

EUSTRESS AND DISTRESS- A STIMULANT AND DETERRENT TO HEALTH AND PERFORMANCE

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ABSTRACT

Stress is the disequilibrium between a person's inner capabilities and environmental conditions. When an individual finds difficulty in adjusting to environmental pressures and circumstances, he feels stressed. With increasing competition, high-end targets and quest for excellence, the degree of stress at workplace is accelerating among employees working across various levels, organisations and sectors. Consequent to occupational stress, increasing number of managers are exhibiting symptoms of chronic fatigue and burnout. Continuous stress leads to decreasing efficiency of the employees which in turn, declines productivity of an organisation. Occupational stress resulting from conflicting demands from upper hierarchy and increasing complexities of job constitutes a vital factor of modern corporate organisations. However, stress is a subjective issue and highly individualistic in nature. Every individual has different tolerance of stress. Some people having high tolerance for stress can endeavour well regardless of several stressors in the workplace. For many, stress acts as an activator to challenge situations, workplace targets and performance goals. However, some individuals cannot perform in pressure; they cannot absorb moderate to high stress and hence fallback when they encounter major struggles in their personal or professional setting. In the present study, the positive and negative aspects of stress have been highlighted and its effect on performance and productivity of employees is discussed. The consequences of stress are reflected in an individual through different symptoms or responses like physiological, psychological or behavioural.

Keywords: Occupational stress, productivity, consequences, workplace, coping strategies.

INTRODUCTION

Modern life is full of fatigue and strain. Since childhood, adulthood, youth to middle age, every stage of life is surrounded with time-bound assignments, commitments, roles and obligations. Urbanisation, modernisation, lack of family values, competition, pressure to meet deadlines at work, urge for better standard of living etc. are all contributing to high levels of stress among people. Occupational stress is an important area of behavioural science which has become one of the vital subject-matter of research. Increased reported cases of psychosomatic disorders, frustrated and depressed youth reflect high levels of stress endured by people in different walks of life. There may be different reasons attributed to this alarming rate of stress and burnout. Some of the reasons also being the complex lifestyle of modern societies, mounting unemployment problem among youth, too much of work pressure, the need to run by the clock, the mechanism of 24/7 in organisations etc.

(Selye,1956) has done considerable research on stress and reported that stress is non-specific which brings changes in our body and mind. It is non-specific because any adaptation to a problem faced by the body, irrespective of the nature of the problem is included in stress. Stress at workplace is a common feature and majority of people experience it. (Lazarus,1966) stated that fear of failure, letting down or presence of unpleasant agents in our surrounding, drastic social changes or loneliness act as stimuli to stress. The nature of stressful stimuli is undesirable, unpleasant, uncomfortable, threatening and demanding. Stress is highly individualistic in nature. Some people have high tolerance for stress and strive well in face of several stressors in the environment. In fact, some individuals fail to perform well unless they experience a level of stress which activates and energizes them to put forth their best efforts. On the other hand, some people have very low level of tolerance for stress and hence become paralyzed when they need to interface with routine everyday factors appearing undesirable to them. Managing stress at workplace is a very vital issue. When stress is not monitored its adverse effects start pouring in. The factors causing stress are called stressors. Stressors are subjective varying from person to person. That is the reason any work setting variable cannot be generalized as a universal job stressor. However, factors like work overload (Cooper and Marshall, 1976); role ambiguity (Kahn and Quinn,1970); role conflict (Kahn et. al, 1964) etc. are regarded as universal work stressors. Different studies reveal different degree of stress experienced by employees across organizations. (Sarikwal & Kumar, 2010) studied the occurrence and frequency of stress among skilled and unskilled workers due to work overload or incidence of work pressure. It was observed that notable difference exists in response variable between skilled and unskilled workers in case of similar stressors. Organizations in the global marketplace are continuously changing. These consistent changes in organizational structure and its functioning are the results of advancements in technology, economic constraints and rational competitions. In the pursuit of organizational changes, the employees are being required to adapt to the changes in order to accommodate or facilitate the needs of the organization (Lawler,1994). (Sharma, 2013) reported in her study that there is no significant difference in the occupational stress experienced by male and female employees in managerial jobs. However, it was concluded that employees drawing high income experience more stress than employees drawing low income in private sector organizations.

Objectives

The objectives of the study are as follows-

- To understand various types of stress and its consequences on performance of individuals.
- To study the interplay of stress from psychological, physiological and behavioural standpoint.
- To identify various coping strategies for mitigating and managing stress level by people in their personal and professional lives.

