



Professional article

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THEORETICAL APPROACHES TO PROBLEM OF OCCUPATIONAL STRESS

SUMMARY

Occupational stress was perceived to be a problem only in jobs with high pressure and low pay, such as teaching and social services. Today, occupational stress has become an epidemic spreading like wildfire. Organizations lose much money in stress-related accidents, lost productivity, absenteeism, and medical insurance costs.

Physical symptoms of occupational stress are: headaches, digestive problems, sleep deprivation, rashes or hives, heartburn, night sweats, diminished sexual desire, menstrual irregularities, chronic back pain, muscle tensions, loss of appetite, weight gain. Emotional or mental symptoms of occupational stress are: increased anger, frustration, depression, moodiness, anxiousness, problems with memory, fatigue, and increased use of nicotine, alcohol and drugs. Work related symptoms are: increased absenteeism, accidents on the job, and complaints from coworkers, decrease in work productivity, and difficulty in understanding office procedures, job absenteeism, and taking long coffee breaks, excessive personal time on the telephone or internet.

Many attempts have been made to identify causes of stressful job events. There are essentially three different, but overlapping, approaches to the definition and study of stress. The engineering and physiological approaches are obvious among the earlier theories of stress, while the more psychological approaches characterize contemporary stress theory.

Key words: occupational stress, causes of occupational stress, theories, workers, workplace

INTRODUCTION

Stress is, today, a normally occurring part of life and job. Many attempts have been made to identify causes and scale of stressful job events (1,2). While psychometric research into the nature and impact of stressful job events is not without methodological problems (3,4), some progress relation to the extent or cost of occupational stress has been made. It is even more difficult to obtain valid, reliable and standardized data across the European Union's 15 Member States. As the 1997

European Foundation reports, European Working Environment in Figures suggested that "Although some information sources exist, very little comparable quantitative occupational health and safety data is available at European level at present."(5). The European Foundation's 1996 Working Conditions in the European Union revealed that 29% of the workers questioned believed that their work affected their health. The work-related health problems mentioned most frequently are musculoskeletal complaints (30%) and stress (28%). Twenty three percents of respondents said they had

been absent from work for work-related health reasons during the previous 12 months. The average number of days' absence per worker was 4 days per year, which represents around 600 million working days lost per year across the EU. To take the United Kingdom as example, it has been suggested that upwards of 40 million working days are lost each year in the UK due to stress-related disorders (6, 7). The Health & Safety Executive of Great Britain published estimates of the total cost to employers, the economy and society of work accidents and work-related ill health and stress (8). The study attempted to quantify costs to all affected parties including employers (damage, lost output, costs of covering for sick absence), the medical services, the social security and insurance systems, as well as the costs to the victims of accidents and ill health, including "an amount to reflect the pain, grief and suffering involved". The study found that the cost of work accidents and work related ill health to employers in the UK was between £4.5 billion and £9 billion (6.84 – 13.7 billion euro approximately). Costs to victims and their families were about £4.5 billion. The total cost to the economy was between £6 billion and £12 billion (9.12 – 18.24 billion euro, about 1- 2% of national output). Adding the sum for pain, grief and suffering yields a total cost to society of between £11 billion and £16 billion (16.72 – 24.32 billion euro). Absence from work cost British business £10.2 billion (approximately 15.5 billion euro), an average cost of £426 per worker (approximately 647 euro). The survey shows that minor illness is the biggest cause of absence for manual and non- third approach, which conceptualizes work stress in terms of the dynamic interaction between the person and their work environment (6, 7). When studied, stress is either inferred from the existence of problematic person-environment interactions or measured in terms of the cognitive processes and emotional reactions which underpin those interactions. This final approach has been termed the "psychological approach". The engineering and physiological approaches are obvious among the earlier theories of stress, while the more psychological approaches characterize contemporary stress theory. Internal situations that cause work-related stress include: having unrealistic expectations of yourself, having unrealistic expectations of the job, being unaware of your limitations and shortcomings. External situations that can cause work-related stress include: situations or people at work of whom you have no control, technology overload, lack of staffing and other resources, insufficient training or supervision, lack of job security and changes at the workplace, poor working conditions.

Definition of stress

Occupational stress is a term that has become associated with many things. Nevertheless, our understanding of stress has come a long way in the last seven or more decades.

