WORK STRESS AND MENTAL DISTRESS

E H Kua, C S Tian, L Lai, S M Ko

ABSTRACT

In a study of 14 managers and 25 workers who were referred for psychiatric treatment, the majority suffered from depressive illness (60%) or anxiety neurosis (28%). The main work problem of the managers was conflict with the employers (or directors), but for the workers the main problem was difficulty with fellow workers. The patients' scores on the Work Environment Scale (WES) indicated that the managers felt they had little supervisor support and work pressure was great. However the workers complained of poor peer cohesion but could get on well with the employers, and their work was not too taxing.

Key Words: Work stress, mental disorders.

INTRODUCTION

The ability to work is an important facet of mental health. People with mental illness have difficulty in coping with their jobs. Many people today work in organisations and factors in the organisations may affect the mental health of workers. High morale and productivity hinge on work satisfaction which includes recognition, interesting work, responsibility and career advancement (1). Dissatisfaction with work may result in poor performance, reduced productivity and even absenteeism. This can arise from problems in the work environment, such as poor physical condition (eg. noise, overcrowding, etc.), role ambiguity, role conflict, underpromotion, overpromotion, lack of financial security, poor relationship with employer or employee, and little participation in decision of the organization. Particularly important is work overload — too much or too difficult work. Advanced computer technology can also be threatening to some workers.

Prolonged work stress may lead to mental disorder. In the industry, depressive illness is the commonest mental disorder (2). However it must be emphasized that not everyone who encounters the same work problem will develop mental disorder. What is stressful to an individual may not be considered stressful to another. How an individual perceives an external event as threatening depends also on other factors like personality, coping skills and available support system.

The aim of this study was to find out the types of work stress of managers and workers who were referred to the Department of Psychological Medicine, National University of Singapore.

Department of Psychological Medicine
National University Hospital
Lower Kent Ridge Road
Singapore 0511

E H Kua, MBBS, MRCPsych, AM,
Senior Lecturer and
Consultant Psychiatrist
C S Tian, MBBS,
Resident
L Lai, MBBS,
Resident
S M Ko, MBBS,
Resident

Correspondence to: Dr Kua

METHODS

The subjects in this study were patients examined at the Singapore General Hospital and the National University Hospital. The sample included both inpatients and outpatients. They were all examined by psychiatrists who noted that the patients' illnesses were related to work stress. All of them had no previous mental illness.

Every subject was interviewed using a semi-structured questionnaire which included items like main complaints, nature of work and the types of work problem. The criteria of diagnoses were based on the International Classification of Diseases (3). All the patients were requested to self-administer the Work Environment Scale (WES), constructed by Rudolf Moos (4). This scale (Table 1) has items on relationship dimensions (peer cohesion, superior support and involvement), personal growth dimensions (autonomy, task orientation and work pressure) and system dimensions (clarity, control, innovation and physical comfort). There are 90 questions with "true" or "false" answers, which can be transferred into standard scores.

RESULTS

There were 39 patients in the sample and they were divided into 2 groups — 14 managers and 25 workers. The managers (including supervisors and foremen) were in organizations where they were between the employers (or directors) and the workers. There were 3 female and 11 male managers; and 11 female and 14 male workers. The age distribution of the subjects is shown in Table 2. The majority of the workers were younger than the managers. The mean age of the workers was 27.0 years and the managers 42.2 years. About 84% of workers were below 35 years compared with 14% of managers.

The main reasons for psychiatric referral are indicated in Table 3. Complaints of insomnia and depressed feeling were common in both groups. Six patients had attempted suicide — 4 workers (3 females and 1 male) and 2 managers (1 female and 1 male). The other complaints were feeling anxious and headache.

The work problems of the patients can be categorised into 4 areas, namely problems with employers, workers or colleagues, and work pressure (Table 4). Fifty per cent of managers had problems with the employers or management. They complained that the employers were not supportive or too controlling and were unrealistic in demanding high profits

Table 1
WORK ENVIRONMENT SCALE

1. **Involvement** — the extent to which employees are concerned about and committed to their jobs.

2. **Peer Cohesion** — the extent to which employees are friendly and supportive of one another.

3. **Supervisor Support** — the extent which management is supportive and encourages employees to be supportive of one another.

4. **Autonomy** — the extent to which employees are encourage to be self sufficient and to make their own decisions.

5. **Task Orientation** — the degree of emphasis on good planning, efficiency, and getting the job done.

6. **Work Pressure** — the degree to which the press of work and time urgency dominate the job milieu.

7. **Clarity** — the extent to which employees know what to expect in their routine and how explicitly rules and policies are communicated.

8. **Control** — the extent to which management uses rules and pressures to keep employees under control.

9. **Innovation** — the degree of emphasis on variety, change, and new approaches.

10. **Physical Comfort** — the extent to which the physical surroundings contribute to a pleasant work environment.

Table 2
AGE DISTRIBUTION OF PATIENTS

Age Group	Manager	Workers
15 – 24	–	11
25 – 34	2	10
35 – 44	7	2
45 – 54	3	2
55 +	2	–
TOTAL	14	25
Mean Age	42.2	27.0

t – 5.06
p <0.01

Table 3
REASONS FOR PSYCHIATRIC REFERRAL

	Managers n = 14	Workers n = 25	Total
Insomnia	5	9	14
Depression	4	7	11
Attempted Suicide	2	4	6
Anxiety	2	3	5
Headache	1	2	3

Table 4
TYPES OF WORK STRESS

	Managers	Workers
Problems with employers	7 (50%)	7 (28%)
Problems with colleagues	1 (7%)	13 (52%)
Problems with workers	2 (14%)	–
Work too taxing	4 (29%)	5 (20%)
TOTAL	14 (100%)	25 (100%)

A few complained of role ambiguity and no involvement in major decision making of the organisation. About 29% of managers found their jobs too taxing — they were mainly sales managers who had to work long hours. Two managers complained of problems with workers, and one manger had relationship conflict with his fellow colleagues.