Literature Review

(Gupta, 1999) noted that employees attributing to their efforts, nature of job activities, work conditions and managerial policy for their success and failures in job life experienced higher role stress as compared to those who attributed to luck or fortune for their achievements and failures at work. An important aspect that results from organisational culture is the existence of competition. For instance, with organisations getting smaller especially in relation to downsizing and low budget, five job stressors are emerging, namely feeling of job insecurity, work overload, underutilisation of employees' skills, promotional obstacles and inner and intra group competitions (Jick, 1985). Many workers feel stress due to office politics prevailing in organisations. Managers who are engaged in power games and political alliances can place stressful expectations and demands on subordinates (Matteson & Ivancevich, 1987). (Dwivedi, 1997) observed that perceived role stress was negatively associated with trust and positively associated with distrust among executives working in private and public sector organisations. In a study (Srivastava, 1990), it was reported that inadequate organisational climate was positively correlated with the symptoms of mental ill-health among its employees. Another vital element of organisational climate which might cause stress to its employees involves territory or personal space. Organisational territory is defined as the personal space or area of activities within which an employee works or is entrusted to work. (Ivancevich & Matteson, 1980). (Reddy & Ramamurti, 1991) in study with 200 male executives reported that degree and intensity of employee stress is directly influenced by age, general ability or employee potential and personality factors. Age was positively correlated with stress among 80 executives (Beena & Poduval, 1991).

Apart from physical consequences, stress produces various psychological consequences too. (Lele, 1993) observed that job dissatisfaction, moodiness, depression, anger, anxiety, nervousness, irritability and tension are the manifestations of the psychological consequences of stress. Job burnout is however not similar to stress. Some contend that burnout is type of stress itself. (Maslach, 1982) described burnout as the process of emotional exhaustion and reduced personal accomplishment resulting from continuous exposure to stress. A research work among police personnel reported that career development uncertainties, death of colleagues, threat of personal injury, unofficial work as directed by the boss, poor personnel policies, and dangerous work duties contributes to high stress levels (Mathur, 1995).

Many studies have been conducted where the strategies to mitigate stress were highlighted. (Panchananthan, 1998) reported that counselling to employees in matters like career planning to provide them clarity in their job roles; in identifying their strengths and weaknesses help them better cope with stress. (Pestonjee, 1999) suggested stress audit as one of the effective proactive interventions to combat stress. Pestonjee reported that the system of having knowledge and keeping records of employees' mental and physical health is called stress audit. It is an important exercise as employees form the most useful resource of an organisation. It involves an attempt that organizations make to study, explore and control various types of stresses which the individual executives experience by virtue of their organizational membership.

Methodology

The present study is mainly based on secondary data with inputs from primary sources. Secondary data is collected from books, print and online journals, newspaper articles and periodicals published by private hospitals etc. Primary data consists of information elicited through personal interaction with psychiatrists and clinical psychologists across few medical colleges in Assam and private chambers. The research design is descriptive in nature as it aims at bringing forth the causes and consequences of different types of stress on human beings. The diverse symptoms of stress are also highlighted and the various coping strategies are discussed for further understanding of the subject matter. The first objective of the study has been achieved through personal interaction made with psychiatrists, psychologists, few organisational heads as well as knowledge gathered from books, literary works and journals. As regard to the second and third objectives, it has been realized through hospital visits where confidential and close talks were made with the attendants of patients. Information is also solicited from the patients themselves and doctors practicing in selected private chambers in Guwahati city, Silchar and Tezpur towns. Moreover, conclusions and inferences are also drawn based on knowledge gathered through books and other secondary works.

Results and Discussion

Stress is considered an inevitable aspect of today's busy life. It is the psychological or physiological reaction that occurs when an individual perceives an imbalance between the degree of demand placed before him and his ability to meet up to the demand. The factors causing stress are called stressors. Stressors may be defined as the causes of stress, including any environmental conditions that place a physical or emotional demand on the individual. Stress results from misfit between demands put by the surroundings and personal capabilities to satisfy those demands. (Munir and Islam, 2011) assessed relationship between work stressors like role ambiguity, workload pressure, home-work interface, performance pressure, relationship with others and role conflicts on one side and job performance on the other with motivation as the mediator and reported that 'role conflict' and 'role ambiguity' have a positive relation with stressors among common notion while the relationship is found to be negative between other stressors and job performance. In another study conducted by (Ahmed, et al., 2014), it was observed that workload, role conflict and inadequate monetary reward are the major stressors in employees that results in reduced employee productivity. Unpleasant and discouraging physical conditions at work like noise, congestion, air pollution, ergonomic problems (Smith, 2000; Fairbrother and Warn, 2003; Manshor et al, 2003; Reskin, 2008) as well as unrealistic deadlines, low levels of support from supervisors are prime factors causing occupational stress (Johnson et. al 2005). Lack of participation by workers in decision-making, poor communication in the organisation (Reskin, 2008), lack of family friendly policies, poor social environment, lack of support from peers, supervisors and family are considered as job stressors (Dua, 1994). Another prime factor contributing to stress building among employees is role-conflict which occurs when the various parties with whom the individual interacts frequently holds conflicting expectations in behaviour (Koustelios et al. 2004; Johnson et al, 2005; Nwadiani, 2006; Chang and Lu, 2007). A study

