Stress in the Workplace: Causes, Effects & How to Cope

Hanen Khanchel[1]

[1] Institute of Advanced Business Studies, Carthage, Tunisia

Correspondence: Hanen Khanchel, Institute of Advanced Business Studies, Carthage, Tunisia

Received: March 14, 2019 Accepted: April 15, 2019 Online Published: April 16, 2019

doi:10.5430/jbar.v8n1p52 URL: https://doi.org/10.5430/jbar.v8n1p52

Abstract

This paper studies the specific causes of burn-out as lived by tunisian employees. Firstly, we studied the effects of post-revolution context that push each other into excessive language that caricature their stress. But such conflictual situations force them to be stressed, to forget the prescriptive speech of their hierarchy, to act in the emergency with the means of the edge. Secondly, the results helped to meet the gools defined in the study, namely: to assess the behaviour of employees in the face of stress and its consequences, to identify the weakening factors and to identify the categories of populations most affected by burn-out. Finally, this study offers some ideas for thinking about burnout risk prevention.

Keywords: burn-out, context, work, conflict situation

1. Introduction

Changes in the working environment during the post-revolution years in Tunisia have led to an increase in psychological hardship. Currently the most frequently identified "psychosocial" stressors, and therefore the source of the greatest difficulties for individuals, appear to be:

- Load: This is characterized by a large amount of work, associated with a requirement of total quality, and this, to achieve under a strong time constraint. Moreover, the number of pieces of information to be dealt with, and sometimes their complexity, the objectives to be attained and the cult of performance, further accentuate the pressure or "mental load". The interruptions of work are frequent (true "zapping" activities): it is estimated that on average a frame is interrupted in his work every 10 minutes.

- Changes : In his professional environment, the individual must constantly adapt to change, be it the reorganization of the company (mergers, restructurings, etc.) or the emergence of new technologies (we talk about "techno-stress"). The acceleration of the pace of change is often associated with novelty and the unknown (hence the difficulty of predicting and therefore of organizing) but also with major uncertainties (career trajectory for example) and sometimes with threats. (on his job for example).

- Frustrations: The expectations of individuals are too often disappointed. The lack of reinforcements both "material" (wages, bonuses, careers, etc.) and "social" (lack of consideration or valuation) or even "symbolic" (meaning given to his work) explain the frequent phenomena of frustration. These disappointments are, of course, partly linked to the increasingly demanding demands that individuals make on their work.

- Relationships: "Man is a stressor for the man. Contact with demanding, impatient or sometimes aggressive (or violent) customers or users is a reality for many employees. Even within the company, relationships can be more or less conflicting between individuals (bad atmosphere, competition). New work organizations also require cooperation between individuals who are not necessarily natural. Finally, some forms of management seem to ignore mere respect for others, sometimes even leading to genuine moral harassment.

According to the European Agency for Safety and Health at Work, stress is the most widespread health problem in the world of work and the number of people suffering from a state of stress caused or aggravated by work is likely to increase (Bakker & al.,2005). This special place of stress has also been recognized by the European social partners who have decided to distinguish stress from other psychosocial risks in the framework agreements they have drawn up. The first framework agreement signed on October 8, 2004 by all these partners was devoted exclusively to work stress.

According to International Labor Office estimates, stress leads to increased absenteeism due to sickness, premature staff turnover, health-related retirements, production and quality declines, and disputes between employees and their employers (Carballeda & al., 2001). For example, research in EU Member States and other countries shows that

between 50% and 60% of all lost workdays are more or less directly related to stress. The cost of stress for companies is equivalent to 10% of GDP in Great Britain, a percentage that in the Nordic countries varies between 2.5% in Denmark and 10% in Norway (Cardenas & al., 2004). In the United States, the cost of stress would be around $ 200 billion a year for North American companies (Jamadin & al., 2015). In the European Union, this cost would be 20 billion euros and, in France, the National Research and Safety Institute estimates that the cost to companies and society would be between 830 and 1656 million euros per year (Kahn & al., 1964).

