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Workplace Stress:
Organisational Environments, Cultures, and "Convergence"

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The professional and popular literature abounds with empirical and desk-based research, impressionistic analyses and speculation regarding the sources, aetiology, and costs of employee stress in the workplace. Intra-psychic, group dynamics, inter-personal, technical/structural, managerial/organisational, and "business environmental " factors have all been cited as significant. However their weighting and salience can be related to the situation, the nature, and culture of particular organisations or types of organisations, thus differentially determining how stress is expressed and experienced by staff, especially its intensity and prevalence. As organisations change, or more accurately begin to "converge" in terms of their environments and cultures, under the impact of a set of similar forces, the characteristics and quality of stress should show a similar convergence.

An exploratory study of these factors, undertaken using various groups of managers, including some who are postgraduate students in management programmes at the University, will be described and the findings discussed in light of a postulated "convergence".

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INTRODUCTION

Contemporary business organisations in the UK and across the world, in both the public and private sectors, have, over at least the past decade, experienced massive and pervasive change. In the UK this has been especially evident in several legislatively imposed reorganisations of the National Health Service, most recently re-positioning it along market lines, as well as in the impact upon other types of businesses of a common set of market-led change strategies. These strategies include what might be termed the "four horsemen of the modern

organisational apocalypse": the downsizing, delayering, functional outsourcing, and business process re-engineering of companies ostensibly to improve their performance/profitability/productivity through rapid cultural and structural change. (DeVries & Balazs, 1997; Budros, 1997; Kettly, 1995; Coulson-Thomas, 1994)

During seminar sessions with postgraduate students who are themselves managers and with other managers encountered on short courses and in consultation meetings, it began to emerge that their respective perceptions/experiences of modern organisational life appeared to mirror one another. This was irrespective of the industry or sector (public or private) in which they worked: the NHS, GP surgeries, the Church of England, retail banking, and a variety of other settings. Initially attention was particularly drawn-to an unlikely pair of heretofore historically and archetypically very different types of organisations, the NHS and retail (commercial) banking. Apparently so different in the past in respect of their internal cultures, management styles, business environments, the one salient characteristic they had shared was—and which remains-- that both are truly national. The NHS covers the entire country and most of its health care needs, whilst the branches of the five major banks have a presence on every high street and shopping locality nation-wide. Students from these two settings in class discussions expressed similar feelings and perceptions of contemporary working life and its increasingly fraught vicissitudes, linking these directly to the four "horsemen" mentioned above, emphasising how their organisations and their own personal roles had been dramatically transformed as a consequence. (Palmer, Kabanoff, & Dunford, 1997) The additional anecdotal evidence provided by managers from settings other than the NHS and retail banking indicated that a wider arena for this essentially exploratory study might be appropriate as a means of lending greater support for the notion of convergence. Unstructured, open-ended interviews were conducted with retired or soon-to-be-retired managers from selected examples of the organisations represented in the study. The focus of these was upon the quality of organisational life, culture, internal "climate, values, and the nature of the work process in their respective organisations twenty years or more ago. (Schneider, 1992; Morgan, 1986; Diamond, 1991) As the study has an implicit historical dimension, these interviews were designed to provide an approximate baseline with which to compare and contrast current perceptions.

Moreover, in order to deal with issues related to organisational culture/climate and business environments--which more directly reflect aspects of a postulated "convergence"-- it was felt necessary to look beyond stress levels. This view, therefore, suggested encompassing in the study other factors such as job involvement, job control, perceived performance, perceived job security, and perceived workload alongside something often overlooked—the actual hours now worked by managers. These factors could be viewed as comprising a cluster that links environments and cultures, which then could strongly suggest, if the survey evidence so indicated, the presence of "convergence". It would appear that the quality and the experience of working life in contemporary organisations (and therefore major components of their formerly unique internal environments/cultures) are being increasingly shaped by forces

external to the organisations. (Armstrong-Stassen, 1997; Kettly, 1995) In essence, this exploratory study sought to investigate broadly how similar and profoundly significant changes apparently brought about by a similar set of forces/strategies/ideologies, taking place in such formerly *prima facie* disparate, divergent types of organisations could have convergent outcomes.

