in most public health services (Winstanley & Whittington, 2002). Occupational stress signifies a foremost problem for both individual and organizations. Occupational stress among working people is drastically increasing worldwide. Stress at work place has become an integral part of everyday life and is referred as a worldwide epidemic by the World Health Organization.

Workplace factors that have been found to be associated with stress and health risks can be categorized as those to do with the content of work and those to do with the social and organizational context of work. Those that are intrinsic to the job include long hours, work overload, time constraints, lack of breaks, lack of variety, and poor physical working conditions, conflicting roles and boundaries and having responsibility for people. The possibilities for job development, job security and high compensation are important buffers against current stress, with under promotion, lack of training, and job insecurity being stressful. Unhealthy relationships at work, organizational culture, staff members who are critical, demanding and unsupportive create stress. Organizational change such as mergers, relocation, downsizing and redundancies within the organization, particularly without employee consultation is a huge source of stress.

Burnout is considered a consequence of stress specifically emanating from some kind of ‘people work’. The term ‘burnout’ was first coined by Freudenberger in 1974 to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. Burnout is conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal
accomplishment. Work stress and burnout remain significant concerns in the health care industry, affecting both individuals and organizations. Maslach (1999), suggested that workload and hours spent at work may not be considered to be stressful if the work is associated with sufficient rewards, such as meaningful outcomes, recognition or control.

Burnout in the workplace results from a variety of stressors such as work demands that cannot be met because of lack of resources, lack of social support from co-workers and supervisors, job control, participation in decision making, utilization of skills and reinforcements such as rewards. Workers who experience a high level of stress and resulting job burnout have poor coping strategies responses and lack of job satisfaction (Lee & Ashforth, 1996). Workload and lack of emotional support at the workplace result in emotional exhaustion. Interpersonal conflict, lack of social support and type of work shift contributes to reductions in personal accomplishment and excessive workload, and type of employment contract can lead to depersonalization (García-Izquierdo & Ríos-Ríosquez, 2012).

Well-being constitutes how people evaluate their lives—both at the moment and for longer periods such as for the past year. These evaluations include people’s emotional reactions to events, their moods, and judgments they form about their life satisfaction, fulfillment, and satisfaction with domains such as marriage and work.

WHO’s (2010 a) definition of health is “A state of complete physical, mental and social well-being, and not merely the absence of disease”. Studies investigating psychological well-being draw on various conceptualizations of mental health (Keyes et al., 2002). The field of occupational health (Hofmann & Tetrick, 2003; Snyder & Lopez, 2002) emphasizes that well-being goes beyond the absence of ill health to include the presence of positive states.
Occupational stress can cause unusual and dysfunctional behavior at work and contribute to poor physical and mental health (WHO, 2010 a). Job demands had generally significant and negative relationships with employee well-being as well as with several work/organizational outcomes. In addition, lack of social support, particularly from supervisors and co-workers, are associated with low levels of well-being and more unfavorable work/organizational outcomes. Work stress is a major issue in the occupational safety and health aspect as well as organizational well-being since it risks the employees’ health and organizational success. A strong negative relation between workers’ occupational stress and job satisfaction has been found, based on which growing occupational stress results in increased turnover rate (Moustaka et al., 2009).

Psychological demands of a job can have pervasive and profound emotional and physical effects on the lives of employees. Further, it has been clearly established that job related stress has an adverse impact on productivity, absenteeism, worker turnover and employee health (Spielberger et al., 2002). Additionally, reduced productivity and diminished customer services are hidden costs.

A background of health care workers in India gives a clear picture of the pressure imposed on those working in the health care industry. According to the World Health Statistics Report (WHO, 2011), the density of doctors in India is 6 for a population of 10,000 and that of nurses and midwives is 13 per 10,000, which represents 19 health workers for a population of 10,000. India is ranked 52 of the 57 countries facing a Human Resource for Health crisis. (WHO, 2010 b)

While there are no global norms Human Resource for Health density the WHO Joint Learning Initiative has established a threshold of 25 health workers, which includes
doctors, nurses and midwives, per 10,000 individuals, with a WHO endorsed lower threshold of 23 workers per 10,000. Moreover, insufficient pay, poor working conditions, migration of health care workers to developed countries have severely affected the demand supply ratio. This puts additional work and quality pressure on the existing work force for better service delivery in the health care industry.

The advent of technological revolution in all walks of life coupled with globalization, privatization, and liberalization policies has drastically changed conventional patterns in all industry sectors. As India prepares itself to cope with the new economic world order, it also opens itself to new age stressors. Policy compulsions have forced the health care sector to reform and adjust to have a competitive edge to cope with the challenges in the new order.

Section II: Occupational Stress, Burnout, Well-Being Definitions and Models

This section introduces the constructs of stress, occupational stress, burnout, and well-being. It further, gives a brief introduction to the various underlying theories and models of these constructs.

Stress

Hans Selye (1976) defined stress as the non-specific response of the body to any demand made upon it. Selye (1976) conceptualized two categories, namely good or desirable stress; Eustress, and bad or undesirable stress; Distress. Eustress is pleasant, and at times challenging, and can produce positive effects such as the maximization of output and creativity. In contrast, distress is evident when an individual perceives himself or herself as having no ability to control a stressful event. Distress is likely to result in a loss of productivity and a decline in overall levels of well-being.
Stress is often used in many different ways and is commonly used to denote a response or reaction to negative conditions. A common use of the term is in relation to the actual demands that are placed on an individual and these demands are often referred to as stressors. Stress, is also defined as a process. Here stress is a multi-faceted concept that occurs in a dynamic manner and is influenced by the interaction of a multitude of contributory factors. Shirom (1982) defined stress as an individual’s perception that environmental demands (stressors) exceed his or her capabilities and resources, thus leading to negative outcomes. Selye (1976) also described stress as an imbalance between the body’s resources and the demands made upon it. The stress process has been conceptualized as fully recursive and cyclical (Lazarus & Folkman, 1984). The psychosocial and physical outcomes of the stress process have the potential to influence future outcomes by becoming additional stressors or by depleting the coping abilities and resources that are available to the individual. Consequently, stress is a constantly changing and circular process, a proposition that raises significant implications for research and practice.

The word “Stress” is defined as a dynamic condition in which the individual is confronted with an opportunity, constraint, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important (Robbins, 2001). Stress can be caused by environmental, organizational and individual variables (Matteson & Ivancevich, 1999; Cook & Hunsaker, 2001).

Stress is the condition that results when person-environment transactions lead the individual to perceive a discrepancy, whether real or not, between the demands of a situation and the resources of the persons of the person’s biological, psychological or
social systems. Physiologic reactions include an uncomfortable or unfamiliar physical or psychological stimulus. Biological changes result from stimulation of the sympathetic nervous system, including a heightened state of alertness, anxiety, increased heart rate and sweating.

“Stress is the body’s automatic response to any physical or mental demand placed upon it. When pressures are threatening, the body rushes to supply protection by turning on ‘the hormones’ and preparing to defend itself. It’s the ‘flight or fight’ response in action”.

**TYPES OF STRESS**

The major types of stress can be broken down into four different categories: Eustress, Hyperstress, Hypostress and Distress.

**Eustress**

Eustress is one of the helpful types of stress. Eustress prepares the muscles, heart and mind for the strength needed for whatever is about to occur. It can also apply to creative endeavours. When a person needs to have some extra energy or creativity, Eustress kicks into bring them the inspiration they need. When the body enters the fight or fight response, it results in Eustress. It prepares the body to fight with or flee from an imposing danger.