In our survey, we studied in the beginning, the effects of post-revolution context that push Tunisian employees into excessive language that caricature their stress. But such conflictual situations force them to be stressed, to forget the prescriptive speech of their hierarchy, to act in the emergency with the means of the edge. Secondly, the results helped us to meet the gools defined in the study, namely: to assess the behaviour of employees in the face of stress and its consequences, to identify the weakening factors and to identify the categories of populations most affected by burn-out. Finally, this study offers some ideas for thinking about burn-out risk prevention.

At this level, the question is: Which now represent the leading cause of burn-out in Tunisia?

2. Theoretical Foundation

Burn-out is characterized by a feeling of intense dejection related to the inability of the employee to achieve actual results at work. These psychosocial risks refer to many situations that combine in a great confusion causes and consequences: stress, moral harassment, violence, suffering, suicide, depression, musculoskeletal disorders, etc. This plurality might justify the use of the singular, the psychosocial risk, as we talk about cardiovascular risk by referring to the medical model. Among all the psychosocial risks at work, stress appears quantitatively (if not qualitatively) the most important affecting in Europe about 22% of employees (against 5% of victims of harassment and 5% of physical violence) (AESST, 2003).

Stress at work therefore has a considerable impact, both in terms of human distress and of obstacles to economic performance (Albert & al., 2003). In addition to its serious consequences for the mental and physical health of workers, the negative effect of stress is evident in "organizational symptoms" such as absenteeism and staff turnover, poor safety performance, lack of enthusiasm of employees, loss of innovation and low productivity (Cannon, 2010).

The phenomenon of stress affects all the actors of the company, from the employee to the manager through the management. Two studies conducted in France confirm this. According to the study conducted by the French Institute for Action on Stress in November 2004 "over-stress" concerns 23% of male employees and 32% of female employees (Collectif, 2008). Stress levels are significantly higher in the 45-54 age group and among non-executives. In the study conducted by Stimulus in February 2004 it appears that more than a quarter of French managers (28%) are at too high levels of stress ("hyperstress") endangering their health (Culbertson, 2010). Differences in the level of stress between those who work less than 35 hours and those who work more than 70 hours are not very important (variations are less than 2% of the average). On the other hand, the differences are notorious with regard to sex: 36% of women are at very high levels of stress, compared to 21% of men (ESENER, 2010).

3. Models

Several models belong to individual stress approaches, either medical (Selye and Laborit models) or psychological (Lazarus model).

Selye's model (the adaptation response) represents the "historical" model of stress proposed as early as the 1930s. Stress is defined as the response of the body to any request made to it, with the aim of 'adaptation (ESENER, 2010). This response of the organism is multiple: biological, physiological, cognitive, and emotional. It is only when these responses become chronic and the situation to manage exceeds the capacity of adaptation of the body that the harmful consequences can occur by "exhaustion".

The Laborit model (inhibition of action) is based on a "bio-behavioral" conception of stress (EUROGIP, 2010). The stress response has only one purpose: to ensure the survival of the body in the face of danger. This model is based on our knowledge in the field of biology and neuroscience and in particular the role of the limbic (emotional) brain in the "mechanics" of stress. This is because our primary reactions of stress (attack or flight, the "fight or flight response") can only be realized when "inhibition of action" takes over and stress becomes pathogenic.

The Lazarus model (the double assessment of the situation) is based on the cognitive sciences, and more particularly on cognitive psychology. In this model, stress results from the "double assessment" that the individual makes of the stress situation (Groot W. & al. 1999) : The "primary" evaluation concerns the danger or threat that this situation represents; the "secondary" evaluation consists of the individual's perception of the resources available to him to face this threat.

As much (if not more for the author) as the stress situation, it is the assessment of a threat without possibilities to cope with it with sufficient resources that turns out to be harmful for the individual.

