

Stress & Leadership

Christophe Bagot, MD

Moscow, AEB



9. April 2009

МИХАИЛ ДЖОНДЖУА И ПАРТНЁРЫ



Sunday Night Insomnia

✂ France : 52%

✂ USA & UK : 70%

✂ Italy & Spain : 50%

✂ Scandinavia : 30%

(Monster, 2008)

Stress : Definition

Stress is a condition or feeling experienced
when a person perceives
that demands
exceed
the personal and social resources
the individual is able to mobilize

(Lazarus, 1966)

Cognitive Appraisals of Stress

Conscious and unconscious appraisals which emerge as a reaction to a potential stressor

- ✎ Question 1 : "Is this situation stressful ?"
- ✎ Question 2 : "Do I have resources to cope ?"

(Lazarus, 1966)

Good Stress, Bad Stress

✍ **Eustress** (Good Stress or Challenge) :
adaptative response to meet challenges
and goals ; links arousal stress to
performance

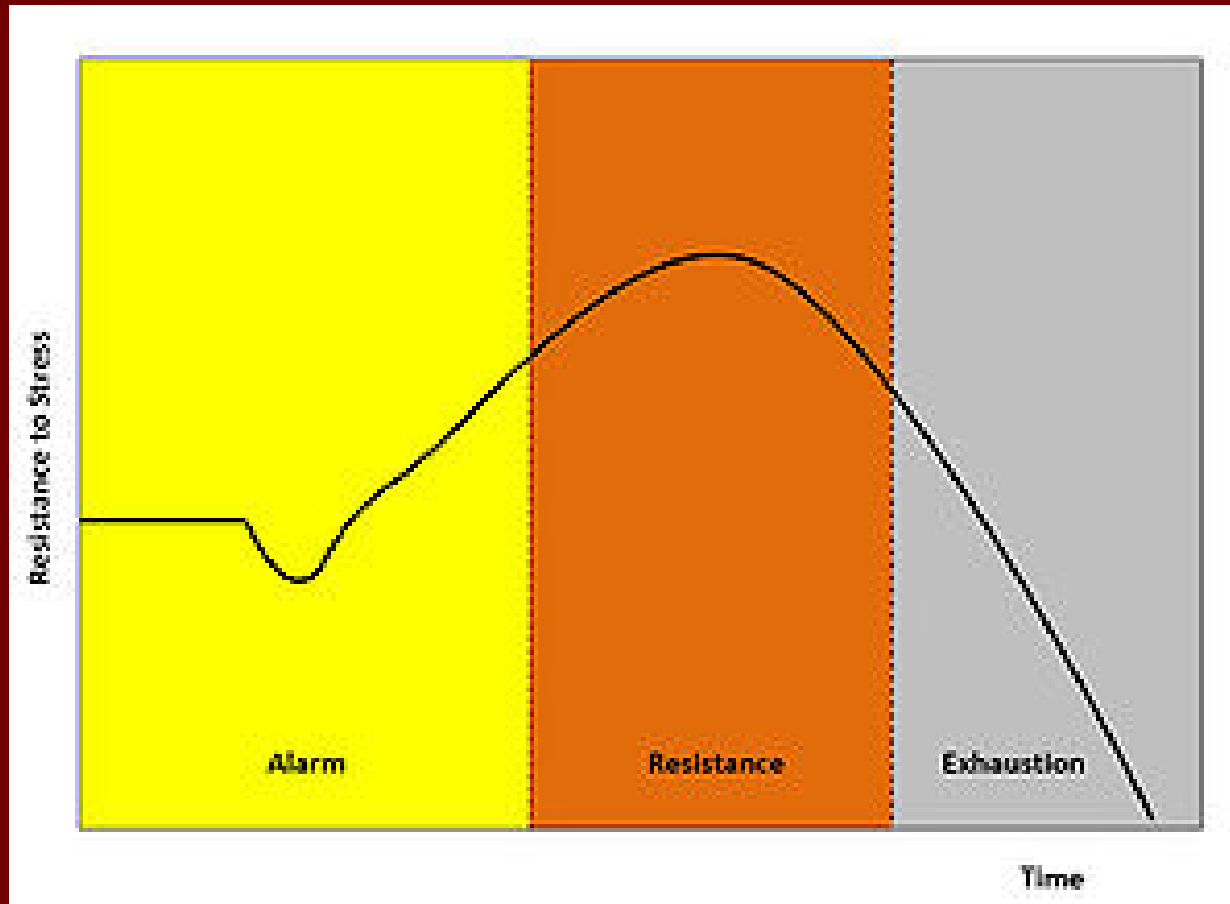
✍ **Distress** (Bad Stress) appears when
increased stress leads to poorer
performance.

(Hans Selye,1975)

Response to Stress : Generalized Adaptative Syndrome

- ✍ **Alarm** : Acute response. Fight or flight
- ✍ **Resistance** : Resources depleted progressively
- ✍ **Exhaustion** : Resources depleted

Generalized Adaptative Syndrome



(Hans Selye)

Stressor and Strains

- ✍ **Stressor** : Stress Producing Events and Conditions.
- ✍ Negative reactions are called **Strains**.

Job Stress

Work-related stress is the response people may have when presented with work and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope.

(WHO)

Strains : Individual Impact

- ✎ **Psychological** : anxiety, panic attacks, depression, anger, burnout...
- ✎ **Physical** : cardio-vascular, gastro-intestinal, cancer, strokes, musculo-skeletal, diabetes, obesity...
- ✎ **Behavioural** : alcohol, drugs, medication abuse, suicide attempts, smoking, overexercising...

What is Burnout ?

Prolonged response to chronic emotional & interpersonal stressors on the job

- ✗ Emotional exhaustion
- ✗ Depersonalisation (detachment, withdrawal)
- ✗ Diminished personal accomplishment

(Masler et al, 2001).

Strains : Organizational Outcomes

Psychological :

- ∞ Less organizational commitment
- ∞ Turnover intentions

Behavioural :

- ∞ Impaired performance
- ∞ Withdrawal
- ∞ Absenteism

Consequence : **DECREASED PRODUCTIVITY**

Annual Cost of Stress : Western Countries

- ✂ **France** : €51 billion, 3% GNP (CGC, 2006)
- ✂ **UK** : Occupational work stress costs £353 to 381 million to employers, and £3.8 billion to Society; 10% GNP (Cooper, 1996)
- ✂ **US** : between \$ 300 billion (American Institute of Stress, 2004) and \$ 150 billion (Rosch, 1979) in direct costs to American Companies.
- ✂ **EU** : €20 billion (European Commission, 1999) ; 50 to 60% of absenteeism.

Stress in Russia (1)

(Leon & Shkolnikov, JAMA, 1998)

- ✍ **1990 to 1994 : Life expectancy decreased :**
 - ∞ 6 years to 57.7 for men
 - ∞ 3 years to 71.2 for women

- ✍ **Most affected categories :**
 - ∞ Age 30-49
 - ∞ Urban, most economically developed areas of European Russia (Moscow & St Petersburg)
 - ∞ Lowest educational groups

Social Stress and the Russian Mortality Crisis

David A. Leon, PhD; Vladimir M. Shkolnikov, PhD

JAMA. 1998;279:790-791.

The public health situation in Russia today is grave. Information on morbidity is fragmentary; however, an enormous burden of ill health must underlie the very high mortality rates reported for the 1990s. For instance, in 1994, a Russian man aged 20 years would have only a 1 in 2 chance of surviving to age 60 years, compared with a 9 in 10 chance for men born in the United States or Britain. Moreover, in 1994, life expectancy at birth for men was 13 years less than for women. These trends almost certainly are not a statistical artifact.¹ Yet, despite its magnitude, this public health crisis has not received the attention it deserves from medical and public health specialists around the world. The article by Notzon and colleagues² in this issue of *JAMA* helps to redress this situation by outlining the dimensions of the crisis and reviewing the findings and conclusions of other research groups.^{1, 3-6}

Russian mortality in the 1990s needs to be understood as the product of 2 distinct dynamics. The first is an enormous change in mortality that has occurred in the decade since 1985. Initially, there was an increase in life expectancy at birth, a result of Gorbachev's antialcohol campaign⁷ introduced in 1985, but this was followed by a steady decrease in life expectancy from 1987 to 1990, and further declined through 1994. In this latter 5-year period, life expectancy for men decreased 6 years to 57.7 years, and for women decreased 3 years to 71.2 years—an unprecedented pace of deterioration in a country not at war. However, these recent fluctuations overlie a longer-term trend beginning in the 1960s, in which life expectancy for men decreased gradually and for women plateaued, in marked contrast to the patterns in most western countries where life expectancy has increased gradually over many decades.

The fluctuations in mortality in Russia since the mid-1980s have been paralleled in other parts of the former Soviet Union, including the Baltic States, Ukraine, and Belarus.⁸ In the former communist countries of Central and Eastern Europe, more intercountry variation is seen.⁹⁻¹⁰ Similar to Russia, life expectancy at birth in Poland, Hungary, and Czechoslovakia plateaued or declined in the period from the mid-1960s. With the collapse of communism in the late 1980s, there was evidence of some further small declines. However, during the 1990s, mortality has declined in Poland and the Czech Republic, while in Hungary it continued to rise until 1996. In 1995, life expectancy at birth for males was 68 years in Poland, 70 years in the Czech Republic, and 65 years in Hungary; the equivalent life expectancy for females was 76 years, 77 years, and 75 years, respectively.¹¹

The collapse of the Soviet Union and the process of social, economic, and political transformation that has occurred in Russia, subsequently, has caused enormous stress for the Russian people. Many aspects of the social welfare system have collapsed. For example, the real value of retirement pensions has declined steeply. However, mortality in the very young and in older people, who are generally regarded as the most vulnerable groups, has changed very little. Russian men (and women) in their prime of life (ages 30 to 49 years) have been affected the most. Between 1987 and 1994, mortality rates at ages 40 to 44 years increased by 2.43 for men and 1.96 for women.¹ This suggests that absolute impoverishment of the population, which would primarily affect the most economically dependent (the very young and older people) hardest, is unlikely to play a major role in the mortality crisis.

Regional analyses show that many of the steepest declines in life expectancy have occurred in the urban and most economically developed areas of European Russia. For example, male life expectancy in Moscow decreased by 7.7 years in 1990 to 1994, and in St Petersburg by 7.1 years; declines are greater than the 6.4 years observed for Russia as a whole. What can explain these surprising geographic differences? The abrupt economic and social changes that occurred tended to be most significant in those regions that, by

This Article

- PDF
- Send to a friend
- Save in My Folder
- Save to citation manager
- Permissions

Citing Articles

- Citation map
- Citing articles on HighWire
- Citing articles on ISI (55)
- Contact me when this article is cited

Related Content

- Related article
- Similar articles in JAMA

Stress in Russia (2)

(Stucker et al, The Lancet, January 2009)

- ✍ « Rapid mass privatisation as an economic transition strategy was a crucial determinant of differences in adult mortality trends in post-communist countries »
- ✍ Belonging to at least one social organization was decreasing association of privatization with mortality (buffer effect).