**Distress**

Distress is one of the negative types of stress. The mind and body undergoes when the normal routine is constantly adjusted and altered. The mind is not comfortable with this routine, and craves the familiarity of a common routine. There are actually two types of distress, acute stress and chronic stress.
Acute Stress

Acute stress is the type of stress that comes immediately with a change of routine. It is an intense type of stress, but it passes quickly. Acute stress is the body’s way of getting a person to stand up and take inventory of what is going on, to make sure that everything is ok.

Chronic Stress

Chronic stress will occur if there is a constant change of routine for week after week. Chronic stress affects the body for a long period of time. This is the type of stress experienced by someone who constantly faces moves or job changes.

Hypostress

The final of the four types of stress is hypostress. Hypostress stands in direct opposite to hyperstress. It is basically insufficient amount of stress. Also, it is experienced by a person who is constantly bored. Someone in an unchallenging job, such as a factory worker performing the same task over and over, will often experience hypostress. The effect of hypo stress is feelings of restlessness and a lack of inspirations.

EFFECT OF STRESS

When an individual is under too much stress or he cannot manage the stress effectively, a wide variety of symptoms are experienced:

Physical Effects

The physical effects include increased heart rate and blood pressure; shallow difficult breathing; numbness, tingling, and coldness in the extremities; queasy stomach,
tight muscles; back and head pain; dry mouth and sweating. Over time these physical responses cause breakdown of vital organs and serious and cause chronic disease.

**Emotional Effects**

The emotional effects include anxiety, anger, boredom, depression, fatigue, frustration, irritability, moodiness, tension, nervousness, self-hate, worry.

**Mental Effects**

Stress also leads to several mental disturbances such as difficulty concentrating, poor task performance, defensiveness, focus on details, sleepiness and mental blocks.

**Behavioural Effects**

Some of the behavioural effects of stress were found to be impulsive or aggressive outbursts; accident proneness; restlessness; blaming others; withdrawal and isolation; problems with drug and alcohol use; smoking; overeating; loss of appetite.

**Organization Effects**

Organizations also get affected by Stress. Some of the consequences of Stress on Organization include Job Burnout, Low Morale, Absenteeism, Poor Performance, High Turnover, Job Dissatisfaction, Lawsuits and Grievances, High Use of Health Facilities, Accidents and Poor Working Relationships. Excessive stress has negative effects on all dimensions of one’s lives, creating physical, emotional, interpersonal, and organizational distress and damage.
SIGNS AND SYMPTOMS OF STRESS

Stress affects the mind, body and behaviour in many ways. The specific signs and symptoms of stress vary widely from person to person. Some people primarily experience physical symptoms, such as low back pain, stomach problems and skin outbreaks. In others, the stress pattern centers on emotional symptoms, such as crying jags or hypersensitivity. For still others a change in the way they think or behave predominates.

Occupational Stress

Stress has become a major concern both to individuals and to the organizations in which they work in the late twentieth century. Since the mid 1980s occupational stress has regularly found its way into the media, and has been the subject of much discussion, concern and ill-conceived rumour. Only in recent years that management has begun to recognize its existence and have had the courage to try to do something about it.

Beehr and Newman (1978) defined Occupational Stress as “a condition arising from the interaction of people and their jobs and is characterized by changes within people that force them to deviate from their normal functioning.”

Another well known definition says, “Occupational Stress is a negatively perceived quality which as a result of inadequate coping with sources of stress, has negative mental and physical ill health consequences”.

In the context of organizational behaviour there are at least three uses of the word “stress”. It is used as a cause (my job is inherently stressful); as a consequence (I feel stress when I am at work); and as a process (this is happening when I am under stress) (Payne, 1998).
In keeping with this broad usage, the word is probably most usefully applied to stress as a process because the major organizational and personal consequences of stress over time. The process approach fits most closely with the definition of stress provided by Selye (1956). According to him the General Adaptation Syndrome (GAS) or the nonspecific response varies in intensity over time.

**Occupational Stress**

According to Cox and Ferguson (1991) different approaches to stress have formed on different parts of the process corresponding to the main uses. The main approaches are:

- Causal Approach or Engineering Approach
- Medico-Physiological or Response Approach
- Transactional or Processual Approach

**CAUSAL APPROACH OR ENGINEERING APPROACH**

As per this approach stress is conceptualized as the cause (or source), which produces the reaction strain. The engineering or stimulus-oriented approach has led to search for the causes of occupational stress. Different versions of this approach are integrated in the six-causal factor model developed by Cooper *et al.* (1998).

The six causal factors of occupational stress are presented below:

- Factors intrinsic to the job
- Role factors
- Relationships at work
- Career development
• Organizational design and climate

• The Homework interface

Each of these factors is briefly outlined below followed by relevant empirical studies.

Factors Intrinsic to the Job

Research indicates that there is a set of unique factors for every job that employees identify as being sources of pressure for them. Overall, there are a number of major recurring themes, concerned with physical working conditions, shift working, overload/underload, occupational, occupational level, repetition and boredom, and the ‘person-environment’ fit (Sloan and Cooper, 1987).

Physical Working Conditions

Crowding, lack of privacy, noise, excessive heat or cold, inadequate lighting, glaring or flickering lights, and the presence of toxic chemical and other air pollutants distinguish some working conditions identified as occupational stressors.

Work Overload and Work Underload

Many studies, in a variety of research settings and in various occupations, have consistently concluded that the particular characteristics of the job, particularly work overload and underload, are related to the experience of worker stress (Shaw and Riskind, 1983).

Working Long Hours

Research has suggested that the force to work long hours is a source of stress. Working long hours can lead to health problems.
Person-Environment Fit

Person-Environment Fit Theory (French & Caplan, 1972; French, Caplan & Harrison, 1982, Speilberger & Reheiser, 1995) is among the most utilized and widely accepted approaches to conceptualizing the nature of occupational stress. In the context of this theoretical orientation, occupational stress is defined in terms of job characteristics that pose a threat to the individual because of a poor match between the abilities of the employee and the demand of the job.

Role Factors

Role theory depicts and organization as patterned system of dynamically interacting matrix of roles. These roles are linked to one another according to technology, work flow and authority. Pareek (1993) and Pestonjee (1999) had defined role as any position a person holds in a system (organization) as defined by the expectations of various significant persons, including himself/herself have from that position. Role conflict and ambiguity are the most widely examined sources of stress in stress research (Beehr, 1985). Being ‘responsible’ for the work of others, role shock, and the stress associated with managerial roles are also included within this category of potential stressors.

The category of role factors is divided into five sub-categories: role conflict, role ambiguity, responsibility for others, role shock and other role stressors. Each of these is described in the following subsections.

Role Conflict

Role conflict may be seen to exist when an individual is torn between conflicting demands placed upon them by others in the organization, or when conflict exists between
their jobs and their personal beliefs. The results of this conflict have been found to result in lower job satisfaction and higher job tension.

**Role Ambiguity**

Role ambiguity exists when the incumbent has inadequate information about the role; i.e., a lack of clarity about the role and its objectives, or a lack of feedback from others, the outcomes of this can be job dissatisfaction, lack of self-confidence, feelings of futility, lack of self-esteem, depression, low motivation and the behavioural outcomes of increased intention to learn the job. Other manifestations may be physiological (e.g., increased blood pressure and pulse rate).