The Karasek model, developed in the early 1980s, is of North American origin (Karasek R.A. 1979). He explains that stress is actually the result of two factors that combine with each other:

• on the one hand the demand exerted on the individual (ie the psychological load, associated with the constraints related to the execution of the task in term of quantity and complexity of the work and constraint of time);

• on the other hand, its decision-making latitude (ie the room for maneuver that covers both the control one has over one's work, the greater or less autonomy available in the organization of tasks and participation in decisions, as the use of one's skills and the ability to use one's skills and ability to develop new skills

Several decades of research in this area allow us to understand stress as one of the great functions of the body, as well as breathing, digestion or immune function. Like any function, adaptation is not only useful, but necessary for our survival. We share it with all mammals, although in humans it has of course special characteristics. The biological and psychological mechanisms of stress are primarily intended to put us in the best physical and mental condition to cope with a difficult situation and thus help us adapt to the best. Stress is therefore fundamentally useful to us only if these biological and psychological mechanisms are properly triggered and within acceptable limits (Häfner A. & Stock A. 2010).

The relationship between the intensity of the stress response and the individual's adaptation to the situation, and therefore his level of performance, is not linear. At first, stress level and performance increase together, then, as the stress continues to increase, the performance drops. Between the two extremes (not enough stress / too much stress), there is an optimal level of stressful functioning that allows us to mobilize enough to cope as effectively as possible with the many professional stressors that beset us, without jeopardizing our health. The relationship between effectiveness in dealing with the stressful situation and the level of stress that exists in us is perfectly illustrated by this inverted U-shaped curve (Hulin C.L. & Blood M.R. 1968). When the stress response is non-existent, the efficiency is zero. As stress increases, performance increases to stabilize at a maximum level. This upward part of the curve can be considered as "good stress" (eustress in English). As this stress continues to grow, the performance will, on the other hand, decrease. It is "bad stress" (or distress in English that also means "distress").

For the European Agency for Safety and Health at Work, "a state of stress occurs when there is an imbalance between the perception a person has of the constraints imposed on him by his environment and the perception that he has of his own resources to deal with it. Although the process of evaluating constraints and resources is psychological, the effects of stress are not of the same nature. They also affect physical health, well-being and productivity "(Johnson J.V. & Hall E.M. 1988).

The October 2004 European Framework Agreement, on the other hand, gives stress the following definition: "Stress is a state accompanied by physical, psychological or social complaints or dysfunctions, resulting from the fact that individuals feel unfit to fill a gap with the requirements or expectations that apply to them. The individual is able to handle the short-term pressure that can be considered positive but he has great difficulty with prolonged exposure to intense pressure. In addition, different individuals may react in different ways to similar situations and the same individual may, at different times in his life, react differently to similar situations. Stress is not a disease, but prolonged exposure to stress can reduce work efficiency and can cause health problems (Kanji G.K. & Chopra P.K. (2009). "

4. Methods

The primary objective of this survey is to identify the level of general exhaustion of employees and the factors in the organization of work that influence this level of occupational fatigue. The secondary objectives are to identify: 1) the populations at risk of exhaustion and the parameters in the organization of work which bear a part of the responsibility; 2) demographic characteristics of populations at particular risk; 3) the relation between the state of exhaustion, the level of commitment to work and the state of health of the collaborators; 4) the factors (populations, work characteristics) that explain the rate of absenteeism.

The survey, for assessing the level of stress and organizational causes, uses Likert Scale from the name of the American psychologist Rensis Likert. The Likert scale is a scale of judgment prevalent in psychometric questionnaires by which the interviewee expresses his degree of agreement or disagreement with an affirmation (the statement). The scale usually contains five answer choices that qualify the degree of agreement or disagreement. - Copenhagen scale The Copenhagen scale consists of twenty questions that investigate the three dimensions of burn-out (mental and physical exhaustion, on the one hand, emotional (cynicism and dehumanization in social relations), on the other hand, and lastly, the loss of satisfaction and the sense of professional accomplishment) 5. - Scale of Siegrist.