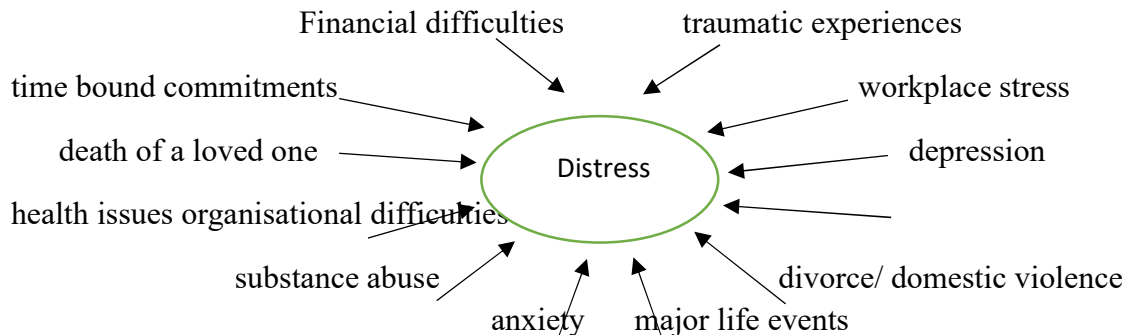
indicates that female participants in public sector organisations experience higher levels of stress as compared to their male counterparts (Barkakoty et al. 2013).

Hans Selye in 1956 developed a comprehensive model to explain that people have a consistent physiological response to stressful situations. This response called General Adaptation Syndrome (GAS) provides an automatic defence system to help people cope with external/ environmental demands. The defence system occurs in three stages: alarm reaction, resistance, and exhaustion. An illustration of the stages is nicely presented (Khanka, 2000), where the relationship between individual's energy and ability to cope with the stressful situation, i.e., the normal level of resistance is discussed. According to the said model, the alarm reaction stage also called initial or shock phase is characterised by perceiving a threatening or challenging situation causing the brain to send a biochemical message to various parts of the body. This alerts one's defence mechanism of the body and makes them active. This stage is marked by increased respiration rate, heartbeat, blood pressure, muscle tension, adrenalin discharge, and gastrointestinal ulceration. Initially, the individual's energy level capacity finds difficulty in adjusting to the preliminary shock. The extreme shock may result in inability of the individual to cope with stress. In most situations, the alarm reaction alerts the person to the environmental condition and prepares the body for the resistance change. The second stage is the resistance stage where the bodily signs of the alarm reaction disappear, and the body activates various biochemical, psychological, and behavioural mechanisms. As a result, the person's resistance increases above the normal level. However, if the stress persists, or the defensive mechanism proves ineffective, the person's organism deteriorates to the next stage of exhaustion. Here, people have a limited resistance capacity. When the resistance adaptation capacity is exhausted, the signs of alarm reaction reappears and the resistance level begins to decline abruptly.

Usually, stress connotes negative energy and refers to unnecessary tension, boredom and fatigue. However, stress is always not a bad thing and may be understood on a positive note. There are mainly two types of stress- eustress and distress. Eustress is the positive or beneficial stress which acts as a motivator for human performance in situations. Average human beings by nature are easy going individuals who do not like to work by deadlines and fulfill their responsibilities and obligations within their own comfortable and self-designed time framework. There should be some impetus that works as a stimulant for prompt performance and smooth redressal. On another note, some amount of stress is always necessary and desirable among people that push them to work. It motivates employees in the workplace and encourages people to deliver their best with energy and preparation. Although it may initially create nervousness, but some amount of stress provides inputs for necessary preparation and quick delivery of performance. The term was coined by endocrinologist Hans Selye, consisting of the Greek prefix eu- meaning "good", and stress denoting tension, literally meaning "good stress". Such type of stress has a beneficial impact on health, motivation, performance and emotional well-being. This is also called curative stress. Positive stress or eustress can be helpful in a number of specific ways-

- Eustress helps to respond quickly and forcefully in physical emergencies such as adopting defence mechanisms for self-protection, fighting a fire, avoiding an accident etc.
- Eustress is also helpful in performing well under pressure such as facing a job interview, achieving work targets, delivering a presentation, students’ preparation before exams etc.
- Eustress helps to prepare for deadlines: it may be finishing a work assignment, submitting reports, income tax filing on time or any other time bound work.
- Positive stress adds zest and variety to daily life.
- Positive stress also helps realize potential over a period of years in academics, career and athletics.
- Another positive aspect of eustress is that it helps an individual to push their limits. It means if a person continuously stays in the comfort zone it may lead to stagnation. But when people deliberately push their limits in pursuit of a higher level of performance or to cope up with an emergency it leads to growth and development of the person.