**Responsibility for Others**

Another important potential stressor associated with one’s organizational role is ‘responsibility for people’. One can differentiate here between ‘responsibility for people’ and responsibility for things’. Wardwell et al. (1964) found that responsibility for people was significantly more likely to lead to Coronary Heart Disease than responsibility for things. Individuals who are responsible for other at work, and so must motivate, reward and admonish them etc., generally experience higher levels of stress than those who have no such responsibilities (McLean, 1980).

**Role Shock**

Role shock is explained by Minkler and Biller (1979) as “the stresses and tensions manifested as discontinuity are encountered when moving from familiar to unfamiliar roles”. These unfamiliar roles may constitute totally new roles or familiar old roles.
These unfamiliar roles may constitute totally new roles or familiar old roles which are played differently in a new situation.

**Other Role Stressors**

Stress was originally viewed as a hazard relevant to executive level organizational staff (Levinson, 1964), and seen only to apply to those in senior management positions. While it is often assumed that as one climb the managerial ladder stress increases, it appears that middle level managers are particularly prone to stress, and Ivancevich *et al.* (1982) found that middle managers report higher quantitative work overload, lack of career progression and other environmental stressors compared with other levels of managers.

**Relationships at Work**

Relationships at work characterized by a lack recognition, acceptance, and trust, as well as by competition and conflict, are seen as stress inducing.

**Relationship with Immediate Boss, Colleagues and Subordinates**

A frequent source of stress in the work setting relates to poor interpersonal relationships. Stress may result from feelings of being unaccepted or a failure to recognize particular expertise which the individual feels he possesses.

**Career Development**

A major source of stress reactions from occupational frustration may exist when there is a lack of career guidance. The individual needs not only an opportunity to use pre-existing occupational skills but also an opportunity to develop new appropriate skills, the acquisition of which may contribute to increased reinforcement in the work
environment. This category of stressor refers to the impact of under promotion, over promotion, status incongruence, lack of job security, thwarted ambition, etc. (Cooper and Marshall, 1976).

**Over Promotion and Under Promotion**

Over promotion (when an individual has responsibilities beyond his or her capabilities, and which situation may be exacerbated by lack of further promotion prospects) and under promotion (when an individual has not been given responsibilities commensurate with his or her actual or self-perceived abilities) may result in minor psychological or major psychosomatic symptoms.

**Lack of Job Security**

Some of the common features of working life are the fear of job loss and the threat of redundancy, and these have been found to have links with several serious health problems; including Ulcers, Colitis and Alopecia (Cobb and Kasl, 1977) with job insecurity follows subsequent deterioration of the morale and motivation of a work force, which may lead to negative impact of their job performance, efficiency and commitment.

**Occupational ‘Locking-in’**

Occupational locking-in occurs when an individual has minimal opportunity to move from his or her present job. This may be due to a lack of suitable employment alternatives in the market place, or to the inability to obtain a different job within the current organization.
Organizational Design and Climate

This source of occupations stress includes such factors as office politics, lack of effective consultation, no-participation in the decision making process and restrictions on behaviour (Cooper and Marshall, 1978). These stressors originate from the structural design and process features of the organization, though organizational climate will embrace individual perceptions of both these features (Cooper et al., 1988). Structural stressors also include the effects of highly interdependent, and a high degree of departmental specialization and formalization, with little opportunity for individual advancement.

Participation in Decision Making

Participation in this context is referring to the involvement of subordinates with their superiors in the managerial decision making process where decisions have to be made with regard to organizing, directing and controlling responsible subordinates in the process of co-coordinating the purpose of the company or business.

Organizational Culture

Organizational culture has emerged as a major force used for organizational change in recent years. It is generally concerned with shared values and norms. Personal relationships with the work group may deteriorate it the expected norm of behaviour is not adopted by an individual. Stress may occur when the organizational culture is not accepted by the individual (Kahn and Cooper, 1993).

The Home/Work Interface

This category of potential stressor consists of those events which occur outside the specific work environment but which affect the individual’s behaviour at work, and so must
be considered when assessing sources of occupational stress. These include life events, issues relating to the family including the conflict between company and family demands, financial difficulties, women’s roles, and conflicts between personal and company beliefs.

**Relationship between Work and Family**

Pearlin and Turner (1987) identified four potential sources of family based stress role pressure or overload, interpersonal conflicts, role captivity and restructuring of family roles through time. Glowinkowski and Cooper (1985) proposed the idea of ‘spill over’ - where a relationship exists between home and work that leads to similar experiences and reactions in the two domains. A family situation - either a brief crisis or long term strained relations with the spouse or children can act as significant stressor for employees.

Lazarus (1991) postulated that occupational stress is a process, involving a transaction between an individual and his or her work environment. The worker’s response to work stress can be either psychological, physical or both (Santos & Cox, 2000). National Institute for Occupational Safety & Health (NIOSH, 2002) defined work stress as being the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.

Cumulative stress experiences can be equally important as acute traumatic incidents in the development of stress-related conditions (Alonzo, 2000). This proposition was earlier postulated by Lazarus and Cohen (1977) that ‘daily hassles’ were more powerful predictors of poor mental health than significant life events. The ongoing occurrence of irritating or frustrating demands wears down or overwhelms an individual’s coping capacity. Stressors can be grouped into the categories physical stressors, work-related job stressors, role stressors, social stressors, time-related stressors, career-related stressors,
traumatic events, and stressful change processes. A brief description of some of the theories of occupational stress is given below:

**Person-Environment Fit (PE-Fit) theory of French, Caplan and Kahn:** Person-Environment fit (P-E fit) is defined as the degree to which individual and environmental characteristics match (French et al., 1982). When the individual’s attitudes and values match the rewards that are available in the job, then the worker will experience satisfaction. This theory indicates that satisfaction is a necessary condition of work adjustment and strain is the result of a discrepancy between person and environment. The interaction between the worker and his or her job is important because the negative effect of job stressors can be offset by benefits the individual derives from the work environment. Person characteristics may include an individual’s biological or psychological needs, values, goals, abilities, or personality, while environmental characteristics could include intrinsic and extrinsic rewards, demands of a job or role, or characteristics of other individuals and collectives in the person's social environment (French et al., 1982).

Due to its important implications in the workplace, person-environment fit has maintained a prominent position in industrial and organizational psychology. It is generally assumed that person-environment fit leads to positive outcomes, such as satisfaction, performance, and overall well-being (Ostroff & Schulte, 2007).

**Work Stress Model of Cooper and Marshall:** Cooper and Marshall’s (1976) model of job stress conceptualizes five categories of workplace specific sources of stress within an organization. This model has been applied to a wide variety of employees such as social workers, police and nurses. The five categories of job stress as specified in this model are used to conceptualize organizational stressors. The first category *stresses that are*
intrinsic to the job, includes factors that increase the difficulty and complexity of the duties and factors that make a workload too heavy for the employee to handle. The second category is role within the organization which is used to reflect role ambiguity and role conflict. Role ambiguity arises when the duties and expectations placed on the employee are unclear. Role conflict occurs when there are conflicting demands placed on the employee. The third category of work-specific stressors is career development which is used to encompass the factors affecting the future of an employee within an organization like promotion, job security and ambition. The fourth category, relationships at work, describes the interactions that occur between the employee and their subordinates, co-workers and supervisors. The organization’s structure and climate, the fifth category, is used to describe how the structure of the organization affects the employee such as employees’ degree of decision latitude, organizational politics and communication between the organization and staff.