METHOD

Subjects

The subject sample was drawn from the managerial staff of various industrial and service sectors. Included were the UK National Health Service (both administrators/managers and fund-holding General Practitioners who are independent clinicians managing, as well as personally providing, primary care services under contract to the NHS), manufacturing, financial/retail banking services, and general services/utilities. The sub-samples are detailed below in Table 1. The sample was generated from a database provided by a UK government-funded business advisory centre, supplemented by an opportunity sample of managers who are registered post-graduate students at the University of Hertfordshire Business School.

Table 1

	N
Manufacturing	**54**
Financial/Retail Banking	**14**
Service/Utilities	**52**
NHS Managers	**39**
General Practitioners	**78**

Measures

1. Thoughts and feelings (Fletcher, B (C) 1993. Scale 1 – 4))
This is a measure of anxiety and depression. It is a two-dimensional scale (anxiety and depression) where a low score is indicative of a low level of depression or anxiety (8 items).

2. Job evaluation (Kanungo, R. N. 1982. Scale 1 – 5))
This is a measure of the degree to which people feel they are involved in their job (15 items).

3. Job control (Dwyer, D. J. and Ganster, D.C. 1991. Scale 1 – 5)
This is a measure of the degree to which people feel they have control over their job (22 items). A high score is indicative of a high level of control.

4. Perceived work performance (scale 1 – 6)
This is a measure of peoples' perceptions how well/badly they are performing their job (5 items). A high score is indicative of high (perceived) performance.

5. Hours worked
This is a self-reported measure of hours worked in a typical week.

6. Perceived workload (scale 1 – 5)
This is a self-reported measure of current workload. A low score is indicative of a high workload.

RESULTS

The data were analysed using SPSS to explore any similarities across the range of measures, which might be interpreted as suggesting the presence of an hypothecated phenomenon, which could be termed "convergence". The data are presented in the order of the measures listed above and for each of the sub-sample groups representing a particular industry or service sector.

Table 2 . Mean levels of anxiety and depression for each sub-sample
(Scale: minimum score of 4 =low anxiety & depression, maximum of 16 = high anxiety & depression)

	Anxiety	Depression
Manufacturing	**9.6**	**8.1**
Financial/Retail Banking	**8.8**	**7.1**
Service/Utilities	**9.6**	**7.8**
NHS Managers	**9.1**	**7.2**
General Practitioners	**9.5**	**8.1**

Table 2 above shows the mean anxiety and depression scores for each sub-sample. An ANOVA was conducted on the data where no significant difference was found.

Table 3 . Mean levels of job involvement for each sub-sample
(Scale: minimum score of 15 = low job involvement, maximum score of 90 = high job involvement)

	Job involvement
Manufacturing	**3.4**
Financial/Retail Banking	**3.4**
Service/Utilities	**3.5**
NHS Managers	**3.4**

Table 3 shows the mean involvement scores for each sub-sample. An ANOVA was conducted on the data where no significant difference was found.

Table 4 . Mean scores of job control for each sub-sample

(Scale: minimum score of 22 = low job control, maximum score of 110 = high job control)

	Job control
Manufacturing	**79.2**
Financial/Retail Banking	**77.0**
Service/Utilities	**80.0**
NHS Managers	**79.0**

The data in Table 4 were analysed using a one-way ANOVA ($F = 5.03$, $df = 4$, sig level = $p<0.001$) and a significant difference was found. The General Practitioners were found to report significantly lower levels of job control than all other groups.

Further analysis using Pearsons Product Moment test of association across the whole sample found a highly significant relationship ($r = .28$, sig level $p<0.000$) between job control and perceived work performance.

Table 5 . Mean levels of perceived work performance for each sub-sample

(Scale: minimum score of 5 = low perceived work performance, maximum score of 25 = high perceived work performance)

	Perceived work performance
Manufacturing	**15.1**
Financial/Retail Banking	**15.7**
Service/Utilities	**16.3**
NHS Managers	**16.5**

The data in Table 5 were analysed using a one-way ANOVA and a significant difference (F = 6.1, df = 4, sig level = p<0.000) was found. General practitioners reported lower work performance than all other groups.

Table 6 . Self-reported hours worked by sub- groups (in a typical week)

	Hours worked
Manufacturing	**52.8**
Financial/Retail Banking	**52.3**
Service/Utilities	**51.0**
NHS Managers	**45.7**

The data in Table 6 above were analysed using a one-way ANOVA and a significant difference (F = 4.6, df = 4, sig level =p<0.001) was found.