The other aspect of stress is called distress (an internal state of negative stress) which is unwelcome, uncomfortable or exceeds the capacity of the individual experiencing it to cope up with. Psychological distress describes the unpleasant feelings or emotions that one may have when they feel overwhelmed. These emotions and feelings can get in the way of one’s daily living and affect how they react to the people around them. Psychological distress happens when an individual is faced with stressors that they are unable to cope with. These stressors could be:



Source: Information elicited from hospital visits

Apart from eustress and distress there are other two types of stress i.e., hyperstress and hypostress. Hyperstress is experienced when a person is overburdened with work. When the workload is beyond his/ her capacity, it results in hyperstress. A hyper stressed person is generally characterized by strong emotional response even over little things. For example, working mothers who need to adjust between work and family demands or people with continuous financial distress may be subject to hyperstress. This may result in sudden outburst of emotions, irritation or frustration among individuals. Hypostress is opposite to hyperstress and is experienced when a

person is constantly feeling boredom. People who do not feel any challenge in their work may be subject to hypostress. For example, an office staff doing the same routine task without any work variation or job rotation may feel hypo stressed. Such people may go through restlessness and lack of inspiration. While interacting with patients in hospital visits, it was observed that little stress or momentary stress doesnot have mass consequences among people. Stress becomes a problem when it is prolonged. Such stress is called chronic stress which is the central focus of psychosomatic disorders. The depressive symptoms are strongly related to chronic stress (McGonagle & Kessler, 1990). When an individual is continuously exposed to stress or fatigue like unemployment, financial difficulties, death of a close companion, physical disability etc, he/she is said to be experiencing chronic stress. It may result in health complications, adopting anti-social habits or mental health problems. Short lived stress or momentary stress is called acute stress which are related to a particular event and passes on once the situation is over. It may be exam phobia, climbing stairs, stage performances, participation in sports or cultural events etc.

There are different symptoms of distress that may be noticed among people and these can be physical, psychological, and behavioural symptoms.

Table 1: Physical, Psychological and Behavioural Symptoms of Distress

Physical symptoms	Psychological symptoms	Behavioural symptoms
Elevated pulse and increased respiration	Avoidance of social situations	Absenteeism and consumption of alcohol (Jagadish,1987)
Elevated blood pressure	Sadness	Difficulty carrying on normal conversation
Severe headache and exhaustion	Fatigue	Excessive cigarette smoking in high stress period (Conway et. al, 1981)
Cold hands and feet	Frustration	Explicit talk about hopelessness, death or suicide.
Coronary heart disease and hypertension (Ironson, 1992)	Isolation and resentment	Preoccupation, lethargy and loss of interest.
Gastrointestinal problems	Job dissatisfaction	Excessive dependence on others.
Allergies and skin diseases	Fear	Increased smoking and excessive alcohol consumption

Urinary frequency	Intrinsic impoverishment (Jagadish 1987)	Decreased productivity and quality of job performance
Dry mouth and throat. Musculoskeletal disorders (Kalita, 2002)	Mood swings	Insomnia and sleeping problems
Ulcer, chest pain, constipation, bronchial asthma (Brown,1977)	Anger, depression (Singh and Singh,1992)	Significant changes in eating, sleeping, grooming, socializing, personality.
Aspeptic ulcers (Cooper et. al, 2001)	Helplessness and hopelessness (Singh and Singh, 1992)	Poor concentration level.

Source: Compiled from field visit and secondary source

Psychological distress affects body by releasing stress hormones into blood that cause heart rate and blood pressure to rise. It causes inflammatory reactions in body that can increase plaque build-up in arteries. It also makes the blood stickier which increases risk for developing blood clots. People with moderate levels of psychological distress are twice as likely to die from heart disease or other chronic illness as people with low levels of psychological distress. People with higher levels of distress have an even higher risk.

The Stress Response: A Psycho-Physiological-Behavioural Perspective

The stressor- stress response link is not a direct stimulus-response connection. Intervening between the two is a distinctive, higher-level mental process or appraisal of the stressor. The stress resistance or absorbing power of different persons is different. That is the reason different factors cause different degree of stress for different people. Thus, the nature and strength of a person's internal reactions are affected by whether a stressor is perceived at all and if so, how it is interpreted. When perception is aroused, the stress response is set in motion. For example, the simple act of listening or getting excited in conversation usually elicits an increased tone on a biofeedback monitor known as the galvanic skin response, which measures electrical conduction on the skin. As a result, blood pressure usually rises while a person is talking and falls immediately afterwards. In relation to stress, the important questions are how intense, prolonged, and frequent the response is and what consequences it has on the body. The important aspect in managing stress is how and what kind of coping strategies are to be adopted or followed.

When conscious appraisal occurs, the cerebral cortex becomes aware of, assesses and interprets the stress trigger (Asterita 1985; Lovallo 1997). The cerebral cortex is far more developed in humans than in other animals and it allows for more thoughtful reactions to stress triggers. The addition of vast number of cortical cells (in humans) allows the development and storage of