Mass privatisation and the post-communist mortality crisis: a cross-national analysis

David Stuckler, Lawrence King, Martin McKee

Summary

Background During the early-1990s, adult mortality rates rose in most post-communist European countries. Substantial differences across countries and over time remain unexplained. Although previous studies have suggested that the pace of economic transition was a key driver of increased mortality rates, to our knowledge no study has empirically assessed the role of specific components of transition policies. We investigated whether mass privatisation can account for differences in adult mortality rates in such countries.

Methods We used multivariate longitudinal regression to analyse age-standardised mortality rates in working-age men (15–59 years) in post-communist countries of eastern Europe and the former Soviet Union from 1989 to 2002. We defined mass privatisation programmes as transferring at least 25% of large state-owned enterprises to the private sector within 2 years with the use of vouchers and give-aways to firm insiders. To isolate the effect of mass privatisation, we used models to control for price and trade liberalisation, income change, initial country conditions, structural predispositions to higher mortality, and other potential confounders.

Findings Mass privatisation programmes were associated with an increase in short-term adult male mortality rates of 12.8% (95% CI 7.9–17.7; $p < 0.0001$), with similar results for the alternative privatisation indices from the European Bank for Reconstruction and Development (7.8% [95% CI 2.8–13.0]). One mediating factor could be male unemployment rates, which were increased substantially by mass privatisation (56.3% [28.3–84.3]; $p < 0.0001$). Each 1% increase in the percentage of population who were members of at least one social organisation decreased the association of privatisation with mortality by 0.27%; when more than 45% of a population was a member of at least one social organisation, privatisation was no longer significantly associated with increased mortality rates (3.4% [95% CI –5.4 to 12.3]; $p = 0.44$).

Interpretation Rapid mass privatisation as an economic transition strategy was a crucial determinant of differences in adult mortality trends in post-communist countries; the effect of privatisation was reduced if social capital was high. These findings might be relevant to other countries in which similar policies are being considered.

Funding None.

Introduction

The transition from communism to capitalism in Europe and central Asia during the early to mid-1990s has had devastating consequences for health: UNICEF attributes more than 3 million premature deaths to transition;¹ the UN Development Programme estimates over 10 million missing men because of system change;² and more than 15 years after these transitions began, only a little over half of the ex-communist countries have regained their pretransition life-expectancy levels.³ But were these excess deaths inevitable?

Probably not. Not all countries have fared so poorly: although in Russia, an extreme case, the population lost nearly 5 years of life expectancy between 1991 and 1994, Croatia and Poland recorded steady improvements of almost 1 year of life expectancy during this same period.

What accounts for these differences in the pace of change in mortality rates across countries and over time? Research comparing Russian regions has identified the pace of transition, which was assessed by measures such as job gains and losses, as an important

factor.^{4,5} Yet little attempt has been made to assess empirically the effects on health of the underlying policies pursued by governments and, as a result, the wider determinants of the mortality patterns across the post-Soviet world. One possible answer, we suggest, lies in the economic strategies that countries used to build capitalism out of communism.

There were two approaches to capitalism. Radical free-market advisers argued that capitalist transition needed to occur as rapidly as possible.^{6,7} The prescribed policy was called shock therapy, with three major elements: liberalisation of prices and trade to allow markets to re-allocate resources, stabilisation programmes to suppress inflation, and mass privatisation of state-owned enterprises to create appropriate incentives. When implemented simultaneously, these elements would cause an irreversible shift to a market-based economy. By contrast, gradualist economists, also known as institutionalists, called for a slow transition, recommending that countries gradually phase in markets and private property while allowing time to develop institutions that are needed to make markets work well.^{8,9}

Lancet 2009; 373: 399–407

Published Online

January 15, 2009

DOI:10.1016/S0140-

6736(09)60005-2

See Comment page 360

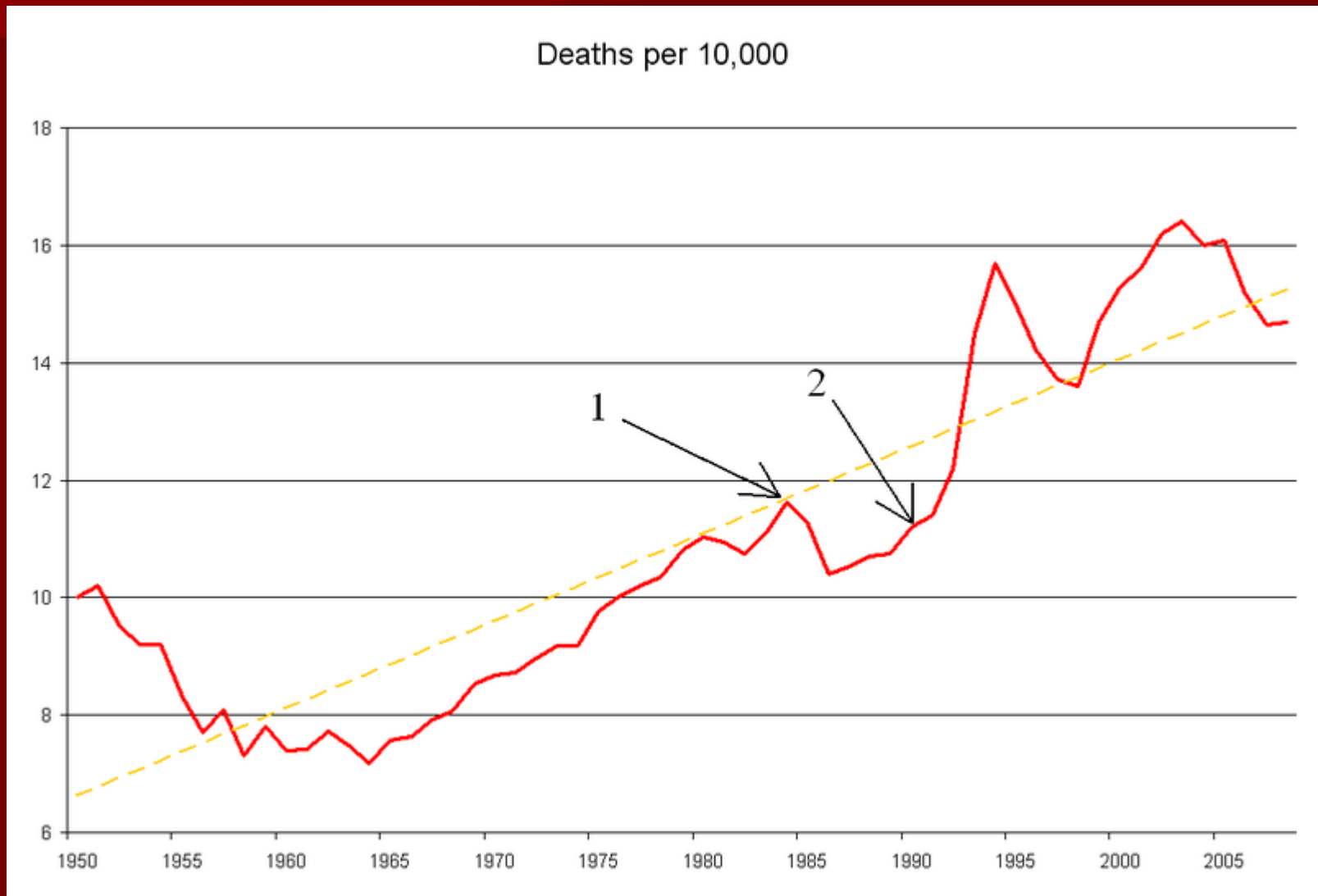
University of Cambridge,
Department of Sociology,
Faculty of Social and Political
Sciences, Cambridge, UK
(D Stuckler MPH, L King PhD);
and London School of Hygiene
and Tropical Medicine,
European Centre on Health of
Societies in Transition, London,
UK (Prof M McKee MD)

Correspondence to:

David Stuckler, University of
Oxford, Department of
Sociology, Christ Church,
Oxford OX1 1DP, UK;
david.stuckler@aya.yale.edu

Male death rate in Russia in 1950-2008

1 - Beginning of anti-alcohol campaign 2 - Beginning of marketing reforms



Click here to see how we're helping the world's most successful companies put thought into action.

Consulting • Technology • Outsourcing

accenture
High performance. Delivered.

Leaders

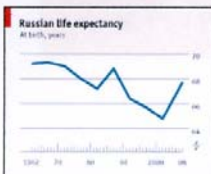
Ex-communist reform

Mass murder and the market

Jan 22nd 2009

From *The Economist* print edition

Economic reform in Russia was accompanied by millions of early deaths. But it was not the cause



MATCHES and even salt were in short supply as the Soviet empire's planned economies collapsed two decades ago. But blame was plentiful then and now. Millions of people—chiefly men in late middle age—died earlier than their counterparts in other countries. That drop, of fully five years in male life expectancy between 1991 and 1994, demands explanation. A newly published article in the *Lancet*, a British medical journal that in recent years has used epidemiological analysis to examine political and social questions, argues that the clear culprit was mass privatisation (distributing vouchers that could be swapped for shares in state-owned enterprises). A statistical analysis, it says, shows that this element of the economic-reform package, nicknamed “shock therapy”, clearly correlates with higher mortality rates.

That, says the *Lancet*, was a shocking failure. It argues that advocates of free-market economics (it cites an article in this newspaper by the economist Jeffrey Sachs) ignored the human costs of the policies they were promoting. These included unemployment and human misery, leading to early death. In effect, mass privatisation was mass murder. Had Russia adopted more gradual reforms, those lives would have been saved.

In fact the blame game must start at the beginning. Why was the Soviet economy in ruins by 1991? Partly because planned economies don't work (blame Lenin and Stalin for that). Partly because the gerontocratic leadership of Leonid Brezhnev failed to start reforms in the early 1970s, when gradualism might have had a chance of succeeding. By the time Mikhail Gorbachev initiated *perestroika* and *glasnost* in the late 1980s, the Soviet Union was all but bust. Worse, by running the printing presses red-hot, his government created a colossal monetary overhang. Russians may have thought that their savings evaporated when prices were liberalised at the start of 1992; in truth, their cash was already worthless.

Surgical alcohol

The second question is the effect of all this on mortality. Soviet public-health statistics show a clear decline from 1985 to the early 1990s, with rising deaths from circulatory diseases (because of poor diet, smoking and, especially, drinking). Mr Gorbachev's anti-booze campaign—although hugely unpopular—raised life expectancy by fully three years between 1985 and 1987. After 1992 the state monopoly on alcohol (and health checks on its quality) collapsed. As anybody who lived in Russia at the time will recall, the effect was spectacular—and catastrophic. Death rates returned to their long-term trend.