Stress at Work model is similar to PE-Fit theory, but is more specific in identifying five major categories of job pressure and lack of organizational support in the workplace that contribute to occupational stress

**Job Demand - Job Control Model of Karasek:** The job demand-job control model differentiates between two basic dimensions of work place factors, namely job demands and job decision latitude (Karasek, 1979). Job demands are the work load demands put on the individual. Job decision latitude refers to the employee’s decision authority and his or her skill discretion. According to this model, the greatest risk to physical and mental health from stress occurs to workers facing high psychological workload demands or pressures combined with low control or decision latitude in meeting those demands.
Karasek combined the two dimension of job demands and job decision latitude in a 2 x 2 matrix of jobs: Jobs low on demands and low on decision latitude; ‘passive’ jobs, jobs low on demands and high on decision latitude; ‘low strain’ jobs, jobs high on demands and low on decision latitude; ‘high strain’ jobs and jobs high on demands and high on decision latitude; ‘active’ jobs. Karasek (1979) opines that a combination of high demands and low decision latitude in ‘high strain’ jobs is most detrimental for workers’ health and well-being. The combination of high demands and high decision latitude in the ‘active jobs’ however, are assumed to produce little harm for the individual.

**Effort-Reward Imbalance Model of Siegrist:** A variant of a P-E fit model is Siegrist’s (1996) effort-reward imbalance model. The effort-reward imbalance model assumes that a lack of reciprocity between costs and rewards are experienced as stressful and result in strains. The model states that the degree to which an individual’s efforts at work are rewarded or not is crucial for this person’s health and well-being. Effort may be the response to both extrinsic and intrinsic demands. Extrinsic demands refer to obligations and demands inherent in the situation. Intrinsic demands result from a high need for control or approval. Rewards comprise money, esteem, and status control, such as job stability, status consistency and career advancement. The model postulates that situations in which high efforts do not correspond to high rewards result in emotional distress situations.

**Vitamin Model by Warr:** Warr (1987) proposed a “vitamin model” to specify the relationships between stressors and employee health and well-being. The vitamin model claims non-linear relationships between work characteristics and individual outcomes. Drawing an analogy to the effects of vitamins on the human body, Warr posits that there are two types of work characteristics. First, some features of the work situation have a ‘constant’ effect on the
individual; certain work characteristics contribute to a certain point beyond which any added increase of the level of this work characteristic does not have any further effects; neither beneficial nor detrimental effects, such as salary safety and work significance. Warr likens these to characteristics to the vitamin C. Second, other work features have a curvilinear relationship between the level of this work characteristic and well-being. Warr likens these to the vitamin D which is positive to a certain dose but then every further increase has a negative effect such as job autonomy, social support, and skill utilization. In terms of ‘stress’ this model implies that a specific amount of job autonomy, job demands, social support, skill utilization, skill variety, and task feedback is beneficial for the individual, but a very high level of these job characteristics creates a stressful situation. In contrast, high levels of salary, safety, and task significance do not show this detrimental effect.

**Transactional Stress Model by Lazarus:** The transactional model by Lazarus (1966; Lazarus & Folkman, 1984) define psychological stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. Lazarus and Folkman (1984) assume cognitive appraisals play a crucial role in the stress process. Appraisal processes refer to an individual’s categorization and evaluations of an encounter with respect his/her well-being. Specifically, primary and secondary appraisal can be differentiated. Primary appraisal, categorizes encounters as irrelevant, benign-positive or stressful. Stress appraisals comprise harm/loss, threat, and challenge. During secondary appraisals, individuals evaluate what can be done in the face of the stressful encounter; they evaluate their coping strategies. On the basis of primary and secondary appraisals, individuals start their coping processes which can stimulate reappraisal processes.
To arrive at a better understanding of the stress process and how it develops over time, Lazarus (1991) suggested observing the same individuals in different contexts over time.

**Cybernetic Model by Edwards:** Edwards (1992) proposed a cybernetic model of organizational stress. Edwards summarized earlier approaches on stress which implicitly assumed cybernetic principles and explicitly built on Carver and Scheier's (1982) work on cybernetics as a general theory of human behavior. Crucial components in Carver and Scheier’s model are an input function, a reference value, a comparator, and an output function. The input function refers to perceptions of one’s own state or of situational features in the environment. The reference value comprises the individual's desires, values, or goals. The comparator compares the input function with the reference value. The output function refers to behavior which is activated when a discrepancy between the input function and the reference value is detected.

Edwards (1992) defines stress as a discrepancy between employees’ perceived state and desired state, provided that the presence of this discrepancy is considered important by the employee. Stress occurs when the comparison between an individual’s perception and his or her desire results in a discrepancy. The perception is assumed to be influenced by the physical and social environment, personal characteristics of the individual, the individual’s cognitive construction of reality, and social information. The discrepancy between perception and desires, affects two outcomes: the individual’s well-being and his or her coping efforts. Moreover, coping may have an effect on the person and the situation, the individual’s desires, and the duration of the stressful situation and the importance attached to it. The effects of the discrepancy on well-being and coping efforts are moderated by additional factors such as the importance of the discrepancy and its duration.
National Institute for Occupational Safety and Health (NIOSH) Model: National Institute for Occupational Safety and Health (NIOSH) defines job stress in terms of the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker (NIOSH, 2002). This definition of job stress was primarily influenced by the PE-Fit theory. NIOSH is of the view that working conditions play a primary role in causing job stress, where individual factors moderate the influence. According to NIOSH, exposure to stressful working conditions can have a direct influence on worker safety and health. Individual and other situational factors can intervene to strengthen or weaken this influence. The NIOSH model does not focus on the significant influence of the employee’s cognitive appraisal of sources of stress in the workplace.

According to NIOSH the following job conditions may lead to stress i) The Design of Tasks such as heavy workload, infrequent rest breaks, long work hours and shift work; hectic and routine tasks that have little meaning, that does not utilize workers’ skills, and provide little sense of control ii) Management Styles that lack participation by workers in decision making, poor communication in the organization, and lack of family-friendly policies iii) Interpersonal Relationships with lack of support or help from coworkers and supervisors, and poor social environment. iv) Work Roles that are conflicting or uncertain job expectations or too much responsibility v) Career Concerns such as job insecurity and lack of opportunity for growth, advancement, or promotion and rapid changes for which workers are unprepared vi) Environmental Conditions that are unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.
State - Trait Process (STP) Model of Spielberger: Spielberger’s State-Trait Process (STP) model was based on P-E Fit and Transactional Processes. The STP model of occupational stress focuses on the perceived severity and frequency of occurrence of two major categories of stressors namely, job pressures and lack of support (Spielberger et al., 2002). The STP model recognizes the importance of individual differences in personality traits in determining how workplace stressors are perceived and appraised. Occupational stress is defined as the mind-body arousal resulting from the physical and/or psychological job demands. The appraisal of a stressor as threatening leads to anxiety and anger and the associated activation of the autonomic nervous system. If severe and persistent, the resulting physical and psychological strain may produce adverse behavioral consequences (Spielberger et al., 2002).

Employees evaluate their work environment in terms of the severity and frequency of occurrence of specific job demands and pressure and the level of support provided by other employees such as supervisors and coworkers as well as organizational features such as policies and procedures. Failing to take the frequency of occurrence of a particular stressor into account may contribute to overestimating the effects of highly stressful situations that rarely occur, while underestimating the effects of moderately stressful events that are frequently experienced.