In scientific literature on stress, there are essentially three different, but overlapping, approaches to the definition and study of stress (9). The first approach conceptualizes occupational stress as an aversive or noxious characteristic of the work environment, and, in related studies, treats it as an independent variable, the environmental cause of ill health. This has been termed the "engineering approach". The second approach, on the other hand, defines stress in terms of the common physiological effects of a wide range of aversive or noxious stimuli. It treats stress as a dependent variable, as a particular physiological response to a threatening or damaging environment. This has been termed the "physiological approach". The third approach conceptualizes work stress in terms of the dynamic interaction between the person and their work environment. When studied, stress is either inferred from the existence of problematic person-environment interactions or measured in terms of the cognitive processes and emotional reactions which underpin those interactions. This final approach has been termed the "psychological approach". The engineering and physiological approaches are obvious among the earlier theories of stress, while the more psychological approaches characterize contemporary stress theory.

ENGINEERING APPROACH

The engineering approach has treated stress as a *stimulus characteristic* of the person's environment, usually conceived in terms of the load or level of demand placed on the individual, or some aversive (threatening) or noxious element of that environment (10,11). Occupational stress is treated as a property of the work environment, and usually as an objectively measurable aspect of that environment. Spielberger (12) argued, in the same vein, that the term stress should refer to the objective characteristics of situations. According to this approach, stress was said to produce a strain reaction which although often reversible could, on occasions, prove to be irreversible and damaging. The concept of a stress threshold grew out of this way of thinking and individual differences in this threshold have been used to account for differences in stress resistance and vulnerability.

PHYSIOLOGICAL APPROACH

The physiological approach to the definition and study of stress received its initial impetus from the work of Selye (13). He defined stress as “a state manifested by a specific syndrome which consists of all the non-specific changes within the biologic system” that occur when challenged by aversive or noxious stimuli. Stress is treated as a generalized and nonspecific physiological response syndrome. For many years, the stress response was largely conceived of in terms of the activation of two neuroendocrine systems, the anterior pituitary-adrenal cortical system and the sympathetic-adrenal medullary system. Selye argued that the physiological response was triphasic in nature involving an initial *alarm* stage (sympathetic-adrenal medullary activation) followed by a stage of *resistance* (adrenal cortical activation) giving way, under some circumstances, to a final stage of *exhaustion* (terminal reactivation of the sympathetic adrenal medullary system). Repeated, intense or prolonged elicitation of this physiological response, it has been suggested, increases the wear and tear on the body, and contributes to what Selye has called the “diseases of adaptation”. This apparently paradoxical term arises from the contrast between the immediate and short-term advantages bestowed by physiological response to stress (energy mobilization for an active behavioral response) to the long-term disadvantages (increased risk of certain 'stress related' diseases).

Criticisms of engineering and physiological approaches

Two specific criticisms have been offered of these two approaches: the first empirical and the second conceptual. First, engineering and physiological models do not adequately account for the existing data. In relation to the engineering model, consider the effects of noise on performance and comfort. The effects of noise on task performance are not a simple function of its loudness or frequency but are subject both to its nature and to individual differences and context effects. Noise levels which are normally disruptive may help maintain task performance when subjects are tired or fatigued (14), while even higher levels of music may be freely chosen in social and leisure situations. Scott & Howard (15) wrote: “certain stimuli, by virtue of their unique meaning to particular individuals, may prove problems only to them; other stimuli, by virtue of their commonly shared meaning, are likely to prove problems to a larger number of persons.” This statement implies the mediation of strong cognitive as well as situational (context) factors in the overall

stress process (see below). This point has been forcefully made by Douglas (16) with respect to the perception of risks (and hazards). Such perceptions and related behaviors, she maintains, are not adequately explained by the natural science of objective risk and are strongly determined by group and cultural biases. The simple equating of demand with stress has been associated with the belief that a certain amount of stress is linked to maximal performance and possibly good health. Belief in optimal levels of stress has been used, on occasions, to justify poor management practices. The physiological model is equally open to criticism. Both the non-specificity and the time course of the physiological response to aversive and noxious stimuli have been shown to be different from that described by Selye. Some noxious physical stimuli do not produce the stress response in its entirety. In particular, he has cited the effects of heat. Furthermore, Lacey (17) has argued that the low correlations observed among different physiological components of the stress response are not consistent with the notion of an identifiable response syndrome. There is also a difficulty in distinguishing between those physiological changes which represent stress and those which do not, particularly as the former may be dissociated in time from the stressor. There is now much research that suggests that if the stress response syndrome exists, it is not non-specific. There are subtle but important differences in the overall pattern of response. The criticism is that the engineering and physiological models of stress are conceptually dated in that they are set within a relatively simple stimulus-response paradigm, and largely ignore individual differences of a psychological nature and the perceptual and cognitive processes that might underpin them. These models treat the person as a passive vehicle for translating the stimulus characteristics of the environment into psychological and physiological response parameters. They also ignore the interactions between the person and their various environments which are an essential part of systems-based approaches to biology, behavior and psychology. In particular, they ignore the psychosocial and organizational contexts to work stress.

