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ABSTRACT:

Bullying and stress put a great deal of strain on workplace wellness. Although the relationship between quality management and health is starting to become clear, no studies have been done on the correlation between workplace bullying and stress. The goal of the article is to investigate relationships among quality management principles, workplace wellness, and stress levels. A sample of Swedish secondary school teachers received a questionnaire that was developed using theory and prior research. The questionnaire contained previously created components for workplace wellness and quality management values. There were other constructions for stress, demand, control, and bullying. Both cluster analysis and correlation studies were performed. The results support the relationship between quality management and workplace wellness that was shown in earlier studies. The findings also suggest that quality management can give employees a greater sense of control over their working environment, reducing some of the negative consequences of workplace stress. The findings also indicate a connection between quality management and bullying at work. Furthermore, it was discovered that demand was unrelated to workplace health, but control was. There were found to be four groups of employees, each with a unique

quality management, stress, and health profile.

Keywords: *Quality Management, workplace health, Control, Stress.*

INTRODUCTION:

In the West as well as around the world, there exist issues with workplace health, and it is estimated that these issues cost most countries between 4% and 6% of their GDP (WHO, Citation2020). The state of workplace health isn't always as good as it should be, despite advances in medical research. Stress and dissatisfaction are caused by fewer people being asked to do more and more work as a result of downsizing and rising demands (Brenner et al., Citation 2014). According to a research of 21,000 European workers (Daubas-Letourneux & Thébaud-Mony, Citation 2003), 60% of all European workers have at least one health issue that is related to their jobs. The prevalent cause of this development is typically thought to be stress.

Prior studies (Bäckström et al., 2012; Lagrosen, Citation2006; Lagrosen et al., Citation2007; Lagrosen et al., Citation2010; Lagrosen et al., Citation2012) have demonstrated a connection between quality management and workplace health. Quality management

and workplace stress have not yet been studied in relation to one another. We have searched a number of large databases, but have not been successful in locating any research into this connection from any region of the world. Workplace bullying is a significant issue in the workplace environment and a contributing cause to health issues at work (Bowling & Beehr, Citation 2006). However, further research on potential connections between bullying in the workplace and quality control is still needed.

As a result, the goal of this essay is to investigate relationships among quality management principles, workplace wellness, and stress levels. In this context, workplace health refers to the state of the employees' physical and mental health.

The rest of the essay is organised as follows. First, a quick summary of some theoretical contributions and prior research in the pertinent fields of workplace health, stress, bullying, and quality management. The study's methodology is then explained. The results are then presented, explained, and discussed. The implications for further research and for practitioners are then examined after certain conclusions have been drawn. Finally, we address the paper's weaknesses and make some recommendations for future study directions.

OCCUPATIONAL HEALTH:

Workplace illness is a significant social issue. For example, it is linked to depression and work/family problems in addition to having an impact on job

performance (Wang et al., Citation 2010). It not only costs society and employers money, but it also significantly harms people. In Sweden, sick leave rates have climbed once again since 2011 after briefly declining (source: Statistics Sweden and the Swedish Social Insurance Agency), costing the Swedish Social Insurance Agency a total of 40 billion SEK in 2019. The expenses for businesses and the healthcare industry should be included in this. Although many other factors, like as unemployment rates, economic compensation, etc., also have an impact on sick leave, it is possible that the rising rates of sick leave are a result of the poorer workplace health.

According to The Swedish Work Environment Authority's Citation 2016 report, organisational (organisation, communication, and management) or social (contact with coworkers and managers) issues were the third most common cause of work-related illness in Sweden in 2015. These causes were the most frequent reason for women, accounting for 44% of instances. In addition, between 2011 and 2015, these cases rose by 83%.

Workplace health initiatives have grown in popularity as a reaction to these issues, and research indicates that they frequently have beneficial impacts (Cancelliere et al., Citation 2011). More so than in medicine, social and behavioural sciences are where health promotion's scientific foundations lie (Hanson, Citation 2007).

In organisations, health promotion programmes typically fall into one of two categories:

Programmes that focus on the lifestyles of the individual employees and include interventions for things like quitting smoking, getting more exercise, eating healthier, or managing stress.

Organisational interventions that focus on the social work environment and organisational climate. For instance, this might have to do with how work is organised, the management style, how communication is happening, and how employees connect with one another at work.

Despite the fact that organisational variables have an equal impact on workplace health (Arneson, Citation2006), research indicates that companies tend to concentrate more emphasis on programmes aimed at influencing the lifestyles of specific employees (Larsson, Citation2015).

STRESS MANAGEMENT

According to the Swedish Social Insurance Agency, stress is the main reason for sick days in that country. Stress is typically brought on by poor organisational conditions. Nevertheless, productive work environments can benefit our health. This could involve encouraging employees to adopt healthier lifestyles, supporting health-promoting activities at work, incorporating health initiatives into corporate strategies, and more (Addley, Citation 1999). Thus, understanding how to establish a work environment that promotes health is important.