analytical skills, verbal communications, writing ability, empathy, fine motor control, additional emotion, memory, learning and rational thought as well as more sophisticated problem-solving and survival abilities (Girdano & Everly 1986). Human beings are also gifted with a more highly developed limbic system or mid-brain which is a part of the sub cortex. The stress response can affect the mind and body in unexpected ways. For example, in case of surgical complications, physicians are aware that some patients undergoing surgeries recover quickly and completely whereas many of them suffer complications. One of the major reasons attributing to complications is the building stress level of patients (Linn & Klimas 1988). While contacting with the psychiatrists and clinical psychologists it has been observed that patients who have a high response to the cold pressor test (hot reactors) experiences more complications after surgery than did cold reactors. Although these complications were comparatively inconsequential, they did result in a longer average hospital stay and in more medication. Those patients who had lived high life-event stress and high reactivity uses three times more medication post operation than any other group. In a nutshell, it can be understood that the key players in the stress response are the nervous system and the endocrine system. The nervous system encompasses the central nervous system, the brain, cerebral cortex, limbic system, visceral system, reticular activating system, spinal cord, somatic network, autonomic and sympathetic nervous system and parasympathetic nervous system. On the other hand, the endocrine system consists of the pituitary gland, adrenal gland, medulla and thyroid gland. The pituitary gland secretes a hormone which stimulates the outer part of the adrenal gland, the adrenal cortex. When the production of such hormone increases in the body, the production of sex hormone decreases. This accounts for loss in sexual activities during stressful periods. On the other hand, the adrenal cortex secretes another important hormone called glucocorticoids which stimulates the liver to produce more blood sugar. In a study, (Srivastava and Pandey, 2000) examined the relationship between role conflict and tension among 100 university employees. Results revealed that though the correlation between role conflict and tension was not significant, employees scored high both on role conflict and tension. (Srivastava,1990) studied on the relationship between job stress and job involvement where the results indicated negative correlation between occupational stress and job involvement of employees both in public sector and private sector organizations.

Consequences of stress

- **Stress and Physical Health:** It has been studied and observed by stress researchers time and again that severe and consistent stress is unpleasant and dysfunctional and causes significant deterioration in physical and social well-being of people in their personal and professional lives. (Rahe et.al, 1964) investigated the effects of stress; changes in an individual's life and behavioural patterns on the health of a person. The studies reported that stress evokes significant alterations in the functioning of most bodily tissues, organs and systems. These changes reduce the resistance of the body to fight against diseases thereby reducing the efficiency of the immune system. (Holmes & Rahe,1967; Insel & Moss,1974; Lai,1995) observed that greater is the magnitude of major life events, higher is the risk of acquiring illness of a serious nature. Among men (Schnall

et. al,1994) and women (Eaker 1998), work stress has been reported to be a predictor of coronary heart disease and hypertension (Ironson,1992). In another study, it was observed that individuals experiencing chronic stressful life events with highest levels of perceived stress had the high probability of developing cold symptoms whereas individuals exposed to acute stress events did not show such symptoms (in high stress days. (Cohen et. al,1998). In the research work conducted among seamen in a naval training centre, (Conway et. al,1981), it was reported that officers resort to more cigarette smoking.

- **Stress and Mental Health:** Health is undoubtedly the greatest wealth for a human being. Therefore, neglecting one's health for other virtues in life is said to be the greatest of follies. Social contexts, such, as low social and occupational status have long been associated with increased risk of nearly all disease conditions and with shorter life expectancy. Specific conditions, such as, personal loss, bereavement, job loss and conditions of marital status and mobility are similarly associating with risk of illness. (Kornhauser,1965) drew attention of psychologists towards the stress prevailing in work environment and its impairing effect on mental health of the employees. The study reported that unpleasant work conditions, necessity to work fast, expenditure of large physical efforts, and excessive and inconvenient hours of work lead to poor mental health of the employees. (French and Caplan,1970) out of their study noted that role ambiguity was significantly correlated with the feeling of job-related threat, and mental and physical health of the employees. (Virtanen et. al, 2007) in his study found that work stress is associated with mental disorders among both sexes and is a perceived risk factor for mental disorders treated with antidepressant medication with men.
- **Absenteeism:** While interacting with some patient students it was observed that students suffering from stress respond in different ways. But one of the common features that is observed among stressed students is that they tend to be absent in their classes. They want to temporarily overlook their stress by avoiding the classroom situation. Many students attend only those classes/subjects which they find easier to study and correlate.
- **Low academic and organizational performance:** Another consequence of stress among students is that they portray lower efficiency in regard to their studies (Borkakoty & Sharma, 2010). Low degree of involvement and productivity is also reported among the employees suffering from persistent stress. The deliberation and commitment of the student gets diluted and he/she cannot give their best in studies. Stress is like a slow poison that kills the performance of the student and subsequently they lag in classes and exams. Employees working in centralised setups where they have little control over their jobs and decision-making perceive high stress. Autocratic leadership styles and management structure results in high turnover, high absenteeism and low morale among staff.
- **Low self-confidence:** Another common resultant consequence of stress among employees in organization is lack of self-confidence. Too much tension distorts the mental equilibrium of people and they find difficult to concentrate. Poor concentration is followed by deterioration in their performance and self. Their confidence level gets shaken and it is revealed in their personality.