Siegrist's scale measures is the balance between the intensity of the subject's efforts in his work and his perception of the recognition (monetary and non-monetary) that he receives in return for his commitment in the form of esteem, support of the hierarchy and colleagues, solidarity, sense of security, etc. 6. An imbalance between the level of effort and the level of reward / recognition increases the risk of exhaustion and impairment of health status. In this survey, a first set of questions (ERI) allows to calculate a report that quantifies the imbalance between rewards and extrinsic efforts (the burden of working time, the sense of work, the degree of autonomy, the multiplicity of tasks, the monotony and the prioritization, the overtime, the level of requirement, the quality of the general climate, the presence of conflicts, support and respect from colleagues, etc.). A second series (OC) of questions investigates the subject's over-engagement in his work. In total, twenty-four questions are grouped into five categories: extrinsic effort (six questions), general recognition (six questions), aspects of financial recognition and status (four questions), gratification related to the feeling of professional safety (two questions) and over commitment (six questions).

5. Results and Findings

In this section, the distribution of responses to "Likert scale" questions is first graphically represented to illustrate the responses of the general population. Then, the different summary scores of the Copenhagen and Siegrist scales are analyzed, and the "at risk" populations identified. An analysis of the risk factors comparing the different scores of Copenhagen and Siegrist according to the answers to socio-demographic questions is presented. A classification of relative risks will be proposed.

A finding was revealed by the study of the Prime Ministry in 2012. This is the growing number of long-term sick leave whose causes are generally related to psychological diseases (93% of cases according to the report of the Prime Ministry). In 2011, women accounted for 64% of the total number of these leave beneficiaries. Indeed, the evolution of the number of this long-term sick leave has reached 1 Million, 328 miles and 878 days (Prime Ministry, 2012). This alarming number of long-term holidays, which continues to grow from one year to the next, is fueling the debate on working conditions in Tunisia. The causes of work stress are multiple and of course vary enormously depending on the type of business sector but also the functions of the individual in the company. Work stressors could also be grouped into several broad areas: job-related factors, business context factors, individual factors, and interpersonal factors (Lachmann H., Larose C. & Penicaud M. (2010).

Depending on the work situations, these stressors have a variable importance and can interact with each other, either by neutralizing or reinforcing each other. Several stress models have been proposed to integrate this complexity. The most scientifically validated are the model of Karasek and that of Siegrist.

The stress response can become harmful if it is activated at a very high level, if it is repeated (without possibility of recovery) or if it is chronic, pushing our biological and psychological reactions to extremes. Stress related pathologies can then develop, physical or psychological (Mirvis D.M. & al. 2006).

The links between stress and various mental disorders such as depression or anxiety disorders are well established medically. These pathologies are extremely widespread, both in the general population and in the workplace. In the survey conducted by IFAS, 23% of women and 14% of men have a proven anxiety disorder and 5% of women and 4% of men have a marked depressive state. These figures are quite comparable to those of Stimulus's survey of French executives: 21% are in a pathological anxious state and 5% in depression (Nasse P. & Legeron P. 2008).

The stressors that individuals may face do not need to be extreme or exceptional to cause psychopathological disorders. Life events such as emotional breakdown, loss of employment, professional conflict, difficulties in the education of one's children (to name a few), can produce significant psychological consequences in some subjects. Thus, in the current classifications of mental disorders (Newton T. (1995), adjustment disorders are thus defined both by: The identification of one or more identifiable stressors recently occurring in the subject's life; Emotional symptoms may be depressive (depressive mood adjustment disorder or ADHD) with sadness, crying or feelings of hopelessness, anxiety disorder (anxiety-coping disorder or ALA) with nervousness, worry, or agitation, mixed-type disorder (adjustment disorder with anxiety and depressed mood) Conduct disturbances can also occur (disturbance of adaptation with disruption of behavior), such as vandalism, failure to meet social or legal requirements. In addition to symptomatic emotional or behavioral manifestations, adjustment disorders can be accompanied by significant disturbances of the subject in his social or professional functioning, representing an additional handicap (Quinn R.P., & al. 1971). Adjustment disorders have not benefited clinicians and researchers of such considerable interest as those shown for post-traumatic pathologies or emotional anxiety or depressive disorders (Rau R., Morling K. & Rösler U. 2010). However, this seems to be a very common pathology, with some studies reporting it concerns 5 to 20% of patients seen in outpatient psychiatry. No doubt this high frequency is also found in GP consultations, even if definitive epidemiological data are not available. Since current classifications of depressive disorders no longer distinguish