The Demand-Control-model (Karasek, 1979; Karasek & Theorell, 1990) is frequently employed for researching

workplace stress. This model, which is based on two criteria, represents a wide range of work-related health conditions.

Demands are the challenges that employees must overcome at work. This involves both psychological and psychosocial difficulties, such as a heavy workload, rote tasks, role conflicts, and a lack of leadership.

Control is the ability of the worker to shape the requirements. This relates to the alternatives for changing the working environment, the extent to which individuals can apply their skills, and the opportunity for skill development.

Four distinct work scenarios with connected implications on health and well-being result from the interaction of these components.

High demands and little control define high-strain job. The most important combo is this one. The psychological strain in these situations frequently results in exhaustion, despair, anxiety, and illness. A typical illustration of such a task would be operating an industrial conveyor belt whose speed one cannot control. In many cases, the outcome is a lack of satisfaction and a high rate of sick absence.

Jobs in the cleaning, maintenance, and security industries can involve passive work, which is defined as work with few demands and little control. Employees in these professions rarely get the chance to use all of their skills. The work is not interesting or demanding, thus it is not satisfactory.

Low demands combined with high control lead to low-strain work, which is common

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among independent contractors who perform manual labour. Low strain means lower risk of illness and other health issues. But because there are few opportunities for growth, the task frequently lacks inspiration.

Positions with a high level of control and demand are referred to as active work. These jobs are frequently demanding, fascinating, and stimulating. The employment in academics is one example of this type of working environment. They suggest a lower chance of health issues, although they nevertheless face some health issues.

Another factor that has a significant impact on the workplace is social support, which is why it is frequently included in or supplemented with the demand-control model. Social support is crucial for a productive workplace since it helps guard against overly demanding work environments. According to House (1981), social support is a personal experience that only exists to the extent that individuals perceive it to be. Additionally, studies have revealed a correlation between the occurrence of cardiovascular disease and arteriosclerosis with the level of social support one has received (Bernin, Citation 2002).

BULLYING AT WORK

Workplace bullying is the persistent use of negative or hostile psychological behaviour towards someone who is the target of the activity (Einarsen et al., Citation 2011). Bullying at work has been linked to a decline in both individual and organisational wellbeing (Bowling & Beehr, Citation2006). Bullying at work has

also been linked in a clear way to mental health issues like depression, and there are signs that it may also be linked to physical conditions like cardiovascular disease (Kivimäki et al., Citation 2003). Additionally, those who are the targets of workplace bullying are more prone to act out as a result of the bullying (Fida et al., Citation2018). Bullying at work is influenced by both individual and environmental factors (Bowling & Beehr, Citation 2006).

The ability to cope with workplace bullying and lessen susceptibility has been linked to autoethnography, cognitive adaptation in



the form of meaning-in-life techniques (Pheko, Citation2018), and personal resilience (Jackson et al., Citation2007). However, businesses and their leaders should bear the primary responsibility for preventing bullying, and research has shown that ethical leadership can lower the likelihood of workplace bullying across cultures through promoting justice at work (Ahmad, Citation 2018).

QUALITY AND HEALTH MANAGEMENT

The emphasis on values, methods, and tools required to create a quality culture has replaced the earlier emphasis on total

quality management, or TQM, in quality management (Dahlgaard-Park et al., 2013). There are different levels of quality management, according to a number of authors (Dale, Citation1999; Dale & Lascelles, Citation1997; Lagrosen & Lagrosen, Citation2003). Different approaches of defining the levels are used. In our opinion, there are three levels of profoundness that can be separated (see Figure 1). The most basic level includes many useful methods and tools, some of which are based on statistics. The second level includes a number of more comprehensive models or systems (like ISO 9000 and award models).

They are ingrained ideas about how the company ought to operate. These values, as we prefer to refer to them, should arguably permeate the organisation in order for quality management to be successful, and they should actually be reinforced by even more fundamental core values like trust and honesty (Dahlgaard-Park, Citation 2012) (see Figure 1). The values that ought to be included varied amongst writers. However, we discovered the following six to be the most prevalent in our literature searches.

1. A focus on the customer
2. Leadership dedication
3. Participation from all parties
4. Focus on business processes.
5. Continuous Improvements
6. Management by Fact

According to research (Baird et al., Citation2011; Lagrosen & Lagrosen, Citation2005), the values can help organisations of all sizes achieve successful quality systems and performance. It's

interesting to note that a growing body of research has found links between quality management and workplace wellness (Lagrosen, Citation 2006). The processes underlying this have been further examined (Lagrosen et al., Citation2010), however it has been established that values are particularly related to occupational health. According to study, employees' self-reported health is better when they perceive the aforementioned principles to be prevalent at their workplace. Therefore, we will examine the relationship between quality management and health, stress, and bullying in the workplace using the principles from this study as a foundation.