The thorniest question is about economic policy mistakes after 1991. In retrospect, the West failed to prepare for the Soviet collapse. It took too long to recognise that Boris Yeltsin's first government deserved trust, pressing it too hard on debt repayments and being too stingy with aid. Then it made the opposite mistake, being too trusting and generous when Russia was becoming more hawkish and looting was endemic. Mass privatisation broke the planners' grip but failed to create the hoped-for shareholder democracy.

Yet the *Lancet* paper seriously misunderstands both the timing and the effects of economic reform. It states quite wrongly that “Russia fully implemented shock therapy by 1994”. As it happens, in that year life expectancy started rising. But in any case reforms were by then bogged down and advisers such as Mr Sachs had quit in despair. Moreover, mass privatisation had little immediate effect on jobs—or much else. Most Russians exchanged their vouchers for trivial amounts of cash, or even

Comment (69)

Recommend (59)

E-mail

Share

Print

Reprints & permissions

Related items

From *The Economist*

Russian political murders

Jan 22nd 2009

Russia's shrinking population

Nov 27th 2008

Eastern Europe's economies

Jan 13th 1990

Country briefing

Russia

More articles about...

Russia's economy

Websites

“Mass privatisation and the post-communist mortality crisis: a cross-national analysis” is published in the *Lancet*.

Advertisement



More on old-age provision

INSURANCE
ASSET MANAGEMENT
BANKING

Allianz

ДЕМОСКОП

Weekly

№ 363 - 364
2 - 15 февраля 2009

О проекте

Электронная версия бюллетеня **Население и общество**
Институт демографии Государственного университета - Высшей школы экономики

первая полоса содержание номера читальный зал приложения
обратная связь доска объявлений поиск архив перевод translation

Что мы знаем о лисе?..



Что мы знаем о лисе?.. Ничего. И то не все

Борис Заходер

Смертность в России сквозь призму приватизации

Дэвид Стаклер из Оксфордского университета, Лоренс Кинг из Кембриджского университета и Мартин Макки, профессор Лондонской школы гигиены и тропической медицины, авторы исследования "Массовая приватизация и посткоммунистический кризис смертности: транснациональный анализ", опубликованного в британском медицинском журнале The Lancet, знают, что:

"программы массовой приватизации были связаны с краткосрочным увеличением коэффициентов смертности мужчин в рабочем возрасте... В целом, в странах, которые проводили массовую приватизацию в первой половине 1990-х, наблюдалось резкое снижение продолжительности жизни; в тех, которые этого не делали, продолжительность жизни снизилась умеренно, а затем устойчиво повышалась"

David STUCKLER, Lawrence KING, Martin MCKEE.
Mass privatisation and the post-communist mortality crisis: a cross-national analysis.
www.thelancet.com Published online January 15, 2009.

Демоскоп знает больше.

Нам кажется,

что авторы статьи поступили совершенно правильно, когда для изучения пагубного влияния массовой приватизации на рост смертности в посткоммунистических странах обратились к сложным и изысканным статистическим методам, а не заявили об этом влиянии огульно и бездоказательно, как это делали, например, некоторые товарищи из КПРФ. Мультивариантный регрессионный анализ – это вам не газета «Правда»! Неплохо также, что исследователи не стали возиться с каждой отдельной страной, а подвергли этому анализу хорошо смешанный коктейль, в который на равных основаниях вошли и Россия, и Чехия, и Албания, и Туркмения, и Польша – и т.д., какая, в конце концов, разница?

Было бы странно, если бы усилия столь компетентных людей, вооруженных столь совершенными методами, не принесли бы и столь же значительных результатов. Разумеется, они их принесли. Если же у Демоскопа и возникли какие-то вопросы, то совершенно пустяковые. Это даже не вопросы, а один единственный крошечный вопросик: было ли вообще то явление, которое с таким блеском объяснили исследователи из самых престижных британских научных центров? Попросту говоря, был ли тот рост смертности в постсоветских странах, который так взволновал политический и научный мир?

Ах, лучше бы нам не задавать этого вопроса. Ну конечно же был, это всем известно! Впрочем, если бы его даже и не было, его надо было бы выдумать, иначе что бы мы стали объяснять с помощью всех этих корреляций и регрессий? Но он был, был, как можно в этом сомневаться. Тем более, авторы ссылаются на авторитетные источники, они и статью-то свою с этого начинают.

Вот их первая ссылка: доклад ЮНИСЕФ, в котором говорится, что «повышенная смертность, наблюдавшаяся в регионе на протяжении 1990-1999 годов, унесла около 3.26 миллионов человеческих жизней. Этих смертей можно было бы избежать, если бы коэффициенты смертности удержались на уровне 1989 года... Из этого числа 72 процента смертей пришлось на мужчин, а три четверти – на лиц в возрасте от 25 до 60 лет, и это свидетельствует о том, что кризис затронул преимущественно взрослых мужчин»¹.

Прислушаемся к мудрым выводам ЮНИСЕФ и проследим, что происходило на протяжении 1990-1999 годов – и даже раньше – с какой-нибудь возрастной группой российских взрослых мужчин. Возьмем, например, мужчин в возрасте 35-39 лет. В страшно своей дефолтностью 1998 году в этой группе умирало 7,73 человека на 1000, а в самый расцвет развитого социализма, в благословенном 1980 году, коэффициент смертности мужчин в возрасте 35-39 лет составлял

Suicides & Alcoholism in Russia

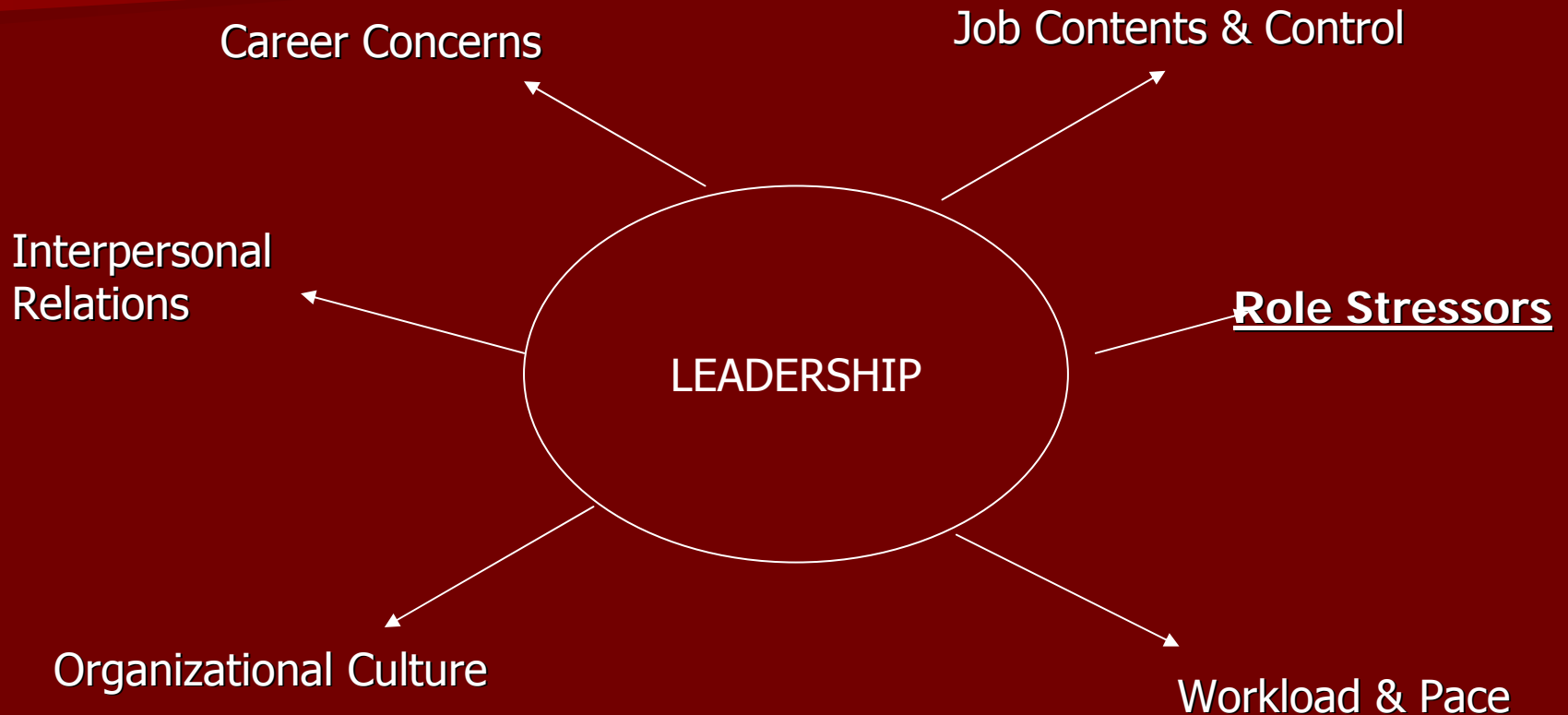
Suicides :

- ∞ Rates = 2 x World Average
- ∞ Peak of 60,000 in 1994 (11,000 in France)
- ∞ Linked to economical difficulties
- ∞ Higher in regions

Alcoholism : 300,000 deaths/yr (45,000 in France)

(Russian Academia of Sciences)

Leadership : Impact on Stress



Role Stressor (1)

- ✍ Stress perceived as a consequence of what we think *others* expect from us
- ✍ **Role senders** : co workers, management, subordinate, family... Refers to "*others*" as opposed to **Role receivers**.

(Beehr et al, 2005)

Role Stressor (2)

 **Role Conflicts** : 2 or more sets of incompatible demands.

- ∞ Interrole conflicts : 2 or more roles on same person (deal often with work and family roles)
- ∞ Person-Role conflicts : organizational requirements clash with personal values and/or obligations to others.

(Beehr et al, 2005)

A Role Conflict...