**Burnout**

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy. Burnout has been defined as a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes and loss of concern for
clients (Maslach & Jackson, 1986). Burnout is defined as a Psychological response to job stress. Changes in what an individual wants and what he/she should do or, in other words, significant disharmonies between job nature and job owner’s nature lead into burnout (Maslach & Leiter, 2005). Some of the common elements that are found in the explanation for burnout in most theories are 1) predominance of fatigue symptoms, 2) various atypical symptoms occur, 3) symptoms are work-related, 4) symptoms manifest in normal persons without major psychopathology, and 5) decreased effectiveness and impaired work performance occurs because of negative attitudes and behaviours. Burnout is experienced in many occupations where the work pace has increased and the demands of work have rapidly grown. In general, burnout is linked to overburdening work experiences, which are chronic in nature, as well as constant conflict between different roles or between important values and personal expectations.

Burnout syndrome is a subject of the interdisciplinary area of occupational stress research. It is defined as a sustained response to chronic work stress and includes emotional exhaustion, negative attitudes and feelings toward the recipients of the service (depersonalization), and a feeling of low accomplishment and professional failure. Now, many authors have achieved a relative concurrence on burnout aspects. These aspects include:

- Emotional exhaustion which means energy discharge and consumption of emotional resources. This dimension can be considered as the cornerstone of job burnout. Emotional exhaustion involves feelings of being emotionally overextended and exhausted by one’s work, resulting in a loss of energy and general weakness.

- Depersonalization which separates workers from others and causes pessimism to colleagues, customers and organization. This dimension of the job burnout is
prevalent among those staffs who regularly communicate to other persons (such as teachers, students, customers, patients). Depersonalization refers to the development of impersonal and disconnected attitudes toward work and loss of idealism at work.

- Diminished personal accomplishment by which the person comes to negative self-assessment (Maslach & Leiter, 2008; Maslach & Jackson, 1986). The feeling of reduced personal accomplishment refers to a feeling of lack of competence and personal achievement.

Maslach and Leiter (2008) identified two groups of factors which dominate the person before burnout. The first group called situational predictors which include six antecedents: (1) workload, (2) control, (3) award, (4) social network, (5) job fairness, and (6) values. The second group includes individual antecedents such as age, gender, marital status and experience. Cordes et al. (1997) categorized burnout-related factors into three groups: (1) job and role characteristics, (2) organizational characteristics and (3) personal characteristics.

Burnout is usually defined as a syndrome of exhaustion, cynicism, and reduced professional efficacy (Maslach, 1993). Exhaustion refers to feelings of strain, particularly chronic fatigue resulting from overtaxing work. The second dimension, cynicism refers to an indifferent or a distant attitude towards work in general and the people with whom one works, losing one’s interest in work and feeling for work which has lost its meaning. Finally, lack of professional efficiency refers to reduced feelings of competence, successful achievement, and accomplishment both in one’s job and the organization. However, during the past decade, evidence has accumulated that lack of professional efficacy plays a divergent role as compared to exhaustion and cynicism (Lee & Ashforth, 1996; Leiter, 1993).
More specifically, it seems that exhaustion and cynicism constitute the essence or core of the burnout syndrome (Green, Walkey, & Taylor, 1991; Schaufeli & Buunk, 2003).

In 1974, Freudenberger coined the term “burnout” to describe workers’ reactions to the chronic stress common in occupations involving numerous direct interactions with people. He described burnout in terms of physical outcomes such as headaches, sleeplessness, shortness of breath etc and in terms of behavioral outcomes such as frustration, irritation cynicism etc. Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment.

Maslach and colleagues (2001) describe burnout as a psychological syndrome in response to chronic interpersonal stressors on the job. The three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job and a sense of ineffectiveness and lack of accomplishment. Emotional exhaustion is the core element of burnout and is accompanied by two kinds of negative attitudes; client directed depersonalization and self directed reduced sense of personal accomplishment.

Burnout is a psychological syndrome that develops in response to chronic work related stressors (Maslach et al., 2001) and is associated with negative health consequences for individuals, and with diminished work performance in organizations (Maslach & Leiter, 1997). The research on antecedents and consequences of burnout now extends to almost every country in the world further, burnout has now become a medical diagnosis in some countries (Schaufeli et al., 2008) highlighting the significance of the concept.

Burnout has been found to have dysfunctional repercussions on the individual and adverse effects on the organization. It may reflect in a continued dissatisfaction with the situation, ranging from mild boredom to severe depression, irritation, exhaustion, and
physical ailment. The experience of too much pressure and too few sources of satisfaction can develop into a feeling of exhaustion leading to burnout (Golembiewski & Munzenrider, 1988). Some of the models of burnout are briefly described below.

Models of Burnout

Stage Model of Veninga and Spradley: Veninga and Spradley (1981) posited that burnout occurred in five distinct stages i) Honeymoon stage is characterized by feelings of excitement, enthusiasm, pride, and challenge arising out of the elation about the new job. It gives rise to certain coping mechanisms and strategies, which prove to be dysfunctional later. ii) Fuel shortage stage is characterized by general, undefined feelings of fatigue, sleep disturbance, inefficiency, and job dissatisfaction that signal future difficulties. These disturbances, in turn, can result in concomitant behaviors of increased eating, drinking, and smoking. iii) Chronic symptom stage is characterized by the physiological manifestation that appeared in the previous stage becoming more pronounced and accentuated in this stage and even leading to the occurrence of symptoms like physical illnesses, anger, irritation, and depression. In the iv) Crisis stage the symptoms may develop into acute psychosomatic disorders like tension headaches, high blood pressure and sleep disturbances along with the development of escape mechanisms to deal with the increasing tendencies of self-doubt, a pessimistic view of life, and a general feeling of oppression. v) Hitting the wall stage is characterized by total maladaptation due to the failure of the person’s coping mechanisms to deal with stress. The model proposed by Veninga and Spradley (1981) is highly descriptive and comes at the cost of analytical rigor in modeling.
Process Model of Leiter and Maslach: Leiter and Maslach (1988) posited that there is a sequential development of different dimensions of burnout. It is the emotional exhaustion that first appears as a result of the excessive demands at work. In order to cope with the drain of energy, the individual distances himself from his work and others as a defensive strategy and these manifests as depersonalization or cynicism. As a sequel to this depersonalization, the ability of the individual to work effectively decreases and when the realization that the individual’s present accomplishments do not match with his or her original expectations and ideals it leads to a sense of reduced personal accomplishment or inefficacy.

Leiter (1993) revised the model introducing a mixed sequential and parallel development of the burnout dimensions. In the new model, burnout starts off with exhaustion and is sequentially followed by the development of depersonalization. There is a parallel development of the feeling of reduced personal accomplishment renamed as ineffectiveness or reduced efficacy independent of the other two dimensions and this happens due to the work environment. Thus, while in the earlier model, burnout was an entirely internal process in which exhaustion was triggered due to environmental stress. In the latter model, environmental stressors affected the entire process of burnout by influencing all the dimensions of burnout.

Transactional Process Model of Cherniss: Cherniss (1980) views burnout as a three-stage process involving job stress, strain, and defensive coping. He considered burnout to be a transactional process experienced in the form of a self-perpetuating and self-reinforcing vicious cycle whereby one reaction feeds into another till this established pattern is difficult to break. This model has an underlying assumption that stress might not be permanent or total in its impact; rather it is contingent on a number of factors which are
all specific to each situation. It is postulated that higher the level of stress experienced and more overwhelming the situation, greater are the chances of occurrence of burnout and its severity Cherniss (1980).