PSYCHOLOGICAL APPROACH

The third approach to the definition and study of stress conceptualizes it in terms of the dynamic interaction between the person and their work environment. When studied, it is either inferred from the existence of problematic person-environment interactions or measured in terms of the cognitive processes and emotional reactions which underpin those interactions. This has been termed the

“psychological approach”. The development of psychological models has been, to some extent, an attempt to overcome the criticisms leveled at the earlier approaches. There is now a consensus developing around this approach to the definition of stress. For example, psychological approaches to the definition of stress are largely consistent with the International Labour Office's definition of psychosocial hazards (18) and with the definition of well-being recommended by the World Health Organization (19). These consistencies and overlaps suggest an increasing coherence in current thinking within occupational health and safety. Variants of this psychological approach dominate contemporary stress theory, and, among them, two distinct types can be identified: the interactional and the transactional. The former focus on the structural features of the person's interaction with their work environment, while the latter are more concerned with the psychological mechanisms underpinning that interaction. Transactional models are primarily concerned with cognitive appraisal and coping. In a sense they represent a development of the interactional models, and are essentially consistent with them.

INTERACTIONAL THEORIES OF OCCUPATIONAL STRESS

Interactional theories of stress focus on the structural characteristics of the person's interaction with their work environment. Two particular interactional theories stand out as seminal among the various which have been offered: the Person-Environment Fit theory of French *et al.* (20) and the Demand-Control theory of Karasek (21). Neither is, however, without criticism (22).

Person-environment fit theory

Several researchers have suggested that the goodness of fit between the person and their (work) environment frequently offers a better explanation of behaviour than individual or situational differences. French and his colleagues formulated a theory of work stress based on the explicit concept of the Person-Environment Fit. It has been argued that stress is likely to occur, and well-being is likely to be affected, when there is a lack of fit in either or both respects. Two clear distinctions are made in this theory: first, between objective reality and subjective perceptions, and, second, between environmental variables (E) and person variables (P). Given this simple 2 x 2 configuration of P x E interaction, lack of fit can actually occur in four different ways, and each appear to challenge the worker's health. There can be both a lack of subjective and objective P-E fit:

these are the main foci of attention with particular interest being expressed in the lack of subjective fit: how the worker sees their work situation. This provides a strong link with other psychological theories of stress. There can also be a lack of fit between the objective environment (reality) and the subjective environment (hence, lack of contact with reality), and also a lack of fit between the objective and subjective persons (hence, poor self-assessment).

French *et al.* (20) have reported on a large survey of work stress and health in 23 different occupations in the United States and a sample of 2010 working men. The survey was framed by the P-E Fit theory, and, in their summary, the authors commented on a number of questions of theoretical and practical importance. In particular, they argued that their subjective measures mediated the effects of objective work on health. Their data showed that there was a good correspondence between the objective and subjective measures and that the effects of those objective measures on self-reported health could be very largely accounted for by the subjective measures. In French *et al.*'s study, objective occupation only accounted for some 2 to 6 percent of the variance in self-reported health beyond that accounted for by the subjective measures.