Amongst the workers, the main work problem was with colleagues (52%). Most of them were young female workers, who complained of envy, jealousy, back-biting and unhelpful colleagues. Five workers found their work too heavy or difficult and 7 workers had relationship difficulty with the employer.

The average scores of the 10 items in the Work Enviornment Scale for managers and workers are compared (Figure 1). There are less differences in involvement, autonomy, task orientation, clarity, control, innova-

Figure 1
Work Environment Scale

I — Involvement
P — Peer cohesion
S — Supervisor support
A — Autonomy
T — Task Orientation
W — Work Pressure
C — Clarity
Co — Control
In — Innovation
Pc — Physical Comfort

O --- O Manager
X — X Workers

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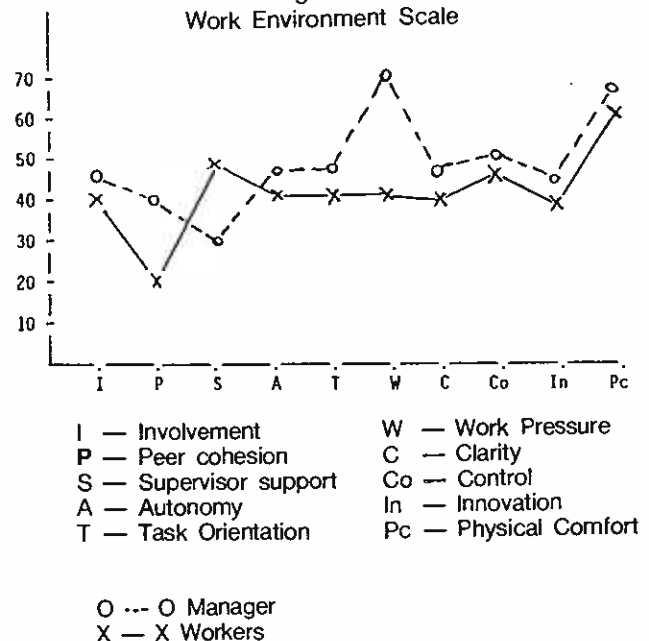
tion and physical comfort. The main differences lie in peer cohesion, supervision support and work pressure. The managers felt they had little supervisor support and work pressure was great. The workers complained of poor peer cohesion but could get on better with the employers, and their work was not too demanding.

Table 5
DIAGNOSES

	Managers	Workers	Total
Depressive illness	7	16	23
Anxiety neurosis	4	7	11
Alcohol dependence	3	1	4
Obsessional neurosis	–	1	1
TOTAL	14	25	39

The majority of patients were suffering from depressive illness (60%) or anxiety neurosis (28%) (Table 5). Most of the depressed patients were diagnosed as reactive or neurotic depression. Of the 4 patients with alcohol dependence syndrome, 3 were managers. They were referred because of withdrawal symptoms such as insomnia and restlessness.

DISCUSSION

This study indicates that the kind of work stress of managers and workers are not usually the same. A manager has to understand and support the needs of the workers, but at the same time he has to maintain output in the interest of the organisation. Most of the managers in the study had relationship difficulty with the employers and not with the workers. Sales managers, in particular, found their jobs too exacting. Many of them had previously done very well and were promoted rapidly, but they could not maintain the same success in sales every year.

Most of the workers were young and some had just left school. Their relationship conflict with others was probably a manifestation of their immature personality. Some of them were unfamiliar with their new jobs and found the jobs too demanding.

Depressive illness is the commonest mental disorder in this study. Feelings of anger and frustration can lead to a state of depression. A psychological explanation of depression is Seligman's theory (5) of learned helplessness. A person who is repeatedly exposed to an uncomfortable outcome learns that events are beyond his control, and he is powerless to change the system. Hence he becomes withdrawn or miserable.

Alcohol dependence is seen in more managers than workers. It is not only that managers are financially better off than workers but also because they need to entertain clients in the course of their duty. For those who are under stress, alcohol affords a temporary relief. Alcohol dependence is not a common disorder in Singapore but managerial jobs can be an occupational risk.

Some subjects in this study had also family or marital conflicts which might have caused them to be less able to cope with stress at work. Sometimes the domestic conflicts were the consequences of their work stress eg. spending long hours at the office or factory.

To reduce work stress, good staff relationship is pivotal. Many work places are large and dehumanised. Improvement in communication can reduce frustration. Providing peer group support and participation of workers in decision making where they are involved can lead to cohesiveness and high morale. Managers and workers need to clarify their responsibilities and the employers have to formulate goals that are realistic. Training programme for staff development helps understanding and competence of job. High productivity is largely a reflection of work satisfaction.

REFERENCES

1. Mickleburgh WE: Occupational Mental Health Br J Psychiat 1986; 146:426-34.
2. Brook A: Psychiatric Disorders in Industry. Br J Hosp Med 1976; 15:484-92.
3. World Health Organization, Manual of the Injuries and Causes of Death. International Classification of Diseases 9th Revision, Geneva, Switzerland. 1977.
4. Moos RH Work Environment Scale, Second Edition Consulting Psychologist Press, Palo Alto. 1986.
5. Seligman M Helplessness: on depression, development and death. Freeman, San Francisco. 1975.