- Resorting to anti-social habits: One of the commonly seen growing habits among college students and middle-aged people is getting into the vicious habit of excessive smoking, drinking, accidents etc. Although some individuals may embrace these habits as part of fashion statement, some to derive pleasure and many of them take it due to combat pressure. Although smoking serves the purpose of stress relief, it is detrimental to health. According to medical science there is strong association between smoking and lung cancer. Many people unable to cope up with stress end up taking alcohols. They view alcohol and cigarettes as the solution and medicine to their stress. However, alcoholic beverages give a false sense of security and a poor way of stress management. It is a central nervous system depressant and causes irreversible damage to heart muscles.
- Divorce and business break-up: There are many reasons for unsuccessful marriages, but inability to manage the stressors of marital life is a key factor. Sometimes females who are actively involved in full time job and household chores often experience terrible stress and end up cutting on home responsibilities and resort to divorce and separations with spouses. Broken marriages are often related to drinking, smoking and drug problems, obesity in at least one of the partners and inability to manage anxiety, frustration, guilt and depression.

Coping strategies for mitigating stress

- Social support as stress buffer: Social relations and support have been a great source of relief from stresses of life since the origin of structured society and social groups. The sense of social support provides a feeling of security and psychological energy to deal with stress and face undesirable consequences. Low level of stress and anxiety among people in India in general may be attributed, to a large extent, to their sense of high social support. Social support may be enjoyed from family, relatives, friends, colleagues, and other reference groups.
- Stress management through music therapy: Music is essential in everyone's daily life. Apart from its aesthetic and entertainment values, there are repeated and consistent descriptions of its uses. (Maranto,1989) had extensively discussed the use of music in the management of stress and strains. Empirical studies on psychological and physiological responses to music started by the end of the nineteenth century. These studies noted the effect of music on neurosis, insomnia, and fevers (Davison,1899), and blood pressure, blood circulation, cardiac contraction and respiration. Responses to music are multidimensional which occurs at physiological, psychological and cognitive levels simultaneously. (Thaut,1989) observed that physiological responses to music are the product of individual's unique physiological and psychological makeup, which is further influenced by individualized psychological experience of music.
- Yoga and Medication: Yoga and transcendental meditation are the systems of Indian philosophy and practice. These techniques have been in use in India since ancient times as the techniques of relief from stress and for improvement in physical and psychological health. It is used as both preventive and therapeutic technique. The word 'Yoga' means union of human being and universal energy. It teaches the means by which all the three sides of human life i.e., body, mind and soul can be brought within its perspective.

- **Meditation:** Meditation has been part of eastern and western cultures and religions. It is probably the oldest method of yoga. Medical practitioners have realized that it can be used without any religious connotation in the promotion of health. The practical advantages of meditation are that one can function more efficiently, feel more complete and realize more of one's potential. Employees, when adopt these techniques are in a better position to relate to each other and come closer. Personality structure is strengthened and become more integrated. The employees are able to express themselves with more clarity. As a result, work efficiency increases and leads to better understanding of the company goals.
- **Supportive Organisation Culture:** There are many executives and diverse sectors of work culture where employees work in 24/7 mechanism or spends most of their time in offices. There should be some ingrained system of work for them so that so donot feel overstressed or overburdened. Organisation culture impacts in multiple dimensions of organisational outcomes and stress management is also among them. A supportive work culture backed by strong values of team building, job enrichment and positive motivation can uplift employees during most stressful hours.
- **Ergonomics and Environmental design:** Modifications in layout and sitting pattern of staff, placement of equipments used at work, improvement in physical working conditions also reflect a positive energy in employees and has recently become one of the best coping strategies at organisational level (Raja and Vijaykumar, 2017).

Conclusion

Stress is an inevitable part of human life. Individuals perceive stress in every walk and sphere of life, be it personal, professional or social setting. Stress prevails everywhere. It has been discussed how different stressors build up stress for different people at varied degrees and it is highly individualistic in nature. Although individual stressors are difficult to control due to vested uncertainty of events and changing personalities, organizational stressors should be identified and worked upon to decrease its worse effects. Though chronic occupational stress has been considered as harmful causing a variety of physical and mental health disorders, certain components are very useful which initiates performance in employees. Stress can be an activator for initiating efforts and performance among individuals. However, high degree of continuous stress may be deterrent and cause negative health impacts among people. Stress can be managed by careful and tactful planning. Research has shown that an individual who learns stress management gains tremendous benefits when compared to people who have not learnt stress management techniques like exercise, improved nutrition, relaxation, stress resistant thinking etc. There are both psychological and physiological benefits of stress. There should be scope and provision for relaxation sessions like meditation, yoga that can be provided to employees for few hours after job that may help them to find peace and relief from workload and stress.