Demand-control theory

Karasek (21) drew attention to the possibility that work characteristics may not be linearly associated with worker health, and that they may combine interactively in relation to health. He initially demonstrated this theory through secondary analyses of data from United States and Sweden, finding that employees in jobs perceived to have both low decision latitude and high job demands were particularly likely to report poor health and low satisfaction. Later studies appeared to confirm the theory. For example, a representative sample of Swedish working men was examined for depression, excessive fatigue, cardiovascular disease and mortality. Those workers whose jobs were characterized by heavy workloads combined with little latitude for decision making were represented disproportionately on all these outcome variables. The lowest probabilities for illness and death were found among work groups with moderate workloads combined with high control over work conditions. The combined effect of these two work characteristics is often described as a true interaction, but despite the strong popular appeal of this suggestion there is only weak evidence in its support (22). Criticisms have been leveled against Karasek's model. For instance,

it was claimed that the model was too simple and ignores the moderating effect of social support on the main variables. Those workers whose jobs were characterized by heavy workloads combined with little latitude for decision making were represented disproportionately on all these outcome variables. The lowest probabilities for illness and death were found among work groups with moderate workloads combined with high control over work conditions (21). "Social support" seems to play an essential role in the management of stress at work. It serves as a buffer against possible adverse health effects of excessive psychological demands distinguish between four types of low social support work situations and four of high social support. The expanded "Demand-Control-Support" model has also been criticized for its failure to consider individual differences in susceptibility and coping potential. The relationship between the dimensions of the model and the outcome measures may depend upon workers' individual characteristics. For instance, "disturbed relaxation ability" (also known as "inability to relax/work obsession") was found to be a valid predictor of increased sympathetic activation and delayed recovery of cardiovascular parameters. It reflects experienced intensity of work and job-related exhaustion. "Disturbed relaxation ability" relates to excessive work involvement, characterized by an extreme degree of work effort and by work "carry-over" into domestic life (to the extent of affecting sleep, relaxation and leisure, and neglecting personal needs). While a certain degree of work involvement can be considered "healthy" and stimulating, in its extreme form involvement can become 'work obsession' and lead to the inability to relax after work, with the risk of negative health effects. "Disturbed relaxation ability" can moderate the health effects of the work- situations generated by the "Demand-Control-Support" model. High psychological demands and a high level of disturbed relaxation ability predispose workers to ill-health.

TRANSACTIONAL THEORIES OF OCCUPATIONAL STRESS

Most transactional theories of stress focus on the cognitive processes and emotional reactions underpinning the person's interaction with their environment. For example, Siegrist's transactional model of "effort-reward imbalance" (23) argues that the experience of chronic stress can be best defined in terms of a mismatch between high costs spent and low gains received. In other words, according to the model, stress at work results from high effort spent in combination with low reward obtained. Two sources of effort are distinguished: an *extrinsic* source, the

demands of the job, and an *intrinsic* source, the motivation of the individual worker in a demanding situation. Three dimensions of reward are important: financial gratifications, socio-emotional reward and status control (i.e., promotion prospects and job insecurity). Adverse health effects, such as cardiovascular risk, are most prevalent in occupations where situational constraints prevent workers from reducing "high cost - low gain" conditions.

Theories of appraisal and coping

Most transactional models appear to build on the conceptual structures suggested in the interactional models of the Michigan school and Karasek and colleagues. They focus on the possible imbalance between demands and ability or competence. This is most obvious in the models advanced by Lazarus and Folkman in the United States (24) and Cox and Mackay in the United Kingdom (25). According to transactional models, stress is a negative *psychological state* involving aspects of both cognition and emotion. They treat the stress state as the internal representation of particular and problematic transactions between the person and their environment. Appraisal is the evaluative process that gives these person-environment transactions their meaning (26). Later refinements of the theory suggest both primary and secondary components to the appraisal process. Primary appraisal involves a continual monitoring of the person's transactions with their environment (in terms of demands, abilities, competence, constraints and support), focusing on the question "Do I have a problem?" The recognition of a problem situation is usually accompanied by unpleasant emotions or general discomfort. Secondary appraisal is contingent upon the recognition that a problem exists and involves a more detailed analysis and the generation of possible coping strategies: "What am I going to do about it?" Stress arises when the person perceives that he or she cannot adequately cope with the demands being made on them or with threats to their well-being, when coping is of importance to them and when they are anxious or depressed about it (27). The experience of stress is therefore defined by, first, the person's realisation that they are having difficulty coping with demands and threats to their well-being, and, second, that coping is important and the difficulty in coping worries or depresses them. This approach allows a clear distinction between, say, the effects of lack of ability on performance and those of stress.