METHODOLOGY

Teachers of upper secondary schools were the target audience for the study. They are a sizable group of individuals with largely homogeneous backgrounds in terms of position, education, and working circumstances, which explains why. In-depth official lists of the schools are also available, which make it simple to contact the schools but perhaps not the teachers directly. Thus, all upper secondary school instructors in Sweden were included in the research population. A web-based survey was created. There were various sections in the questionnaire. The respondents' perceptions on the presence of the quality management ideals in their schools were gauged in one part. They featured three-item constructs for each of the six values listed above that had been constructed in earlier studies (such as Lagrosen & Lagrosen, Citation2014).

Instead, the word "students" is used. Similar to this, occupational health was assessed using a three-item assessment that has been validated in several prior research (Bäckström et al., Citation2012; Lagrosen et al., Citation2012; Lagrosen & Lagrosen, Citation2012). The levels of desire and control were also measured using three-item indices. Additionally, we added a single-item stress question with the formulation "I frequently feel stressed at my work" as a control. 'Do not agree at all' and 'agree entirely' were the two extremes of a seven-level Likert type scale used to rate each of these statements. Finally, a question was included on bullying at their place of employment.

The clusters were given names and fit the following descriptions:

The difficulties The worst circumstance belongs to this category. They don't encounter the quality management ideals in their firms, and their health isn't very good. They are under a lot of pressure since they have little control over the demands on them.

Enjoyers of the quality On the other hand, this group has the most favourable circumstances. They exhibit the principles of quality management to a high degree, and they are in good health. Their high degree of control implies that even while their expectations are great, there isn't a lot of tension involved.

The uninspired Demands and stress levels are quite low in this group. However, they have little control and little exposure to the principles of quality management. They therefore have poor health.

The aspirational The greatest amount of stress and demands are placed on this group. However, the level of control is also rather strong, and they are reasonably exposed to the principles of quality management. As a result, they are in generally good health.

DISCUSSION:

The results of the correlation study revealed a negative association between stress and the values of everyone participating, process orientation, and management by facts. The rationale for this might be because firms become more effective and well-run as a result of these quality management ideals, which lowers stress levels.

The fact that the values of quality management have a stronger correlation with control than with demands is also noteworthy to notice. Actually, it appears that the value customer orientation raises the bar for requests. This is not altogether unexpected because it takes a lot of work to meet client demands and wishes, especially for schoolchildren. On the other hand, it appears that the impacts of stress brought on by these greater demands are lessened by the enhanced control that is linked with this that customer orientation raises the demands, it does not appear to raise stress, possibly because of the elevated level of control.

Although there are variations, in general, at least some of the values appear to have an impact on lowering the employees' stress levels. The value process orientation's appeal is largely due to the fact that it suggests a more efficient organisation, which is likely to have the impact of

reducing organisational stress. Everyone's participation has a stress-relieving impact, and this is probably definitely due to its close relationship to control.

The perceptions of the quality management values among the harassed teachers and the non-bullied instructors differed significantly. This could suggest that quality management is a strategy for preventing bullying at the office.

When comparing the cluster analysis results to the categories in the demand-control model, we can see that the ambitious and quality-lovers fall under the active work category, which fits with their better level of workplace health despite high demands. Additionally, this is the location where such academic careers are most common. The passive labour category of the uninspired, on the other hand, has minimal demands and poor control.

CONCLUSION

The study's first major result is that it supports earlier research findings that quality management values and workplace health are related (e.g., Bäckström et al., Citation2012; Lagrosen, Citation2006; Lagrosen et al., Citation2010). The study made this connection very evident, adding to the growing body of research that has already demonstrated it. According to research, self-reported health is consistent with quantifiable measures of morbidity (Nyberg et al., 2005). Therefore, it makes sense to assume that an improvement in self-reported health also contributes to a decline in the use of sick leave.

Second, some inferences about stress can be made. The results show that while the degree of demands does not appear to have a major impact on health, strong control is linked to higher workplace health. The results of the correlation study showed a mixed relationship between demand and the values of quality management and control. The last and most significant finding is that there is a correlation between lower levels of workplace bullying and the quality management ideals. This is significant since the study also demonstrates a link between bullying exposure and poorer occupational health.

First, the study supports the conclusions of earlier research showing quality management ideals (see Figure 1) are connected to workplace health. This has important scientific ramifications. This is getting near to being accepted as reality after a huge number of research in diverse contexts and organisations reached the same findings. Although studies on the impact of quality management on workplace health have been conducted in the past, the novelty of this study lies in its novel conclusions about workplace stress and bullying. The positive impacts of quality management on these challenges contribute to our scientific knowledge of the value of quality management for bettering employee wellbeing as well as goods and processes.

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