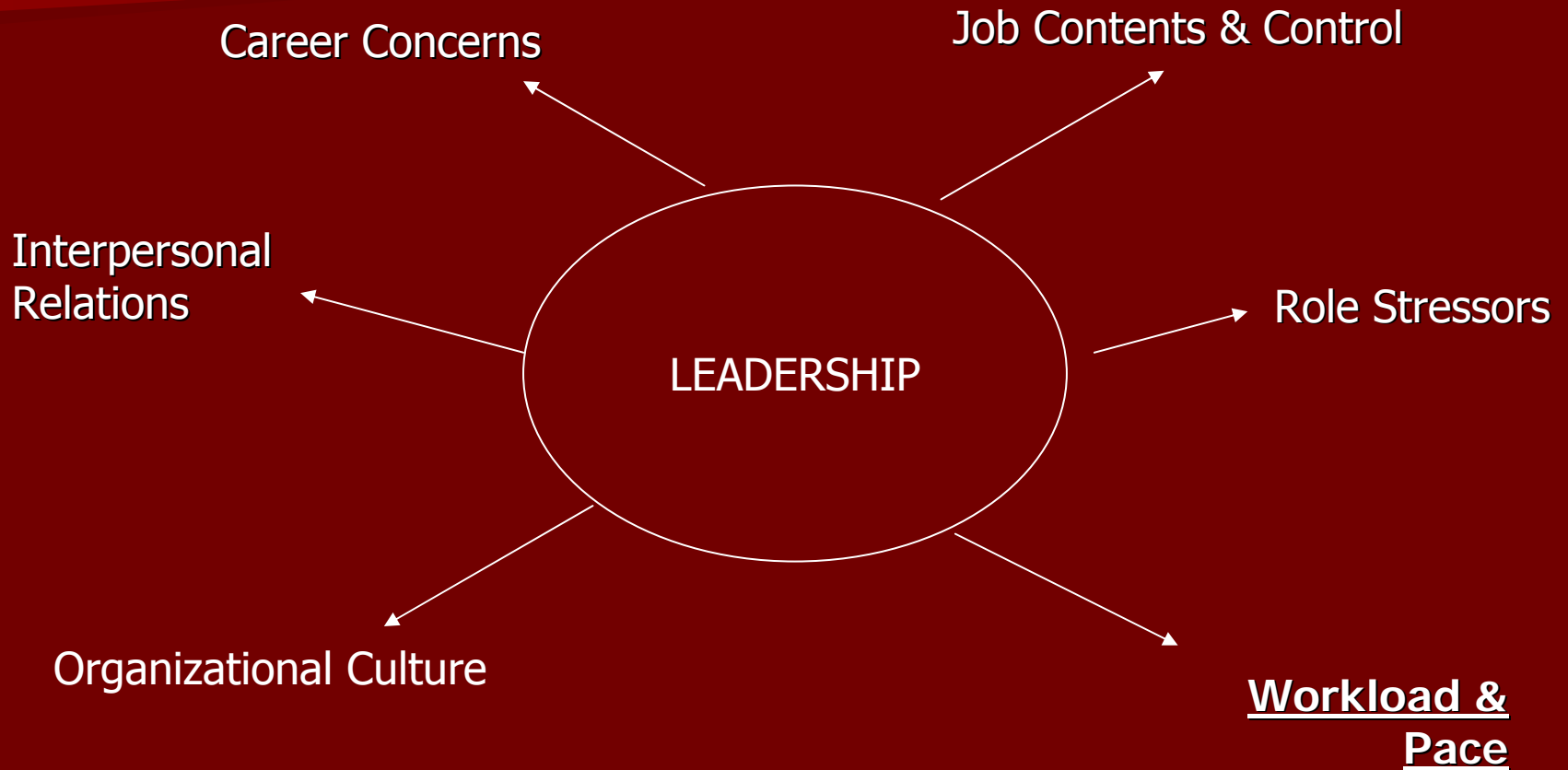
Role Stressor (3)

Role Ambiguity :

- ∞ Lack of **specificity** pertaining to one's work role
- ∞ Lack of **predictability** concerning role functions
- ∞ Insufficient/misleading/restricted **flow of information**

(Beehr et al, 2005)

Leadership : Impact on Stress



Workload & Pace

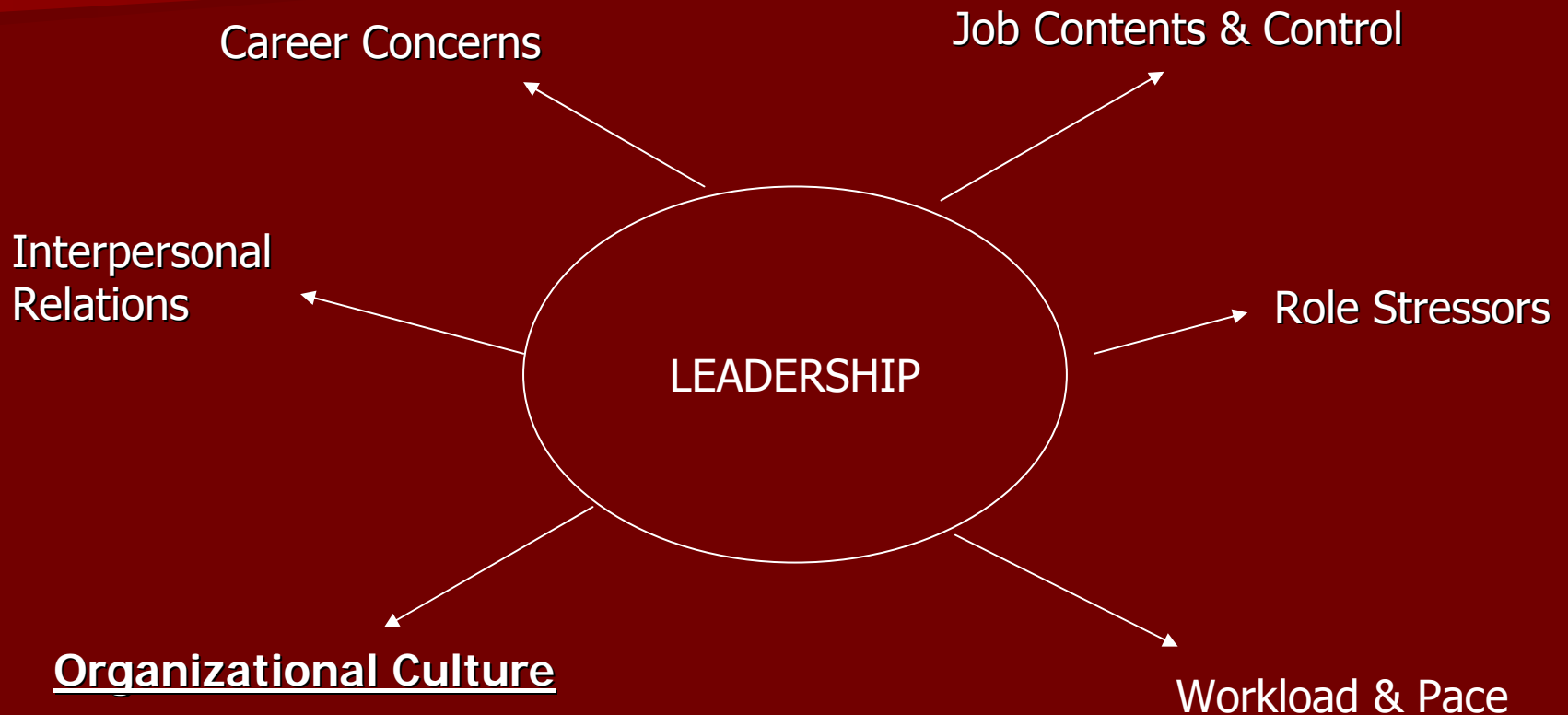
- ✍ 30% of the workforce is exhausted by the end of the workday

(NIOSH, 2002)

- ✍ Most married couples have total workload (paid & unpaid) equivalent to 3 full time jobs

(Bellavia et al, 2005)

Leadership : Impact on Stress



Organizational Culture

Example of

« Gender Factor »

Gender Factor : Men

- ✗ Traditional norms inform men that they should be self reliant, be physically tough and have their emotions under control
- ✗ Men should elicit masculine « agentic trait » such as assertiveness, ambition and achievement orientation.
- ✗ Men have to be career minded, promotion driven and primary wage earner.

(Desmarais et al, 2005)

Шевалье д'Эон – Chevalier d'Eon



CHARLES, GENEVIEVE, LOUIS, AUGUSTE, CÉSAR, ANDRÉ, TIMOTHÉE,
DEON DE BEAUMONT, Née à Tonnerre en 1728.
*a été Avocat au Parlement, Censeur Royal, Capitaine de Dragons Chevalier de S.^e
Louis, Ministre Plénipotentiaire de France à la Cour d'Angleterre.*

Derrais del.

Le Bas sc.

Gender Factor : Women

- ✎ Women are assigned « communal qualities » defined by sensitivity, care, warmth and responsiveness to others.
- ✎ Women should be home maker, care taker and support giver.

(Desmarais et al, 2005)



Gender Factor : Couples (1)

- ✗ Men's emotions affect their partners's emotion more reliably than the reverse.
- ✗ Women reports more psychological stress than do men.
- ✗ Men transmit stress to their children, while women seem more able to contain their stress.

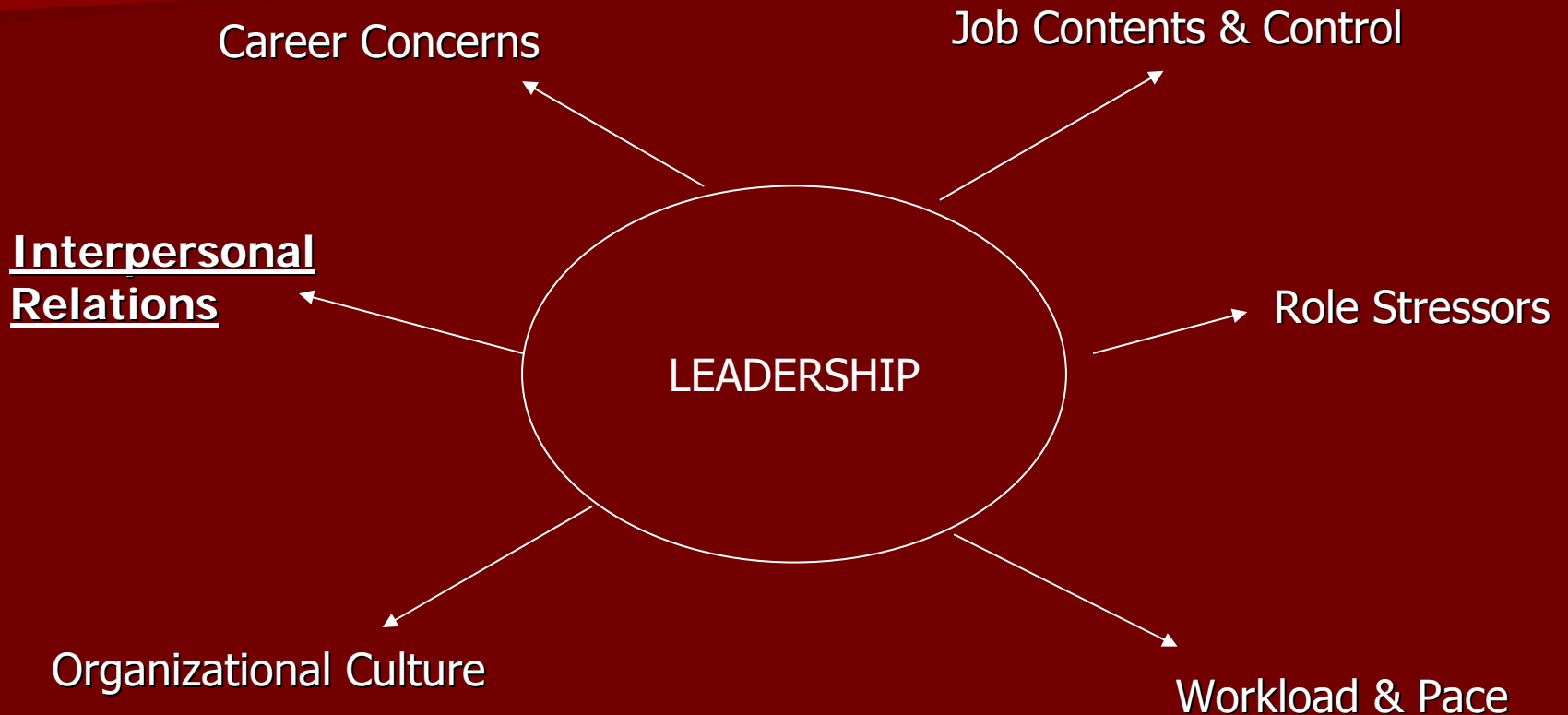
(Desmarais et al, 2005)

Gender Factor : Couples (2)

- ✎ Men in female dominated jobs are the most likely to use physical violence against their partner
- ✎ Men in male dominated occupations were not very likely to use violence against their partner.