exogenous and endogenous depressions, it is likely that many depressive reaction syndromes are part of an adjustment disorder with depressed mood. Similarly, in anxiety disorders, and in addition to generalized anxiety, anxiety-adjustment disorder is a frequently encountered diagnosis (Ritti R., 1971). It can thus be noted that work-related constraints have progressively worsened over time. The latest survey indicates that more than one worker out of two works in the emergency and that more and more employees perceive their pace of work as binding. One in three says that it is impossible for them to vary the deadlines set for the accomplishment of their task.

Thirty-five percent of the Tunisian labor force reports conflicting orders or indications, which is recognized as a stressor. One in three people say they have to strictly apply the work instructions, even if the evolution seems to be towards a greater margin of maneuver for the employees. The feeling of responsibility tends to increase as well but more and more employees feel that an error in their work can or could have important consequences for them, for the others, and / or for the company.

Finally, for one in three workers, relationships at work are a frequent source of tension: situations of tension with supervisors are more frequent than situations of tension with colleagues and 30% of workers complain of tension with the worker.

Stress is a complex phenomenon, identified for more than half a century (Schwarzer R. & Hallum S. 2008). It is the subject of many scientific researches essentially in the field of medicine and life sciences. More specifically, with regard to the issue of stress at work, other avenues of research have developed concomitantly, enriching (but making it even more complex) our understanding of the phenomenon (Lazarus R. & Folkman S., 1984).

In a somewhat schematic, but not inaccurate way, two approaches to stress at work coexist, not to say oppose. The first would defend a "collective" vision of the problem, and the other "individual". The first would focus on working conditions and the other on the individual's mental health. Each of these two approaches is based on scientifically sound research. One of the major difficulties of the stress approach is probably the fact that these two great currents give too much the feeling of ignoring each other as they struggle to converge in order to identify not only a more but also a more refined understanding of more effective prevention interventions and interventions (Rotter J.B., 1966).

One must never forget that the stress response is not pathological in itself. It even represents an indispensable process of adaptation (both biological and psychological) of the individual to his environment, when it becomes more difficult. Stress is not a disease, but a tremendous reaction of our body (both in our body, by the release of chemicals, the best known is obviously adrenaline, that in our head with the emergence of varied emotions such as fear or anger) to adapt to the threats and constraints of our environment (Schwarzer R. & Hallum S. 2008). This is why scientists often prefer to speak of "adaptation reaction" to designate stress, a reaction that is constantly solicited and indispensable for our proper functioning (Selye H., 1975).

The research conducted brought many arguments in favor of the role of life events in the onset of depressive illness. Thus study show that compared to a general population, depressed employees report about three times more stressful life events in the six months preceding the onset of depressive illness (Srivastava S., 2009). More than 60% One-half of the first depressive episodes studied in a psychiatric or general population are preceded by one or more stressful events, whereas less than 20. One hundred of the normal subjects in the general population experience such antecedents over a comparable period of time. This study compared to other studies indicate that the risk of depression in a subject exposed to a stressful event is about six times higher than that of a subject who has not experienced such an event. It should be noted, however, that this risk remains limited, since less than 10% of One hundred of the exposed subjects subsequently develop a depression. Numerous studies have shown that many subjects who have experienced very dramatic life events do not depress and that the stressful life events of everyday life produce even less frequently depressive pathologies. If we analyze more finely the relationships between stressors and appearance of pathology depressed, we realize that the risk of depression is all the higher as events are more stressful and their social desirability is lower. The depressant effect of the most traumatic events, which are also the rarest, appears to be important and lasting, while that of less stressful but more frequent events appears to be modest and of short duration. More surprisingly, it seems that "neurotropic-reactive" depressions are not so much preceded by life events as those of "melancholic" or endogenous nature. This is probably another argument in favor of abandoning more and more marked this way of differentiating between them depressive states (Siegrist J., 1996).