If a person does not have the necessary ability or competence –the knowledge or level of skill to complete a task, then their performance will

be poor. They may not realise this or if they do, it might not be felt to be of importance or give rise to concern. These are not *stress scenarios*. However, if the person does realise that they are failing to cope with the demands of a task, and experiences concern about that failure because it is important, then this is a "stress" scenario. The effects of such stress might then cause a further impairment of performance. The question of 'consciousness' has been raised in relation to stress and the appraisal process (10). Appraisal is a conscious process. However, in its earliest stages, changes characteristic of the stress state may be demonstrated, yet the existence of a problem may not be recognized or recognition may only be 'hazy'. It has been suggested that different levels of awareness may exist during the appraisal process. These may be described by the following sequence:

1. Growing awareness of problem markers, both individual and situational, including feeling uncomfortable, not sleeping, making mistakes, etc.

2. Recognizing the existence of a 'problem' in a general or 'hazy' way.

3. Identifying the general problem area and assessing its importance.

4. Analyzing in detail the nature of the problem and its effects.

It is useful to think of the stress state as embedded in an *on-going process* that involves the person interacting with their environment, making appraisals of that interaction and attempting to cope with, and sometimes failing to cope with, the problems that arise. Cox (25) described this process in terms of a five-stage model. The first stage, it was argued, represents the sources of demand faced by the person and is part of their environment. The person's perception of these demands in relation to their ability to cope represents the second stage: effectively primary appraisal. Consistent with

Lazarus & Folkman (24) and French *et al.* (20), stress was described as the psychological state that arose when there was a personally significant imbalance or lack of fit between the person's perceptions of the demands on them and their perceived ability to cope with those demands. The psychological and physiological changes which are associated with the recognition of such a stress state, and which include coping, represent the third stage of the model. Emotional changes are an important part of the stress state. These tend to be negative in nature and often define the experience of stress for the person. The fourth stage is concerned with the consequences of coping. The fifth stage is the general feedback (and feed forward) that occurs in relation to all other stages of the model. This model has been further developed in several ways. The importance of perceptions of control and of social support have been emphasized as factors in the appraisal process, and there has been some discussion of the problem of measuring stress based on this approach (25) with the development of possible subjective measures of the experiential (mood) correlates of the stress state. The experience of stress through work is therefore associated with exposure to particular conditions of work, both physical and psychosocial, and the worker's realization that they are having difficulty in coping with important aspects of their work situation. The experience of stress is usually accompanied by attempts to deal with the underlying problem (coping) and by changes in cognition, behavior and physiological function. Although probably adaptive in the short term, such changes may threaten health in the long term. The experience of stress and its behavioral and psychophysiological correlates mediate, in part, the effects of many different types of work demand on health. This point has been made by many authors over the last three decades.

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TEORIJSKI PRILAZI PROBLEMU PROFESIONALNOG STRESA

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SAŽETAK

Do skora je stres na radnom mestu bio prisutan samo na slabo plaćenim poslovima i poslovima sa visokim emotivnim zahtevima, kao što su prosveta i uslužne delatnosti. Danas, stres na radnom mestu poprima epidemijske karakteristike i brzo se širi poput plamena. Preduzeća troše velika materijalna dobra na kupiranje stresom izazvanih povreda na radu, smanjene produktivnosti, apsentizma i troškova osiguranja.

Fizički simptomi stresa na radnom mestu su: glavobolje, digestivni problemi, poremećaji sna, osip po koži, lupanje srca, noćno preznojavanje, seksualni poremećaji, menstrualni poremećaji, hronični bol u leđima, mišićna napetost, gubitak apetita, povećanje telesne težine. Emocionalni poremećaji koji prate stres su: nervoza, frustracija, depresija, bezvoljnost, anksioznost, zaboravnost, zamor, povećana upotreba nikotina, alkohola i lekova. Simptomi vezani za posao su: povećan apsentizam, povrede na radu, neslaganje sa kolegama, pad produktivnosti, apsentizam, poteškoće u razumevanju radne procedure, duge pauze i mnogo vremena provedenog uz internet i telefon.

Činjeni su veliki naponi da se identifikuju stresogeni faktori na poslu. Postoje uglavnom tri različita prilaza koja definišu i izučavaju stres, ali se oni međusobno preklapaju u pojedinim elementima. Tehnički i fiziološki pristupi stresu su dominirali u ranijim pokušajima tumačenja stresa na radnom mestu ali u savremenom konceptu sve više dominira psihološki pristup definisanju stresa na radnom mestu. Ovi pristupi su i danas aktuelni.

Ključne reči: profesionalni stres, uzroci profesionalnog stresa, teorije o profesionalnom stresu, radnici, radno mesto