References:

- Ahmed, R.R., Warraich, UA., Khoso, I., Ahmed N. 2014. Impact of Stress on Job Performance: An empirical study of the employees of private sector universities of Karachi. *Organisational Psychology*
- Asteria, M.F. 1985. *The physiology of stress*. New York: Human Sciences Press.
- Beena, C. & Poduval, P.R. 1991. Gender differences in work stress of executives. *Psychological Studies* 37(2-3): 109-113.
- Borkakoty, A., Sharma, A. 2010. Identifying Student Stress and their Perception of Stressors during their college years: A study in some select colleges in greater Guwahati. *Vanijya*, 20: 102-117.
- Borkakoty, A., Baruah, M., Nath, A.S. 2013. Occupational Stress in Organisations with special reference to sector, gender and income. *Clarion*, 2: 64-73.
- Brown, R.H. 1977. An evaluation of the effectiveness of relaxation training as a treatment modality for the hyperkinetic child [Doctoral dissertation, Texas Technological University]. Dissertation Abstracts International 38:2847B. https://shodhganga.inflibnet.ac.in/bitstream/10603/19554/13/13_chapter%203.pdf.
- Chang, K., Lu, L. 2007. Characteristics of Organisational Culture, Stressors and Well-being: The case of Taiwanese Organisations. *Journal of Managerial Psychology*, 22(6): 549-568.
- Cohen, S., Frank, E., Doyle, WJ., Skoner. 1998. Stressors that increase susceptibility to the common cold in healthy adults. *Health Psychology*, 17: 214-228. Google Scholar.
- Cooper C.L., & Marshall. J. 1976. Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health. *Journal of Occupational Psychology*. 49:11-28.
- Cooper, C.L., Dewe, P., O'Driscoll, M.P. 2001. *Organisational Stress: A review and critique of theory, research and applications*. Thousand Oaks, CA: Sage.
- Conway, T.L., Cickers, R.R., Ward, H.W., Rahe, R.H. 1981. Occupational Stress and Variation in Cigarette, Coffee and Alcohol Consumption. *Journal of Health Soc. Behav*, 22: 156-165.
- Davison, J.T.H. 1899. Music and Medicine. *Lancet*. 1159, 1160, 1162.
- Dua, J.K. 1994. Job Stressors and Their Effects on Physical Health, Emotional Health and Job Satisfaction in a University. *Journal of Educational Administration*, 32(1): 59-78.
- Dwivedi, R.K. 1997. Trust and role stress. In D.M. Pestonjee & U. Pareek (Eds). *Studies in organizational role stress and coping*. Jaipur: Rawat Publications:151-152.
- Eaker, E.D. 1998. Psychological risk factors for Coronary heart disease in Women. *Cardiovasc. Clin*, 16: 103-111. Google Scholar.
- Fairbrother, K., & Warn, J. 2003. Workplace Dimensions, Stress and Job Satisfaction. *Journal of Managerial Psychology*. 18 (1): 08-21.
- French, J.R.P. Jr., & Caplan, R.D. 1970. Occupational stress and individual strain. In Marrow, A.J. (Ed.). *The Failure of Success*. New York: Amacom.

- Girdano, D.A., & Everly, G.S., Jr. 1986. Controlling stress and tension: A holistic approach (2nd ed.). Englewood Cliffs: Prentice Hall.
- Gupta, A. 1999. Moderating effect of job attribution on the relationship of role stress and job behaviour and health. Doctoral Dissertation. Banaras Hindu University.
- Holmes, T.H., & Rahe, R.H. 1967. The social readjustment rating scale. *Journal of Psychosomatic Research* 2: 213-218.
- Insel, P.M., & Moss, R.H. 1974. Health and social environment. Lexington: D.C. Health & Company.
- Ironson, G.H. 1992. Job Stress and Health. In Ganny CJ, Smith PC, Stone EF, editors. *Job Satisfaction: How people feel about their jobs and how it affects their performance*. New York: Lexington: 219-239. Google Scholar.
- Ivancevich, J.M., & Matteson, M.T. 1980. *Stress and work: A managerial perspective*. Glenview, IL: Scott Foresman.
- Jagdish. 1987. Perceived occupational stress and employees' attitude towards job and management. *Indian Journal of Industrial Relations* 23(1): 80-92.
- Jick, T.D. 1985. As the falls: budget cuts and the experience of stress in organizations. In T.A Beehr & R.S Bhagat (Eds). *Human Stress and Cognition in Organizations*. New York: John Wiley.
- Johnson, S., Cooper, C., Cartwright, S., Donald, I., Taylor, P., Millet, C. 2005. The Experience of Work-Related Stress across Occupations. *Journal of Managerial Psychology*. 20(2): 178-187.
- Kahn, R.L., & Quinn, R.P. 1970. Role stress: A framework for analysis. In A. McLean (Ed.), *Mental Health and Work Organization*, Chicago: Rand McNally.
- Kahn R.L., & Wolfe, D.M., Quinn, R.R., Sonek, J.D., & Rosenthal, R.A. 1964. *Organizational stress: Studies in role conflict and ambiguity*. New York: John Wiley.
- Kalita, M. 2002. Assessing the economic impact of Stress- The modern day hidden epidemic. *Metabolism*, 51(6):49-53.
- Khanka, S.S. 2000. *Organizational behaviour*. New Delhi: S. Chand & Sons.
- Kornhauser, A. 1965. *Mental Health of Industrial Worker*. New York: Wiley.
- Koustelios, A., Theodolakis, N., Goulimaris, D. 2004. Role-ambiguity, Role-conflict and Job satisfaction among Physical Education Teachers in Greece. *The International Journal of Educational Management*, 18(2): 87-92.
- Lai, G. 1995. Work and family roles and psychological well-being in urban China. *Journal of Health and Social Behaviour*, 36: 11-37.
- Lawler, E.E. 1994. From job-based to competence-based organizations. *Journal of Organizational Behaviour*, 15: 3-15.
- Lazarus, R.S. 1966. *Psychological stress and the coping process*. New York: McGraw Hill.
- Lele, R.D. 1993. *Stress and Tension: A Medical Review*. B.M.A Review. 4 & 6: 36-40.
- Linn, B.S., Linn, M.W., & Klimas, N.G. 1988. Effects of stress on surgical outcome. *Psychosomatic Medicine*, 50: 230-244.