Some types of events seem more depressogenic than others. This is true of those who translate a loss for the subject (as a separation) and of those who translate an "exit" from the social field (dismissal, retirement) rather than an "entry" into the social field. Some authors have suggested that, more than the intensity of an event or the simple addition of a certain number of events or even the nature of the event, it is rather the combination aspect of a certain number of events in a given period of time which could be the most important factor in the occurrence of a depressive state: this seems to be

the case of the "depressogenic triad", associating in a short time a significant loss, physically exhausting event (eg chronic illness) and loss of social landmarks (eg geographic change).

Stressful events during the revolution in Tunisia are an important factor in the sustainability of the pathology. Both in the medium term (after 6 to 12 months of disorder progression) and in the long term (after 2 years of evolution), the occurrence of these events is one of the main factors of poor evolution of depression.

It is clear that while the role of stressors in the onset and subsequent evolution of depressive disorders seems real, it does not explain everything. Many researchers are trying to better understand the context in which these events occur. Thus, the role of the social support of the individual seems to largely determine the event-related impact (the absence of support from the spouse or relatives accentuates the negative impact of the events). Other authors have emphasized the fundamental role of the subject's adaptive capacities in dealing with these events, to explain the depressive aspect of events. Thus low self-esteem would be an important factor of vulnerability, its presence multiplying by two or three the depressive risk after the occurrence of a triggering event. In the same way certain types of so-called "sociotropic" personalities, that is to say more dependent on their environment would be more vulnerable to relational stressors, and, conversely, the so-called "autonomous" personalities being more sensitive to stressors involving the subject in his personal realization.

In addition to the acute and post-traumatic stress states that, in current psychiatric classifications, belong to anxiety disorders, other anxiety disorders are a priori likely to be influenced by stressors. However, apart from numerous clinical descriptions highlighting the existence of factors precipitating the appearance of characterized anxiety disorders in patients, few studies have been conducted (compared to those on depression, for example) to assert the existence of a direct link between stressful events and anxiety disorders. The example of phobic disorders is particularly interesting, since, according to the few studies carried out, the existence of stressors preceding the appearance of the pathology, is raised systematically only in 50 to 66% of the cases (Trontin N.C., & al. 2010). These stressors are, moreover, essentially bereavements and various "psychological shocks". In a study conducted with agoraphobia, only 27% of patients experienced stressors before the onset of the disorder (Williams C., 2003). In the onset of panic disorder, the presence of event stressors in the weeks or months preceding the onset of the disease has been reported in a few studies (Trontin N.C. & al 2010).

Professional burn-out is probably one of the most severe complications of occupational stress. It is characterized by a varied symptomatology around three major components: emotional exhaustion, depersonalization and diminished sense of accomplishment and self-realization.

Burn-out results from an absence of harmony and lag between the individual and his work (Srivastava S. 2009). And, the more the interaction between the individual and his professional environment will be out of harmony, the greater the risk of burn-out is important. The state of burnout is characterized by Salathe N.K., (1992):

an emotional exhaustion: it is a disappearance of the emotional energy reverberating on the physical vitality of the individual. The feeling of being "emptied", "at the end of the roller" is accompanied by the feeling of no longer having the resources to face his work;

• a feeling of depersonalization: it is the appearance of a negative and detached attitude towards the people with whom we usually interact (colleagues, clients, patients). Cynicism and even hostility can also develop towards others;

• a decrease in the sense of accomplishment and self-realization: the individual then takes a particularly negative and devaluing view on most of his personal and professional achievements. His self-esteem is affected and the association with a depressive state and an inability to cope with professional obligations is often common.