This model describes burnout as a state of withdrawal from work or a change in motivation due to excessive stress. Burnout is seen as a complex socio-psychological phenomenon, which is characterized by the reduction in motivation and enthusiasm. Cherniss (1980) posits that burnout is a process in which a previously committed professional disengages from his/her work in response to stress and strain experienced in the job.

Existential Model of Pines and Aronson: In this model, burnout is defined and subjectively experienced as a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding. Pines and Aronson (1988) view burnout as severe hampering of an individual’s coping ability caused by the chronic presence of extremely high expectations and situational stress.

Pines and Aronson (1988) came to conceptualize burnout as an experience of physical, emotional, and mental exhaustion characterized by the feeling of tiredness, low energy, a sense of helplessness, and hopelessness, disenchantment, and disillusionment from work, formation of negative self-concept, and a negative and dehumanizing view of others in situations when excessive demands are made on the individual and gets caught between high expectations and chronic situational stress.

Meier’s Model of Burnout: Meier (1983) presents a framework patterned on the work of Bandura (1977), which views burnout from an environment-individual interaction perspective. The model states that burnout is a result of not just the organizational factors rather it develops from the interplay between the environment and the individual factors. In this model burnout is
defined as a state in which individuals expect little reward and considerable punishment from work because of the lack of valued reinforcement, controllable outcomes, or personal competence (Meier, 1983). As per the model the four elements of burnout are: reinforcement expectations, outcome expectations, efficacy expectations, and contextual processing. Burnout occurs when an individual, due to his repeated work experience, has low expectations of receiving positive rewards or reinforcements. The person feels a lack of control over the existing reinforcers, being unable to exert control over the reinforcement either through personal competence or behavior in the work environment.

**Attributional Model of Work Exhaustion Consequences by Moore:** In an attempt to bring together the concepts of work exhaustion or burnout and causal attribution, Moore (2000) puts forth a model of work exhaustion which is largely based on Weiner’s (1974) attribution theory of motivation and emotion. Moore (2000) posits that the individual experiencing work exhaustion need not necessarily go through the plethora of attitudinal and behavioral reactions associated with the job. He is more likely to experience some subsets of these attitudinal and behavioral reactions which, is influenced by the individual’s perception of the attributed cause of the exhaustion. The steps involved in this attribution model are i) *Antecedents to work exhaustion*. Moore (2000) suggested that situational factors like role overload, role ambiguity, role conflict, and lack of rewards are more likely to be the antecedents to work exhaustion rather than individual variables. ii) *Causal search*. This process looks into the causes of the occurrence of any unexpected, negative or important situation. In the context of work exhaustion, causal search can be understood as the individual’s search for the causes of work exhaustion. iii) *Causal attribution*. The outcome of the causal search is the perception and understanding of the
cause of the exhaustion. iv) *Attitudinal reactions*. Two kinds of reactions could be experienced by the individual; either a direct result or outcome of the experience of work exhaustion, which is termed as attribution-independent attitudinal reactions or, the one occurring, as a result of the causal attribution that was earlier undertaken by the individual, which is termed as attribution-dependent attitudinal reactions. v) *Behavior and action undertaken to alleviate work exhaustion*. A combination of factors such as attribution-independent attitudinal reaction, attribution-dependent attitudinal reaction, characteristics of causal attribution and various situational and individual difference factors are likely to determine the action taken or behaviors engaged in by the individual in an attempt to alleviate his work exhaustion. These are depersonalization, voluntary retirement, attempts to change the work situation, and attempts to change oneself.

**Phase Model of Golembiewski:** Golembiewski and Munzenriden (1988), in their proposed model, suggest the progression of burnout in the form of a continuum of eight phases; the lower phases indicating lower levels of burnout and the level of severity of burnout correspondingly increases as the individual progressed on the continuum, with the eighth phase being the most severe. Unlike Maslach’s model, this approach does not give equal importance to each of the three dimensions. Depersonalization is seen as an initial burnout phase, and is considered a precursor to the reduction in personal accomplishment with both further generating the more advanced condition of emotional exhaustion.

On the basis of the obtained burnout inventory scores, the individual is placed on one of the eight phases. Individuals assigned to Phase I tend to value people, see themselves as doing well on jobs that are socially worthwhile, and cope with added stress factors. In contrast, individuals placed in Phase VIII keep themselves distant from people,
lack information and social support, believe their work is not rewarding psychologically, and are unable to cope with new stress (Golembiewski & Munzenriden, 1998).

**Well-Being**

Well-being includes concepts of physical and psychological health. Generally two conceptualizations of well-being, subjective and psychological, are widely researched (Keyes et al., 2002). Studies investigating subjective well-being have focused on affective/hedonic balance; balance between pleasant and unpleasant affect, and life satisfaction, components of well-being (Schimmack et al., 2002). The eudaimonic tradition maintains that well-being is not an outcome or end state as it is a process of fulfilling or realizing an individual’s true nature, such as fulfilling one’s virtuous potentials and living as one was inherently intended to live (Deci & Ryan, 2008)

Studies investigating psychological well-being draw on various conceptualizations of mental health (Keyes et al., 2002). Grebner et al. (2005) distinguishes between context free well-being such as absence of generalized psychosomatic complaints and context-specific well-being such as job satisfaction. Recently in the field of occupational health Hofmann and Tetrick (2003) have argued that well-being goes beyond the absence of ill health to include the presence of positive states.

World Health Organization’s (WHO, 2010) definition of health describes well-being as a state of complete physical, mental and social well-being, and not merely the absence of disease. In line with this, a healthy workplace is defined as

"one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers"
and the sustainability of the workplace by considering the following, based on identified needs such as health and safety concerns in the physical work environment; health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture; personal health resources in the workplace; and ways of participating in the community to improve the health of workers, their families and other members of the community.” (WHO, 2010, p 6).

One of the most important issues in the field of mental health promotion and mental disorder prevention is and will more emphatically be to maintain peoples' mental health at work. Mental health in workplace settings was chosen as one of the five priorities in the implementation of the European Pact for Mental Health and Well-being (2008). In the work environment context, no other subject at present is of such immense interest as mental health (Sockoll & Kramer, 2010).

Constant reorientation and adaptation both at the organizational and individual level are needed to prevent the detrimental effects of the rapid and frequent changes in the modern day workplace, on employees’ well-being and health, as well as on organizational outcomes such as low productivity, poor morale, high turnover and sickness absence. In view of these risks, scientific research in this area has become a priority (Sockoll & Kramer, 2010). It is found that health, social services and education are the sectors most at risk for work-related stress (Parent-Thirion et al., 2007).

Theories of Well-being

Two conceptualizations of well-being; subjective and psychological, are widely researched generally (Keyes et al., 2002). A distinction is drawn between hedonic and
eudaimonic constructs, with the former comprising of happiness and satisfaction and the latter a multifaceted measure of “flourishing”. Hedonic measures reflect subjective well-being and the eudaimonic measures indicate psychological well-being. The umbrella term used to denote both the eudaimonic and hedonic measures is psychological and subjective well-being. Some of the theories of well-being are described further. The following paragraphs describe some of the theories of eudaimonic or psychological well-being.