(Desmarais et al, 2005)

Leadership : Impact on Stress



Interpersonal Relations

Examples of

« Organizational Justice »

and of

« Workplace Aggression »

Organizational Justice

- ✂ **Distributive Justice : Fairness of Outcome**
(Sheppard et al, 1992)
- ✂ **Procedural Justice : Fairness of Process by which outcomes are assigned**
(Thibault et al, 1975)
- ✂ **Interactional Justice : Fairness of Interpersonal transactions (esteem, politeness)**
(Bies and Moag, 1986)

Distributive Justice : Equity Theory

- ✎ Employee makes **internal balancing act** :

Between inputs: efforts, experience, education...
and
outcomes: reward, punishment, allocations...

- ✎ Comparison with a *referent other's* inputs and outcomes
- ✎ Choice of referent according to similarity, proximity, salience...



David Hume

'It is not a great disproportion between ourselves and others which produces envy, but on the contrary, a proximity. A common soldier bears no envy for his general compared to what he will feel for his sergeant or corporal; nor does an eminent writer meet with as much jealousy in common hackney scribblers, as in authors that more nearly approach him'.

A Treatise on Human Nature (Edinburgh, 1739)

Workplace Aggression (1)

Behaviour by an individual or individuals
within or outside an organization
that is intended
to physically or psychologically
harm a worker or workers
and occurs in a
work-related context.

(Schat et al, 2005)



Workplace Aggression (2)

✂ Homicide. Physical assault

✂ Yelling. Swearing. Insults

✂ Sarcasms

✂ Spreading rumours

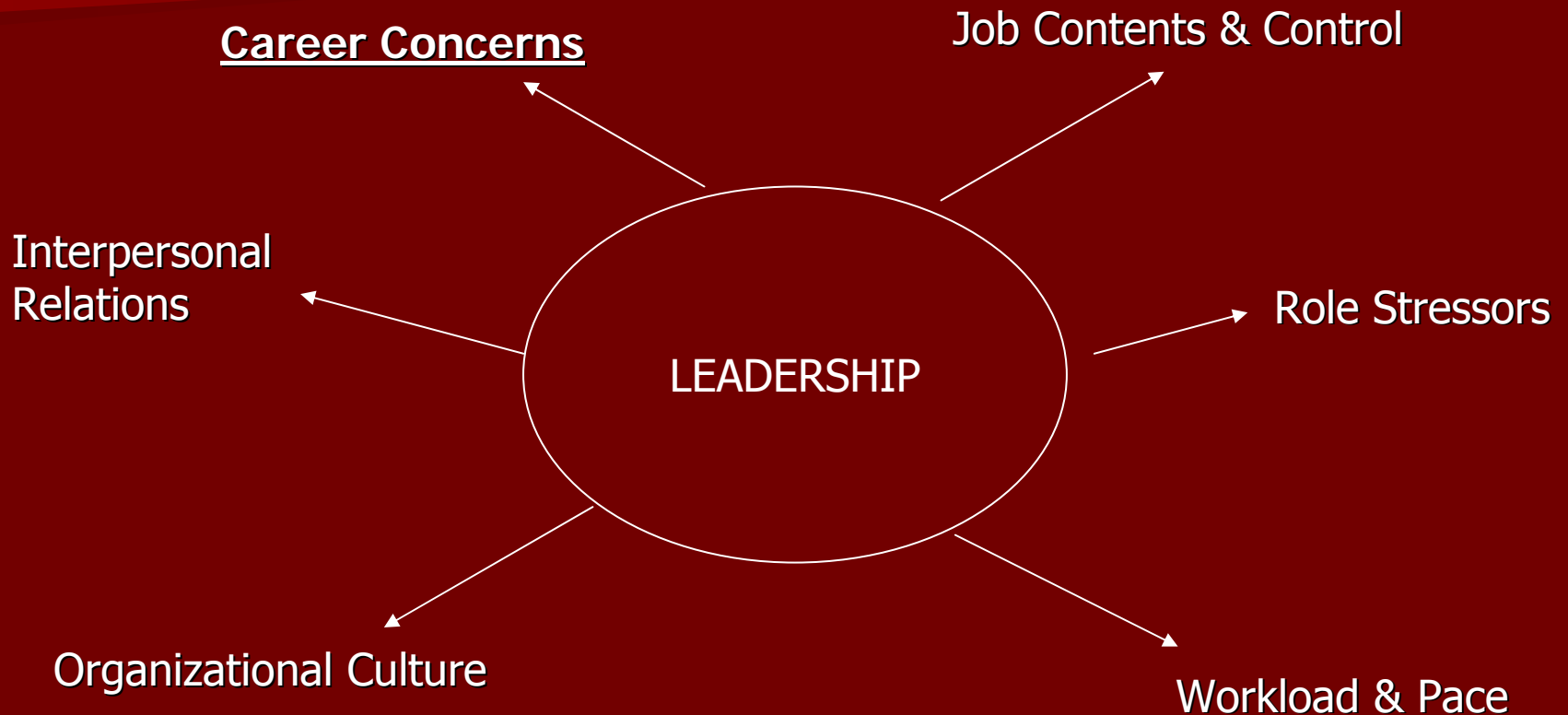
Workplace Aggression : Predictors

- ✍ **Individual predictors** : individual's cognitions and personality.
- ✍ **Organizational predictors** : tolerance to aggression & injustice

Workplace Aggression : Consequences

- ✗ Fear. Expectation of future workplace aggression
- ✗ Aggression. Revenge. Retaliation
- ✗ Job neglect. Turnover intentions. Taking extensive breaks. Not sharing information.
- ✗ Reduced productivity and performance
- ✗ Withdrawal attitudes

Leadership : Impact on Stress



Career Concerns

 **Unemployment**

 **Underemployment**

 **Job Insecurity**

Career Concerns : Unemployment

Lack of Employment
+
Loss of Income

Career Concerns : Underemployment

- ✗ Discrepancy between satisfactory employment and current employment
- ✗ Overqualified employees
- ✗ Job outside of formal training
- ✗ Part Time, Intermittent, Temporary
- ✗ Earnings 20% less

Underemployment...

OVERQUALIFIED TEMP

MY LAST JOB WAS
AMBASSADOR TO
BRUNEI. BEFORE THAT
I WAS UNDERSECRETARY
OF COMMERCE.



www.dilbert.com scottadams@aol.com

MAYBE THE OTHER
ADMINS CAN WATCH
HOW YOU MAKE COPIES
AND LEARN SOMETHING.



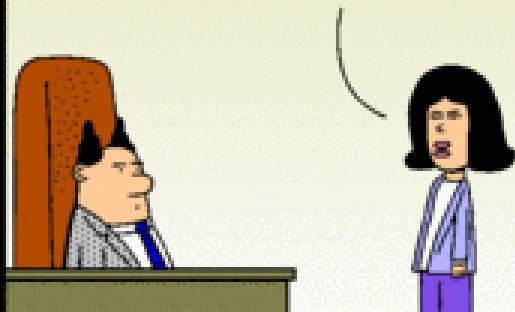
4-2-04 © 2004 Scott Adams, Inc./Dist. by UFS, Inc.

SHE'S A
TALKER.



OVERQUALIFIED TEMP

I HAVE COMPLETED
ALL OF MY MENIAL
ASSIGNMENTS.



www.dilbert.com scottadams@aol.com

DO YOU HAVE ANY
MORE TRIVIAL TASKS
TO CRUSH MY SENSE OF
SELF-WORTH?



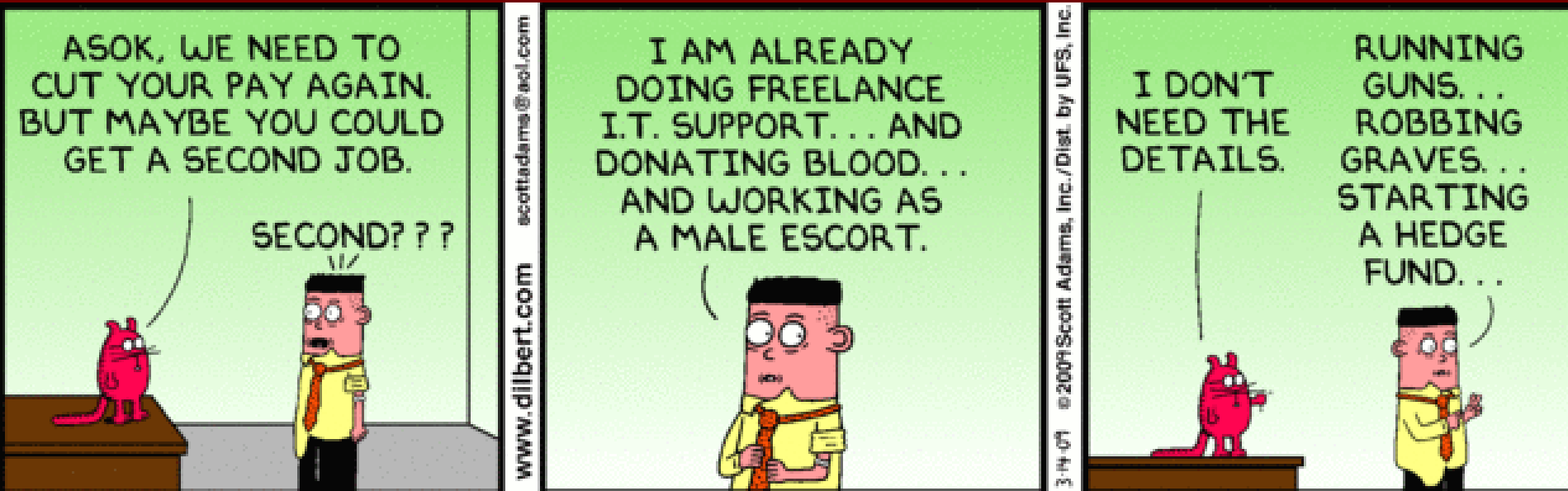
4-3-04 © 2004 Scott Adams, Inc./Dist. by UFS, Inc.