Table 7 . Mean levels of perceived workload

(Scale: minimum score of 1 = high perceived workload, maximum score of 5 = low perceived workload)

	Perceived workload
Manufacturing	**1.7**
Financial/Retail Banking	**2.1**
Service/Utilities	**1.8**
NHS Managers	**2.0**

The data for all sub-groups were analysed further to investigate the relationship (Pearsons Product Moment) between workload and levels of anxiety and depression. With the exception of the General Practitioners, where workload was found to be significantly associated with anxiety ($r = .29$, $p<0.010$) and depression ($r = .44$, $p<0.000$), no such association was found in respect to the other groups.

Qualitative/Anecdotal Evidence

In order to provide an approximate historical dimension to the study, in effect to have some "data" with which to compare and contrast the quantitative data, a series of open-ended informal interviews were conducted with individuals who had been managers in the various sectors/settings 10 to 20 years ago. These managers had recently retired or were on the verge of retirement. The purpose was to elicit from the subjects a sense of what it was like to have worked and managed in these types of organisations then, as opposed to now, and try to have them identify what had changed and why. The responses have been condensed into sets of words and phrases which are thought to convey the sense of what individuals said; these sets are placed under two general headings, "What was your organisation/company/workplace like in the 1970's?" and "What is it like now and why?" Twenty-three individuals were interviewed with at least one representative from each of the five sectors of the quantitative research. None had not been given the survey instrument nor had they had any contact with those who had.

Table 8. "What was your organisation/company/workplace like in the 1970's?"

Traditional
Predictable
Hierarchical
Union-dominated
Politically-influenced
Administered, not managed
Collegial/supportive
Good work equals "job-for-life"
Lifetime career in company
Non-competitive
Male-dominated
Unbusinesslike/inefficient
People/staff before profits
Insular/isolated/unique/idiosyncratic

Table 9. "What is it like now and why?"

Very different in structure and values
Unremitting change normal/often imposed
Creativity/innovation required
Smaller/many former in-house services sub-contracted
More demanding/less tolerant
Pressurized/fraught
Emphasis on being more "businesslike"
Customer/client/profit/market share orientation
Quality a major issue
Less union influence
Value for money
Job insecurity
New technology/computers/IT
"Just-in-time" supply/production
Less commitment
Middle managers vulnerable
Teamwork emphasis
Flexibility demanded
Management not professionals in control

DISCUSSION

Looking first at the softer, more subjective, qualitative data, several aspects are immediately identifiable and worth commenting upon. Whilst acknowledging an element of nostalgia about a lost and simpler world of management styles and organisational life in general, it is remarkable how segmented, compartmentalized, and somewhat parochial organisational and work life seems to have been twenty years ago or, at least, is now seen to have been. Most of the interviewees conveyed the impression they had inhabited an organisational and workday world separate and distinct from that of most other organisations, generally uninfluenced by those other "worlds" and whatever staff within them were experiencing. The organisation's or sector's ways of doing things, interpreting reality, its values systems, and the "feel" of the place were primarily shaped by enduring endogenous factors. This seems to have been the view even when their organisations encountered contentious situations, such as the obstructive behaviour of trade union activists or the meddlesome interference of local politicians and the "ministry" (in the case of the NHS). Even the commonalities of tradition, hierarchy, predictability, security, and reward for mundane hard work seem to have been situated in unique, idiosyncratic, and relatively isolated organisational systems and structures. There were, of course, problems then (the interviewees are saying now), but they were "our" special problems and we had "our" own specific ways of dealing with them. In essence, the culture/climates of their organisations/sectors while obviously connected to the wider world of other organisations, customer/clients, the public itself, were at the time (and in retrospect are still) experienced and perceived as safer, more supportive, more predictable. This seems to be attributed to their relative insularity, uniqueness, and separateness. In many respects they were a safe haven prior to the storms which followed. (Scarborough, 1998)

The quantitative data lends itself to a variety of discussible interpretations relevant to the idea that organisations are "converging" in terms of how their respective internal lives (cultures/climates) are now experienced/perceived and why this is possibly the case. The data--limited as it is--strongly suggests the simple fact that modern managers across sectors in the UK are a depressed and anxious group, notwithstanding, from a societal perspective, strong economic indicators and a favourable political environment. The managers surveyed are only "averagely" involved in their firms, (distancing themselves for self-protection?). They share a common feeling of not having much control over what is happening around them; similarly they perceive their levels of work performance to be merely average in contemporary workplace situations that clearly demand greater productivity, quality, excellence and efficiency. They share a sense of being overworked with a need to work long hours which apparently are thought to be neither particularly productive nor a source of satisfaction. Overall, they are not feeling especially good or bad, just somehow dissatisfied and insecure.