**Domains of Psychological Well-being:** Psychologists Ryff and Singer (1998) operationalized the concept of eudaimonia through constructs from psychological literature. They posited that six constructs such as autonomy, personal growth, self-acceptance, life purpose, environmental mastery and positive relatedness constitutes psychological well-being. In subsequent work, they examined the extent to which individuals combine these characteristics, and their correlations with socio-demographic characteristics such as age, gender, race/ethnicity and education.

**Meaning in Life:** The importance of the search for and presence of meaning recurs in philosophical accounts of the good life from ancient Greece onwards. Victor Frankl (1963), asserted that the need for meaning is a basic human drive. Chamberlain and Zika (1992) found that meaning in life is positively linked with life satisfaction. The presence of meaning is also found to be a powerful means of coping with negative circumstances (King et al., 2006). Steger et al. (2006) posits a relativistic conception of meaning, which leaves the concept open to respondent determination; this argument accords well with the meaning of eudaimonia, which stresses that flourishing comes from striving for excellence based on one’s own unique potential.
Self-determination Theory: The focus on meaning in life is complemented by self-determination theory (SDT), which posits three innate psychological needs; need for competence, autonomy and relatedness, and theorizes that fulfillment of these needs is essential for psychological growth, integrity and well-being (Ryan & Deci, 2000). These constructs as factors foster well-being by maximizing an individual’s potential, rather than indicative of well-being itself. The thwarting of any of these three needs is psychologically harmful.

The following paragraphs describe some of the theories of hedonistic or subjective well-being.

Liking, Wanting, Needing Models: The Liking theory represents a hedonic focus. The Liking or Hedonic Happiness theory focuses on maximizing pleasure and minimizing pain (Peterson et al., 2005). Cyrenaic school of hedonism which was purported by Aristippus (435-356 BC) recommended immediate gratification as the path to a meaningful life (Watson 1895). Hedonic Happiness is the study of what makes events and life pleasant or unpleasant, interesting or boring, joyous or sorrowful (Kahneman 1999).

The needing classification of subjective well-being purports that a set of elements that every human needs, regardless of an individual’s values, is essential in attaining subjective well-being. Maslow (1943) suggested that a hierarchy existed of five levels of basic needs; starting from physiological needs, safety, love/affection, self-esteem, to self-actualization, that must be satisfied in order, one after another. Wilson (1967) suggested basic universal needs exist; the prompt fulfillment of those needs causes happiness while the needs that are left unfulfilled result in unhappiness.
The wanting theory suggests that subjective well-being is determined by the pursuit of desires or goals. The wanting theory illustrates that the journey; wanting is more important than the destination; pleasure from fulfillment of the goal. Davidson (1994) distinguished affect gained from pre-goal attainment and that which is received through post-goal attainment. The former concerns the pleasure gained when working towards the goal while the latter is concerned with the pleasure derived from achieving the goal. Davidson presented that the most pleasure comes from the progress towards a goal rather than the fleeting feeling of contentment when the prefrontal cortex reduces its activity during the accomplishment of a goal.

**Multiply Discrepancy Theory:** This model of subjective well-being suggests that individuals compare experiences or emotions to some standard. Michalos (1985) explained in his multiple discrepancy theory of satisfaction that individuals compare themselves to many standards such as other people, past conditions, ideal levels of satisfaction, and needs or goals. A discrepancy due to an upward comparison; expected was better than the actual goal, results in decreased satisfaction whereas a downward comparison; expected goal was worse than the actual goal, will result in an increase in satisfaction.

**Top-Down and Bottom-Up Factors:** This theory represents a dichotomous model for the causes of subjective well-being. Diener (1984) differentiated between top-down and bottom-up factors important to subjective well-being. Diener et al. (1999) described bottom-up factors as external events, situations, and demographics. Top-down factors represent individual factors such as values and goals that trigger external events and influences well-being. In the top-down model, an individual’s disposition filters and interprets specific, lower-order events.
Orientations to Happiness (Pleasure, Engagement, and Meaning) Model: This theory presumes different ways to be happy. Seligman (2006) defined three roads to happiness, which included Positive emotions and pleasure; the pleasant life, Engagement; the engaged life and Meaning; the meaningful life. Peterson et al. (2005) discovered that people choose different paths and that the most satisfied individuals are the ones who choose all three with an emphasis on engagement and meaning.

Mental Health Continuum: Keyes (2002), proposed a gradient from ill-being to well-being as ‘from Languishing to Flourishing’. Keyes described individuals with complete mental health as ‘flourishing’ in life with high-levels of subjective well-being. He defined the components of subjective well-being as positive emotions and psychological and social well-being. Additionally, he describes individuals with incomplete mental health as ‘languishing’ in life with low-levels of subjective well-being.

Workplace pressures, productivity demands, information overload and increasing pressure to balance work and home lives can take a toll on employees' health and well-being. Employers, faced with increasing healthcare costs, global competition and economic uncertainty, are concerned about attracting and retaining high-quality employees and delivering superior organizational performance. Only a few companies have responded to these business challenges by taking care of their employees.

Section III: Interventions for Reducing Stress and Burnout, and Enhancing Well-Being

Individual focused worksite stress management interventions are designed to help employees cope with work related strain, and usually take the form of psychoeducational training programmes. The most common stress management interventions comprises of a
combination of cognitive behavioral techniques, such as cognitive restructuring, relaxation training, and problem solving. These interventions typically provide instruction on how to change the content of "dysfunctional" or stress-related cognitions, and how to reduce unpleasant emotional arousal. Such interventions are generally effective for reducing mental ill-health in the workplace (van der Klink et al., 2001).

The goal of stress management is to increase an individual’s understanding of self and his or her own stress cycle and to help exercise the extent of control the individual has over this cycle (Brehm, 1998).

Although it is not possible to eliminate stress entirely, people can learn to manage it. A stress management intervention is any activity or program initiated by an organization that focuses on reducing the presence of work-related stressors or on assisting individuals to minimize the negative outcomes of exposure to these stressors. A stress management intervention may attempt to change work-related stressors, assist employees in minimizing the negative effects of these stressors, or both (Richardson & Rothstein, 2008).

Ivancevich et al. (1990) developed a conceptual framework for the design, implementation, and evaluation of stress management interventions. Conceptually, the reduction of stress comprises of three fundamental elements such as i) physical alteration of environmental stressors ii) modification of a person’s cognitive attributions and iii) alteration of behavioral and physiological responsively. The components of stress management interventions may vary widely, encompassing a broad array of treatments that may focus on the individual, the organization, or some combination of both (Giga et al., 2003).
Further, interventions may be classified as primary, secondary, or tertiary. Primary interventions attempt to alter the sources of stress at work. Primary prevention programs include redesigning jobs to modify workplace stressors. Secondary interventions attempt to reduce the severity of stress symptoms before they lead to serious health problems. Tertiary interventions are designed to treat the employee’s health condition by confidential access to qualified mental health professionals (Murphy & Sauter, 2003).

The most common stress interventions are secondary prevention programs aimed at the individual and involve instruction in techniques to manage and cope with stress (Giga et al., 2003 b). Cognitive behavioral skills training, meditation, relaxation, deep breathing, exercise, journaling, time management, and goal setting are some of the common secondary prevention programs.

One of the first steps of any intervention to mitigate stress is educate participants about stress, stressors, psychological appraisal, physiological arousal and the biopsychosocial consequences (Zetterqvist et al., 2003).