I'VE ALWAYS WONDERED
HOW MANY CEILING
TILES ARE IN THE MEN'S
RESTROOM.

DIE! DIE!
DIE!



Underpaid...



Career Concerns : Job Insecurity

- ✍ Perception : cognitive aspect
- ✍ Organizational changes : downsizing, mergers, reorganizations

Job Insecurity + Ambiguity + Treatment

I HIRED A TEMP
TO COVER YOUR
JOB WHILE YOU'RE
ON VACATION.

SHE'S FAR MORE
QUALIFIED THAN YOU,
AND HER STATED GOAL
IS TO REPLACE YOU.
BUT DON'T WORRY.

HOW AM I
SUPPOSED TO
NOT WORRY
ABOUT THAT?

YOGA?

scottadams@aol.com

www.dilbert.com

© 2009 Scott Adams, Inc./Dist. by UFS, Inc.

4-1-09

Unemployment : Psychological Consequences

- ✎ Increase in : hostility, depression, anxiety, psychiatric illness, worry, suicide attempts, alcohol abuse, violent behaviours, anger, fear, paranoia, loneliness, pessimism, despair, social isolation.
- ✎ Decrease in : self-esteem, positive affects, life satisfaction, perceptions of competence, feelings of mastery, aspiration levels, social identity.

(Hanisch, 1989)

Unemployment : Physical Consequences

- ✍ Headaches, stomach aches, sleep problems, lack of energy, death from stroke, heart and kidney diseases
- ✍ Disability, hypertension, ulcers, vision problems, increase of cholesterol levels.

(Hanisch, 1989)

Unemployment : Family and Social Consequences

- ✘ Spousal abuse, marital stress & isolation
- ✘ Wife battering, spousal depression
- ✘ Children : greater cognitive difficulties, achieve lower levels of academic performance

Underemployment and Job Insecurity : Consequences

- ✍ Similar to the ones described with unemployment
- ✍ Significant Impact on family and children

Career Concerns : Reaction to Reorganization (1)

Executive management :

- ∞ they have time to think about it,
- ∞ intellectual approach to change;
- ∞ they have long term and broad visions;
- ∞ they think they have control over change;
- ∞ they are impatient about gains they expect.

(Roskies, 1991)

Career Concerns : Reaction to Reorganization (2)

Middle management :

- ∞ they were not included in the decision process,
- ∞ they have to give the message to employees,
- ∞ they have to deal with its consequences, without any proper training

(Roskies, 1991)

Career Concerns :

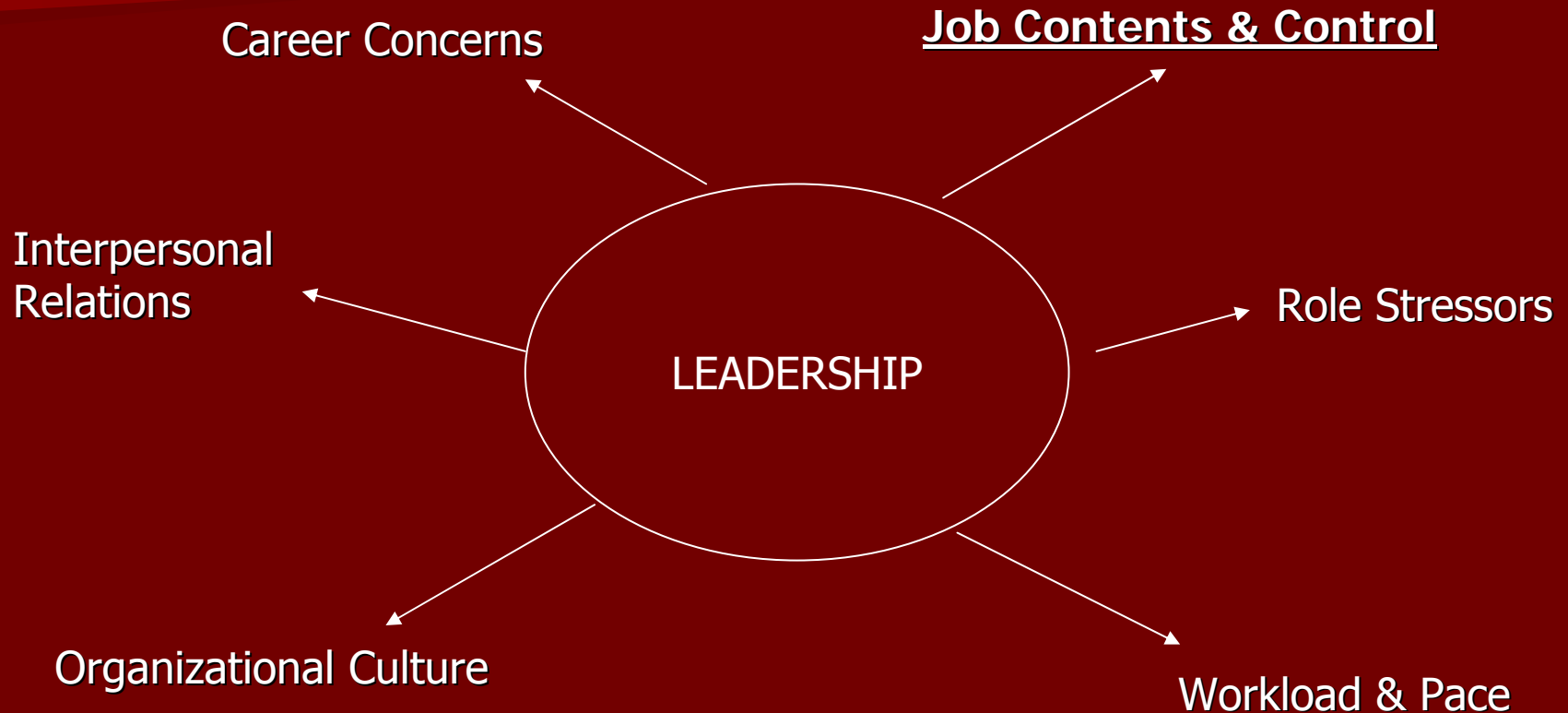
Reaction to Reorganization (3)

Employees :

- ∞ they have short term vision, and see individual consequences;
- ∞ they have no time to adapt to change they have to implement, with an emotional approach to it;
- ∞ they feel they have no control over the situation;
- ∞ they focus more on the negative aspects.

(Roskies, 1991)

Leadership : Impact on Stress



Job Content

Skill use, skill variety, autonomy

are associated with

motivation

and individual mental health.

(Kelloway et al, 2005)

Autonomy & skill variety...



Job Control

- ✍ Degrees to which people have some control over their own work or have input into the functioning of their workplace
- ✍ Job Control is a « moderator », as it buffers stressors' effects.

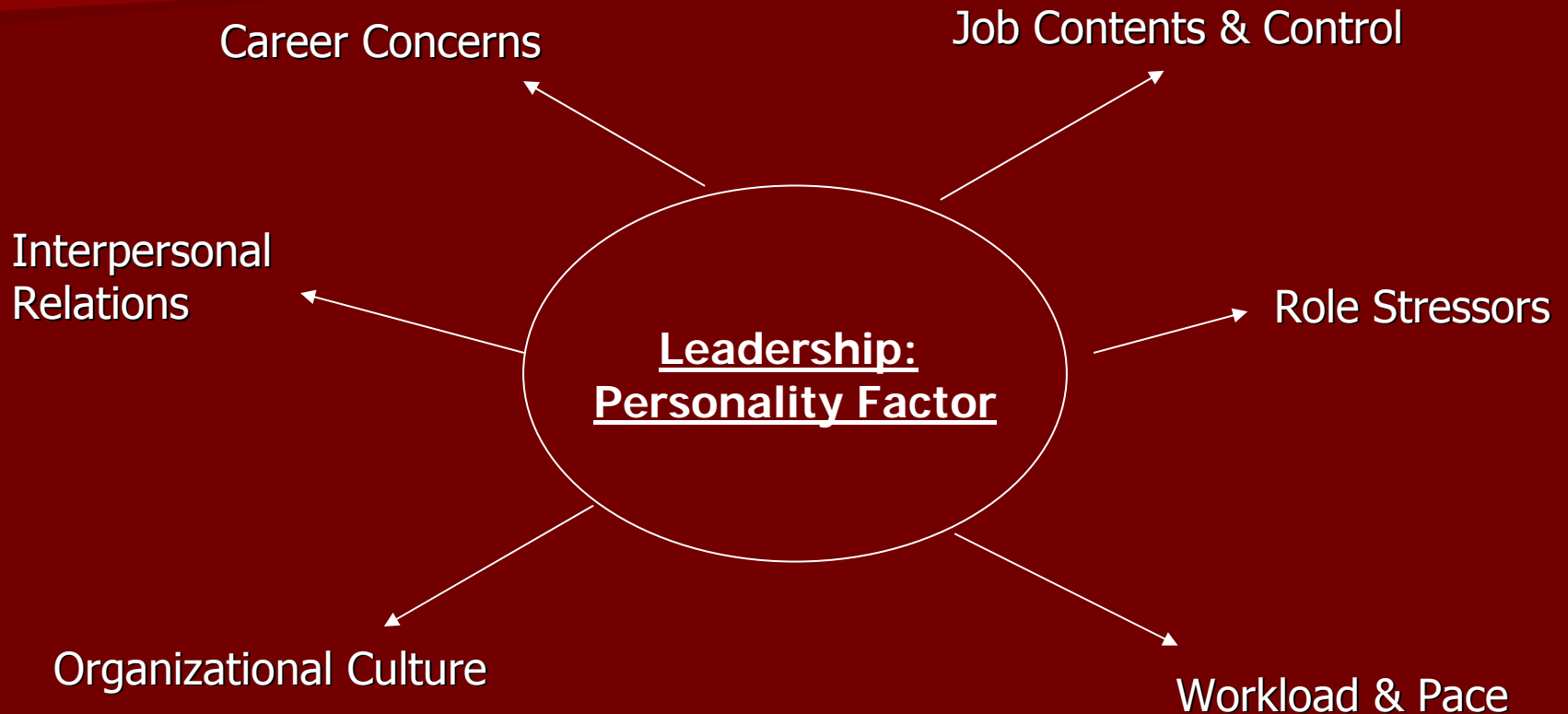
(Kelloway et al, 2005)

Moderators (Buffers)

- ✂ Job Control
- ✂ Social Support
- ✂ Fairness

- ✂ Hardiness
- ✂ Self Efficacy
- ✂ Internal Locus of Control
- ✂ Emotional Intelligence

Leadership : Impact on Stress



Personality and Stress (1)

Occupational Research viewpoint :

Transformational/Charismatic leaders

Versus

Passive/Abusive leaders

Transformational Leaders

- ✍ Idealized influence
- ✍ Inspirational motivation
- ✍ Intellectual stimulation
- ✍ Individualized consideration

(J. MacGregor Burns, 1978)

משה



Charismatic Leaders

- ✍ Vision
- ✍ Sensitivity to the environment
- ✍ Sensitivity to member needs
- ✍ Personal risk taking
- ✍ Performing unconventional behaviours

(Max Weber)

χριστός



Abusive Leadership

- ✍ Aggressive/punitive
- ✍ Aggressive behaviours have exaggerated impact when supervisor is responsible

(Kelloway et al, 2005)

Caligula : an abusive ruler ?