The only group which stands-out as having significantly more fraught experiences in terms of lower levels of perceived work control, and job performance, as well as showing a relationship between workload and depression/anxiety, is the general practitioners. (Kirwan & Armstrong, 1995) In a very real sense, this group of doctors was perhaps the last to be precipitously thrust into the new world of health care "managerialism" (Ferlie, Pettigrew, Ashburner, & Fitzgerald, 1996; Flanagan & Spurgeon, 1996; HMSO, 1994) and thus finally experiencing the type of rapid, imposed organisational change so typical of the 1980's. Following the 1990 radical reorganisation of the NHS which established an internal quasi-market in health care delivery with area health authorities commissioning and purchasing services from relatively autonomous provider trusts, the then Conservative government turned its attention to primary care. This had heretofore been delivered primarily by independent GP's under capitation-based contracts to the NHS, a pattern that was not significantly or contractually changed, but rather built-upon to create aspects of a market. Many GP practices were given substantial budgets with which to purchase services on a competitive value-for-money basis from provider trusts on behalf of their patients. These specially designated practices were also required to develop, very rapidly, complex management, budgeting, and service quality assessment systems to cope with their new role. At the same time such practices had to maintain their own primary care service roles. This transformation process is continuing and indeed accelerating under the new Labour government with its recent "white paper" on the future of the NHS. (HM Government "white paper", 1998) This document envisions that groups of GP practices in the future will be transformed into something analogous to American HMO's. Such groupings, called Primary Care Groups, will replace in many areas the existing area health authorities and assume the latters' current service commissioning and purchasing functions. The cumulative impact upon GP's and their practices as these proposals are legislatively imposed should be interesting. (Rende, 1997; Upton, 1995)

Over the past 15-20 years the unremitting nature and relentless pace of change, largely imposed upon organisations in the UK by greater exposure to market forces or by legislation or a combination of both, have not been a haphazard phenomenon. The forms and methods by which the changes, mandated by the market and parliament, were initiated and put into practice have been extraordinarily consistent across sectors and industries, whether public or private, not-for-profit or profit-oriented. Simplistically, the differing initial conditions of organisations twenty years ago and the remarkably similar contemporary set of "final" "converged" conditions, which both the limited qualitative data and the equally-limited quantitative data highlight, suggest that these methods and forms have some explanatory force. It is not therefore surprising to discover that massive downsizing, delayering (especially removing tiers of middle managers), outsourcing of in-house functions/support services, and the complete re-thinking of what particular organisations' core businesses really are and the consequent reshaping of their processes/systems have been central to change strategies across the board. (Blair, Taylor, & Randle, 1997) Changing organisational cultures and practices/performances by more gradualist, collaborative, and educative means was not thought possible, practicable, or feasible. (Dunphy & Dick, 1987) Perhaps in some respects organisations in the UK twenty years ago were uniquely constructed places to hide. Now, however, in the words of the old American folksong, "I went to the rock and the rock cried-out, no hiding place down there!"

This study points the way toward the need for more sophisticated and targeted measurement of what is going on within and around our now radically changed UK organisations. The focus must be more intently upon their cultures and climates and how these impact upon perceptions of managers regarding their performance and sense of well or not-so-well being. (Fletcher & Jones, 1993; Deal & Kennedy, 1982, Eckvall, 1987) Such efforts could lend greater credibility to the concept of "convergence" as both cause and effect. Accordingly this might support the view that contemporary organisations, following a period of intensive change, now share more characteristics than ever before. This may show that the very practical and instrumental methods ("the four horsemen") used to change organisations, now actually comprise an intrinsic part of all of their cultures/climates. In a sense, organisations may have "internalised" these methods and processes, acknowledging that change is ubiquitous, even normal, but at a cost. There may well be an aspect of "identification with aggressor". (A. Freud, 1936; Zaleznik, 1997) Nonetheless, the similarities, which the instruments found across sectors, do indicate that a common set of forces and strategies produced some similar outcomes.

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