Cognitive behavioral interventions are intended to change individuals’ appraisal of stressful situations and their responses to them. In such interventions, employees are taught to become aware of negative thoughts or irrational beliefs and to substitute positive or rational ideas.

Meditation, relaxation, and deep-breathing interventions are designed to enable employees to reduce adverse reactions to stresses by bringing about a physical and/or mental state that is the physiological opposite of stress (Benson, 1975). Relaxation therapy focuses on the conscious and controlled release of muscle tension. It has been
found that such exercises can help an individual to re-appraise a stressful event as less stressful, or to view it in a positive rather than a negative way, thus reducing the individual’s stress response (Yung et al., 2004).

The degree to which a stressful work situation impacts the individual might be contingent on the availability of resources. With respect to organizational stress, resources refer to conditions within the work situation and to individual characteristics that can be used to attain goals. One of the individual resources is coping styles. A favorable coping style can be a core resource for bolstering an individual’s health and well-being. Lazarus and Folkman (1984) defined coping as constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as exceeding the resources of the person. Essentially there are two forms of coping; problem focused coping includes problem solving behaviors which aim directly to change the stressor, other aspects of the environment, or the individual’s own behavior, emotion focused coping refers to attempts to manage cognitions or emotions directly. Problem focused coping has been found to be positively related to mental health and well-being while emotion focused coping and an additional style of avoidance coping were often found to be associated with poorer well-being (Sears et al., 2000).

The following paragraphs briefs about the interventions which was intended to be administered as a part of this study.

Systematic Desensitization

Systematic desensitization is a type of behavioral therapy based on the principle of classical conditioning. It was developed by Wolpe (1958) with the aim of removing the fear response and replace with a relaxation response to the conditional stimulus
gradually using counter conditioning. This is done by forming a hierarchy of fear eliciting conditioned stimuli that are ranked from least fearful to most fearful. The individual works his or her way up, by exposing himself/herself to the anxiety arousing stimulus, starting at the least unpleasant and practicing relaxation as they move upward along the hierarchy. When they feel comfortable with this they move on to the next stage in the hierarchy. Reciprocal inhibition is the process of substituting old maladaptive responses with new responses. This is based on the principle that two incompatible responses cannot coexist simultaneously such as relaxation and tension (Wolpe, 1958). In other relaxation reciprocally inhibits anxiety.

However, some of the weaknesses of systematic desensitization are that it relies on the individual’s ability to be able to imagine the fearful situation. Some people cannot create a vivid image and thus systematic desensitization may not be effective. It is highly effective where the problem is a learned anxiety of specific objects or situations. It is a slow process and it only treats the symptoms of the disorder, not the underlying cause.

**Jacobson’s Progressive Muscular Relaxation**

Techniques involving relaxation are widely used by people to reduce anxiety and cope with stress-related problems. There are countless methods used to achieve relaxation, but the procedures that are most commonly practiced in the clinical setting are Jacobson’s Progressive Muscular Relaxation, Autogenic Training, and Benson’s Relaxation technique.

Relaxation is highly beneficial if practiced routinely in an individual’s everyday life (Vempati & Telles, 2002). The beneficial effects of Jacobson’s Progressive Muscular Relaxation technique have been reported by various authors (Brookers *et al.*, 1997;
Archer & Rich, 2000; Shinde et al., 2013). Jacobson’s Progressive Muscular Relaxation technique is known to be used widely because of its better reported results, its simplicity in performance and easy independent practice. A modified version of Jacobson’s Progressive Muscular Relaxation technique developed by Mishra (1974) is used as part of this study.

**Counseling**

As it was intended to empower health care managers with coping strategies, how to employ problem focused coping strategies and its associated benefits were planned to be introduced to the managers individually and severally through counseling sessions.

The general content of the counseling sessions consisted of educating the managers on the importance and relevance of understanding organizational policies, the benefits of organizing personal space, the advantages of developing a healthy lifestyle, the benefits of establishing and maintaining appropriate social support, the importance of controlling emotional reactions, the short term and long term benefits of goal setting, time management and leisure time activities and the importance of assertive behavior in contrast to passive and aggressive behavior.

**Section IV: Need for the Focusing on Occupational Stress, Burnout and Well-Being of Managers in Health Service Institutions**

The National Institute for Occupational Safety and Health (NIOSH) has rated 13 jobs based on the stress level. Jobs with high levels of stress include workers, secretaries, laboratory technicians, nurses and first-line supervisors, waiters, machine operators, farm workers and miners.
Restructuring and right sizing have become popular words in most health care organizations. During such changes, the role of the mid-level manager is either eliminated or reduced; this was especially true in various hospital departments. The role of mid-level managers is usually taken care by nurses, doctors or senior staff of the respective wings or departments. Their already demanding service oriented roles are overburdened by managerial roles. The competencies of planning, directing, controlling, motivating, facilitating, mentoring, problem solving, and strong communication proficiencies all high-level management skills are seldom learned in the role of staff nurse, doctor or caregiver. With taxing job requirements and little time for mentoring by their superiors, many mid-level managers in the health service institutions suffer stress and have difficulty coping (Keane et al., 1985).

Studies indicated that healthcare workers have long been known to be a highly stressful group and were associated with higher rates of psychological distress than many other workers of different sectors (Kirkcaldy & Martin, 2000; Piko, 2006). Health professionals are a group at significant risk from the negative effects of stressful workplaces.

The negative consequences of stress pose a serious problem, not only for health care professionals but also for the quality of patient care. Personal, interpersonal and organizational factors have been reported to relate to stress and burnout (Schaufeli & Enzmann, 1998). Stress induced by emotion laden patient contacts is often considered a cause of burnout and poor well-being.

Section V: Conceptual Framework

After careful investigation of those factors that facilitate to have a sizable impact in mitigating occupational stress and its negative consequences on managers in health
care institutions, it was intended to administer interventions at the secondary level targeting hospital managers so as to reduce their occupational stress and burnout and facilitate to enhance their well-being.

The availability of resources that protect managers in health service institutions is not systemic and well identified. Moreover, the ability of such managers to enable suitable strategies, in the event to counter the ill effects of occupational stress are limited or not found on sound research evidence.

Since there were no systematic identification, classification and mitigation procedures for occupational stress and its negative consequences, specifically in the health care industry, this study was intended to address and to empower staff members of two health service institutions who also take the role of mid-level managers, with necessary stress mitigating interventions at the individual level. It was further understood that desensitizing stress arousing stimuli, initiating and maintaining normal arousal levels and the acquisition of coping strategies and skills will enable those managers to deal with the adverse effects of occupational stress both at present and in the future. A graphical representation of the conceptual frame work of the study is given in Figure 1.
Objectives of the study

The various ill effects of occupational stress and its effects on health care professionals are well documented in literature. Generating awareness, understanding and suggesting viable solutions to occupational stress and its adverse effects on health care staff in the Indian scenario deserves much importance. Moreover, government policy implications on both government hospitals and private hospitals, increased health care
requirements of the public, varied job expectations of the managers and demographic factors such as gender play a significant role in engendering work stress, deserves objective investigation.

This study intended to

i) To determine whether the multimodal Intervention targeted at professional managers in health service institutions have a significant effect in reducing occupational stress and burnout and enhance well-being.

ii) To determine whether the multimodal Intervention targeted at professional managers in health service institutions show significant gender differences in attaining its objectives.

iii) To determine whether the multimodal Intervention targeted at professional managers in health service institutions show significant institution type differences in attaining its objectives.