Passive Leadership

- ✍ **Management by exception (passive)**

- ✍ **Laissez-faire : avoid decision making and responsibilities**

(Kelloway et al, 2005)

Rois Fainéants : passive kings of France



Passive and/or Transformational

Leaders are not passive or transformational,

but *rated by*

frequency with which they

demonstrate

various *transformational and passive behaviours*

Personality and Stress (2)

Psychologists' and Psychiatrists' viewpoint :

Each personality has « **neurotic** » and **stable** characteristics

Communication style has to be adapted to personality profiles

Stressful personalities (1)

- ✎ **Paranoid** : Pervasive distrust and suspiciousness of others
- ✎ **Antisocial** : Pervasive pattern of disregard for, and violation of the rights of others.
- ✎ **Histrionic** : Pervasive and excessive emotionality and attention seeking behaviours.

(ICD-10)

Иван IV Грозный : Paranoid ?



Борис I Фёдорович : Antisocial ?



Stressful personalities (2)

- ✗ **Narcissistic** : Pervasive pattern of grandiosity, need for admiration and lack of empathy.
- ✗ **Avoidant** : Pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluations.
- ✗ **Dependent** : Pervasive & excessive need to be taken care of that leads to submissive and clinging behaviours and fears of separation.

(ICD-10)

Magnum Incendium Romae



Nero : A narcissistic ruler ?



Stressful personalities (3)

- ✎ **Obsessive compulsive** : Preoccupation with orderliness, perfectionism and mental & interpersonal control, at the expense of flexibility, openness and efficiency.
- ✎ **Passive aggressive** : Pervasive pattern of negativistic attitudes and passive resistance to demands for adequate performance in social & occupational situations.

(ICD-10)

Sherlock Holmes : Obsessional ?

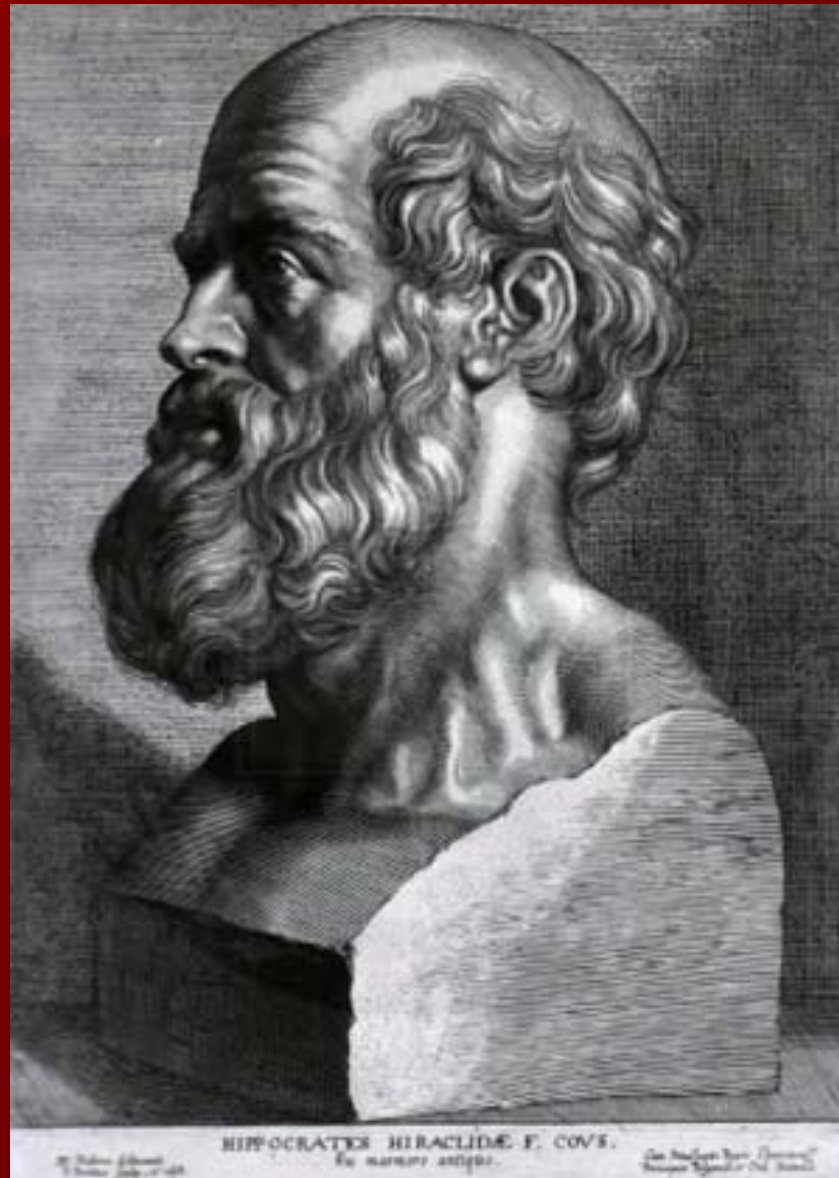


Psychological Contract

- ✍ Absence of stress, and motivation depends on possibility to create and maintain a « **psychological contract** »:
 - ∞ Transactional : economic or monetary base with clear expectations that the organization will fairly compensate the performance delivered and punish inadequate or inappropriate acts
 - ∞ Relational : socio-emotional base that underlies expectations of shared ideals and values, and respect and support in the interpersonal relationships

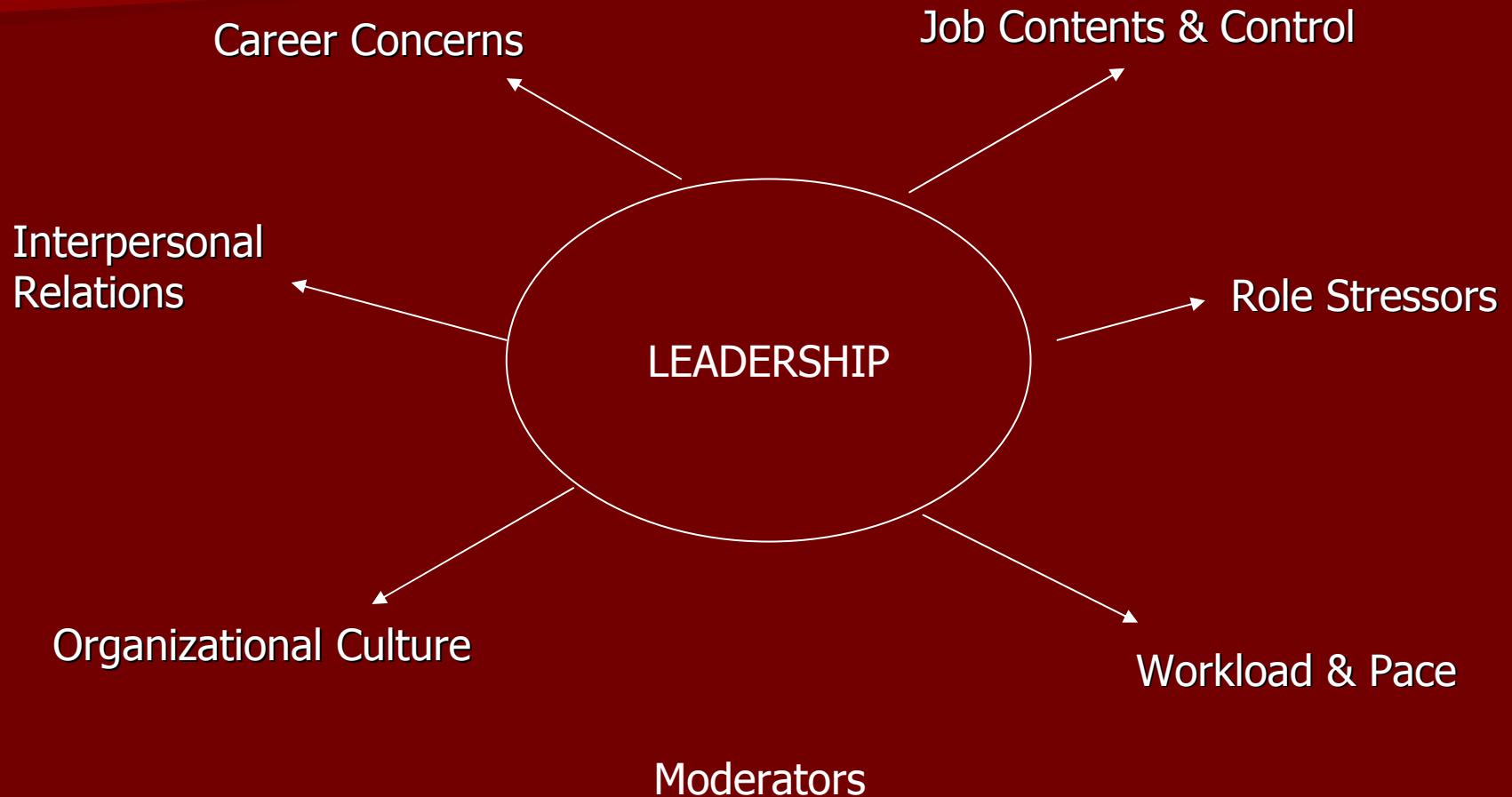
(Feldhiem, 1999)

Treatments





Leadership & Impact on Stress Intervention Roadmap





Interventions (1)

✂ Classified according to timing :

∞ **Primary** : minimize/eliminate stressors

∞ **Secondary** : improve resilience

∞ **Tertiary** : provide treatment & assistance



Interventions (2)

✂ Classified according targets :

- ∞ **Universal**

- ∞ **Selective** : vulnerable subgroups

- ∞ **Indicated** : specific individuals experiencing adverse outcomes



Interventions (3)

Primary level interventions

- ∞ Organizational oriented
- ∞ Involve job redesign, structural changes, communication process and policies
- ∞ Likely to be the most effective if informed by sound diagnosis (Stress Audit)

Secondary and Tertiary interventions

- ∞ Oriented towards individuals



Organizational Interventions (1)

✍ Psychosocial :

- ∞ **Employees** are involved jointly with **outside experts** in an « **empowering process** » that will lead to interventions on stress sources and moderators.
- ∞ Aim to reduce stress by changing employees' perceptions of the work environment
- ∞ Will lead to job redesign, interventions on job control, role clarification...