- Lovallo, W.R. 1997. *Stress and Health: Biological and psychological foundations*. Thousand Oaks: Sage Publications.
- Manshor, A.T. 2003. Occupational Stress among Managers: A Malaysian Survey. *Journal of Managerial Psychology*, 18(6): 622-8.
- Maranto, C.D. 1989. The use of music therapy in the treatment of performance anxiety in musicians. Paper presented at the IV international music medicine 2222 symposium, Rancho Mirage, CA.
- Maslach, C. 1982. *Burnout: The cost of caring*. n.d: Prentice Hall Englewood Cliff.
- Mathur, P. 1995. Perceptions of police stress: an empirical study of stressors and coping responses among police personnel in India. *Indian Journal of Criminology* 23(1), 9-19.
- Matteson, M.T., & Ivancevich, J.M. 1987. *Controlling work stress: Effective resources and management strategies*. San Francisco, CA: Jossey-Bass.
- McGonagle, K.A., Kessler, R.C. 1990. Chronic stress, acute stress and depressive symptoms. *American Journal of Community Psychology*, 18(5): 681-706.
- Munir, K., Islam, B. 2011. Impact of Stressors on the Performance of Employees. *Journal of Labour and Demographic Economics*, Munich Personal RePEc Archive. Retrieved August 2008 from <https://mpira.ub.uni-muenchen.de/32729/>
- Nwadiani, M. 2006. Level of Perceived Stress among Lecturers in Nigerian Universities. *Journal of Instructional Psychology*, Retrieved June 2, 2008, from <http://www.thefreelibrary.com>.
- Panchanathan, N. 1998. Effects of stress reduction on the creative personality of the executives through counseling. *Sankalpa*. Vol. 6(1): 8-15.
- Pestonjee, D.M. 1999. *Stress and coping: The Indian experience*. 2nd ed. New Delhi: Sage Publications.
- Rahe, R.H., Meyer, M., Smith, M., Kjaerg, G., & Holmes, T.H. 1964. Social stress and illness onset. *Journal of Psychosomatic Research* 8: 35-44.
- Raja, V.A., Vijaykumar, V. 2017. A Study on Stress Management and Coping Strategies analysing process of IT and ITES Sector with the special sample of different age group in Indian based working employees in the different categories of IT and ITES Organisations in India. *Journal of Management*, 4(1), 1-11.
- Reddy, V.S., & Ramamurti, P.V. 1991. The relation between stress experience on the job: Age, personality and general ability. *Psychological Studies* 36(2): 87-95.
- Reskin, A. 2008. Podcast Transcript for Working with Stress. Retrieved April 29, 2008, from <http://online.sagepub.com/>
- Sarikwal, L., & Kumar, S. 2010. An International Study of Work Stress with Types of Workers. Paper presented at ASBBS Annual Conference: Las Vegas.
- Schnall, P.L., Landsbergis, P.A., Baker, D. 1994. Job Strain and Cardiovascular Disease. *Annual Review of Public Health*, 15: 381-411. Google Scholar.
- Selye, H. 1956. *The stress of life*. New York: McGraw Hill.
- Sharma, A. 2013. Occupational stress among managers: A comparative study between public and private sector enterprises. Ph.D thesis, Gauhati University.

- Singh, A.P., & Singh, B. 1992. Stress and strain among Indian middle managers. *Indian Journal of Industrial Relations*: 71-84.
- Smith, A. 2000. The Scale of Perceived Occupational Stress. *Journal of Occupational Medicine*, 50(5):294-298.
- Srivastava, A.K. 1990. Moderating effect of job attitudes on occupational stress mental health relationship. *Indian Journal of Applied Psychology* 27: 98-102.
- Srivastava, A.K., & Pandey, A.K. 2000. The University employees' role conflict and their tension. *Social Science International* 16(1-2): 94-98.1999. *Management of Occupational Stress*. New Delhi. Gyan Publishing House.
- Thaut, M.H. 1989. Physiological responses to music stimuli. In R. Unkefer (Ed.). *Music Therapy in the Treatment of Adults with Mental Disorders*. New York: Schirmer Books.
- Virtanen, M., Honkonen, T., Kivimaki, M., Ahola, K., Vahtera, J., Aromaa, A. 2007. Work Stress, Mental Health and Antidepressant Medication findings from the health 2000 Study. *Journal of Affective Disorders*, 98(3): 189-197