(Hurrell, 2005)



Organizational Interventions (2)

Sociotechnical :

- ∞ Primary interventions aiming at eliminating job stressors by making change to the objective job environment.
- ∞ Aims at improving workload, work schedules, work procedures...

(Hurrell, 2005)



Organizational Interventions (3)

- ✍ **Most effective psychosocial interventions seem to be those targeted at management**
 - ∞ Reducing role ambiguity
 - ∞ Increasing leadership skills
 - ∞ Improving communication

- ✍ **Most sociotechnical interventions reported in research had positive effects on strains.**

(Hurrell, 2005)



Organizational Interventions (4)

- ✂ Equitable Life Insurance Society, and Kennecott Company estimated that for every \$ 1 invested in anti-stress programmes, they saved up to \$ 6 that would have been lost because of strain.
- ✂ Canadian Insurance companies assessed gain in productivity (+3%) and less absenteeism (-40%) after such programmes.

(Légeron, 2001)

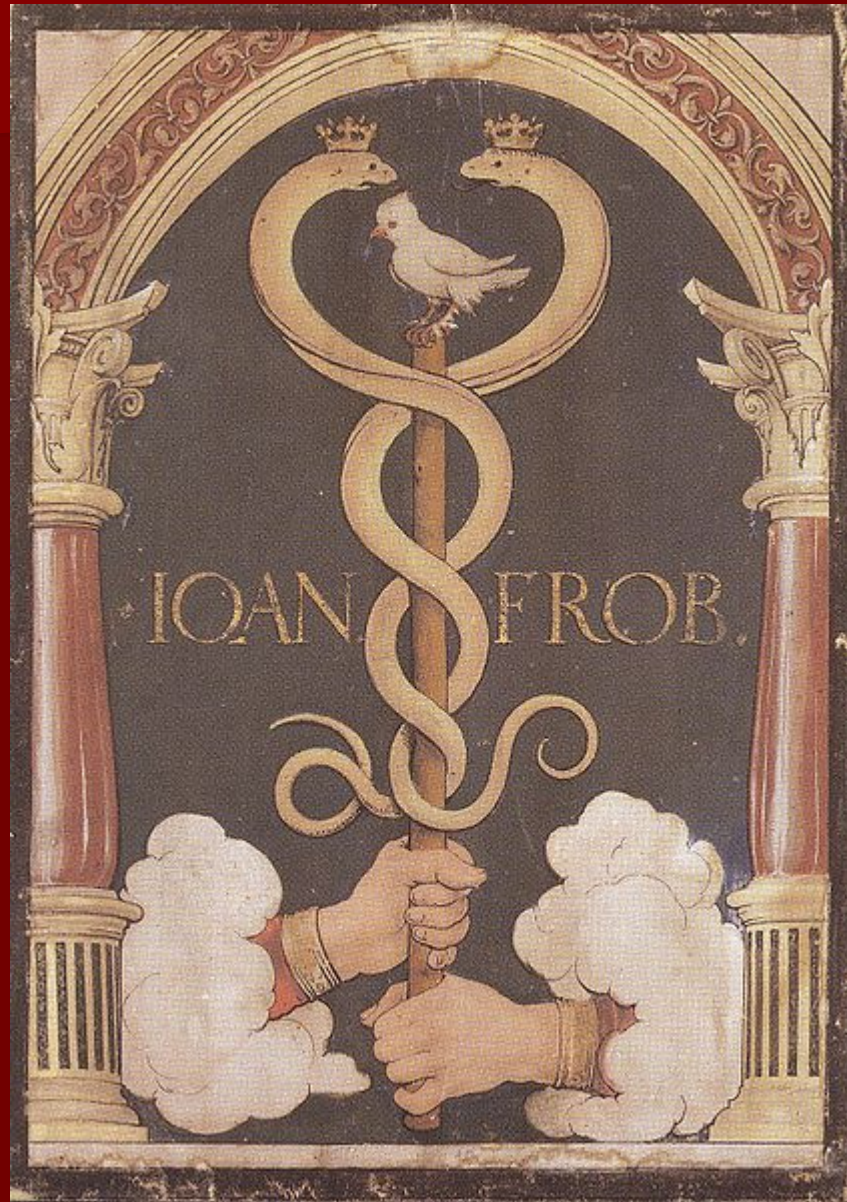


Individually Targeted Interventions

- ✂ Stress awareness seminars and education
- ✂ Relaxation techniques
- ✂ Cognitive coping strategies
- ✂ Exercising
- ✂ Coaching and Mentoring
- ✂ Training

(Cartwright, 2005)

Conclusion





- ✘ Leadership is the main factor that will influence stress level in organizations.
- ✘ Any intervention to relieve stress will require strategic involvement of management to be really effective.
- ✘ Interventions on stress are a way to promote humanistic values in organizations and at the same time to enhance productivity.

Addendum 1



Stress Audit

- ✍ Systematized Approach

- ✍ Universal

- ✍ Provides :

 - ∞ Diagnosis

 - ∞ Interventions

 - ∞ Follow-up

Stress Audit : Assessments

Self evaluation scales of Stress (1)

1. Scales that will quantify directly Stress or Anxiety :

1. State Anxiety Scale from STAI inventory
2. Perceived Stress Scale (PSS) from S. Cohen

2. Psychosomatic Complaints Assessment :

headache, backache, neck & shoulder ache, sleeping disturbances, lack of energy, stomach-ache, oppressed feeling, stool problem, clammy hands, dizziness, shaking hands, heart palpitations, nausea, difficulty in breathing, lack of appetite...

Stress Audit : Assessments

Self evaluation scales of Stress (2)

3. Negative Perception of Work. Usually includes at least 4 subscales:

1. **Working conditions** : noise, ergonomics, breaks...
2. **Job content** : control, expectations, time constraint...
3. **Social relationships** at work : group atmosphere, support of line management, trust...
4. **Employment** : training, overtime, job security, salary...

Stress Audit : Assessments

Indirect evaluation of Stress & Qualitative

Indirect Evaluation of Stress :

1. Absenteeism & Sick leaves
2. Smoking and Alcohol consumption.

Qualitative Evaluation of Stress by 1-to-1 interviews.

Stress Audit : Analysis (1)

- ✎ Quantitative data can be analyzed using *stratification* in order to identify groups at risks.
- ✎ Stratification groups :
 - ∞ Gender
 - ∞ **Ages**: up to 30 yo/ 31 to 45 yo / 46 yo and older
 - ∞ Department
 - ∞ Hierarchical level
 - ∞ **Seniority**: up to 5 yrs / 5 to 15 yrs / more than 15 yrs in the company

Stress Audit : Analysis (2)

**Identification of groups at risks
would trigger
some specific actions,
including further qualitative assessments.**

Stress Audit : Actions (1)

✍ **Stress Awareness Trainings**

✍ **Physical Exercise**

✍ **Cognitive Restructuring programs, eg using Ellis's Rational Behavioural Therapy (REBT) :**

- ∞ A: activating event
- ∞ B: belief (determines response)
- ∞ C: disturbed consequence of A/B
- ∞ D: disputing/challenging B
- ∞ E: effect

Stress Audit : Actions (2)

- ✗ **Social actions, eg for mothers with young children**
- ✗ **Restructuring of work organization, Management Training, Individual Coaching...**
- ✗ **Individual medical investigations**

Stress Audit : Actions (3)

Other Examples

"Turning Stress into Energy":

Training sessions in small groups for **employees** (voluntary basis), 4 times half-a-day.

Topics: improving body posture, relaxing, use of humour, how to put things in perspective, insight into individual stressors, stress signals, coping with stress.

"Accompanying employees through change":

Management training (mandatory), 2-days training course.

Stress Audit : Follow-up

Impact of Actions will be assessed by new evaluations at 6 months, 12 months...

Thank you ! Спасибо !
Merci ! Danke ! Grazie !
Dzięki ! Tack !
Gracias !

Christophe.Bagot@mail.ru



МУХАННЭ ДЖОНДЖУА И ПАРТНЁРЫ

Addendum II



Sociopaths in Organizations ? :

Manipulators

(According criteria by Isabelle Nazare-Aga)

What makes a manipulator ? (1)

1. Burdens others with guilt while appealing to family ties, friendship, professional ethics
2. Evades responsibilities or pushes them onto others
3. Remains vague in the communication of his/her claims, needs, feelings and opinions
4. Often gives vague answers

What makes a manipulator ? (2)

5. Changes opinion, behaviour and feelings depending on people and situations
6. Makes use of logical arguments to camouflage claims
7. Wants to make others believe that they have to be perfect, that they can never change their mind, that they have to know everything and have to respond immediately to claims and questions
8. Disputes the qualities, the ability and the personality of others; criticises without giving that impression, despises and condemns

What makes a manipulator ? (3)

- 9. Creates havoc (fights), creates distrust, divides to be better able to rule
- 10. Positions himself/herself as a victim to elicit compassion
- 11. Ignores or does not honour requests even if he/she declares that they will be taken care of
- 12. Misuses ethical principles of others to serve own interests

What makes a manipulator ? (4)

- 13. Threatens in underhanded ways or commits open chantage (blackmail)
- 14. Suddenly changes the subject in the course of a conversation
- 15. Avoids or flees relationships and togetherness
- 16. Targets the ignorance of others and creates an impression of superiority

What makes a manipulator ? (5)

- 17. Lies
- 18. Tells lies to find out the truth
- 19. Is egocentric
- 20. Can be jealous
- 21. Does not bear criticism and negates evidence
- 22. Does not care for the rights, opinions and wishes of others

What makes a manipulator ? (6)

- 23. Often uses the very last moment to give commands to others or to instigate them to act
- 24. His/her words seem to be logical or coherent while the attitude and behaviour give evidence of the opposite
- 25. Lets others convey his/her messages
- 26. He/she exerts himself/herself in making compliments in order to gain your sympathy, gives presents, becomes suddenly very caring for you

What makes a manipulator ? (7)

- 27. Gives you an uneasy, unfree feeling
- 28. Extremely expert in accomplishing own goals, but at the expense of others
- 29. Pressures us to do things that we would not do of our own accord
- 30. Is the subject of conversations all the time, even if he/she is not present

What makes a manipulator ? (8)

A minimum of 14 items.

Charles-Maurice de Talleyrand- Périgord



Thank you ! Спасибо !
Merci ! Danke ! Grazie !
Dzięki ! Tack !
Gracias !

Christophe.Bagot@mail.ru



МУХАННЭ ДЖОНДЖУА И ПАРТНЁРЫ