Stress can also be at the origin of much somatic pathology. More than so-called "psychosomatic" diseases, they are in fact "adaptation diseases", to use the most recent terminology and also the most scientifically substantiated (Simbron Y. & Légeron P. 1997). The brutal death by physical exhaustion of overworked cadres at work, described in Japanese literature as karoshi, is as spectacular as it is fortunately infrequent. In contrast, psychosocial stress is responsible for the onset of many cardiovascular diseases such as high blood pressure or coronary heart disease (including myocardial infarction) and contributes to the alarming increase in the number of musculoskeletal disorders. (Now called "TMS") (Rau R., & al. 2010). While it is a source of significant suffering for individuals, job stress is unfortunately still too often a taboo subject in the world of work. It may be a misunderstanding of the phenomenon, or even a real denial (Siegrist J. 1996). Often stress also scares businesses that fear, by addressing this issue, to open the "Pandora's box" claims that they cannot control (Srivastava S. 2009). Yet the politics of ostrich dealing with stress is obviously not desirable. Stress must today be tackled effectively, that is, without trivialization and without dramatization (Rau R., & al. 2010).

For the International Labor Office, "interventions to reduce stress at work can be primary (reduce sources of stress), secondary (help individuals develop abilities to cope with stress) and tertiary (take into account burden individuals affected by stress) ". As for the US National Institute for Occupational Safety and Health (Williams C. 2003), he points out that "in general, actions to reduce stress at work must be geared primarily to organizational changes to improve working conditions. However, even the most conscientious efforts to improve working conditions will probably not eliminate stress for all workers. Also, a combination of organizational change and help for individuals is often the most effective approach to reducing stress at work. «In the European framework agreement of October 2004, it is stated, in the same way, that "preventing, eliminating or reducing problems of stress at work may include various measures. These measures can be collective, individual or both. " (Winckler M. 1998). Finally, the French National Inter-professional Agreement of July 2008 recalls that "the measures to be taken to combat stress at work may be individual, collective or concurrent, and must be subject to regular reviews" (Yusuf S, & al. 2004).

Primary prevention aims to eliminate or control risk factors in the workplace by acting directly on the factors to reduce their negative impacts on the individual. It is about intervening on the causes of the psychosocial risks rather than on their consequences (Salathe N.K. 1992).

The primary prevention approach includes several components:

• a precise assessment by the company not only of the risk factors but also of the most affected populations;

• Involvement of the various partners of the company, according to a participative methodology, as proposed by the INRS;

• the implementation of corrective actions aimed at eliminating or failing to reduce the sources of stress.

These actions vary according to the stressors detected: overwork, insufficient leeway to cope with demand, pressure on quantitative and / or qualitative objectives, lack of support from management or colleagues, insufficient recognition of work, imprecise task definition diluting responsibilities, etc.

Primary prevention actions will therefore have different objectives: to more accurately allocate the workload according to the number of staff, working time and skills; redefine the responsibilities of each; review methods for evaluating individual or collective performance and how to recognize work.

Secondary prevention programs are designed to help individuals manage work demands and constraints more effectively by improving their coping strategies for stressors or by increasing their resistance to stress by relieving the symptoms associated with stress. These actions can take several aspects:

• the training of individuals to develop specific skills to better manage various types of stress situations (time management, conflict, aggression, development of emotional intelligence, cognitive restructuring, etc.) or to develop skills psychological (control of emotions, effective mental attitudes);

• the possibility of relaxation, exercise or napping practices within the company; improving lifestyle to increase the body's resistance to stress (sports activities, nutrition education, smoking cessation or alcohol assistance program, etc.);

• setting up forums for dialogue within the company and setting up mediation procedures to intervene early in difficult situations;

• assistance to employees to cope with various constraints of personal life (crèches, concierge, etc.).

Tertiary-level interventions focus on treatment, rehabilitation, the return-to-work process and follow-up of individuals who have suffered or have suffered from stress or mental health problems at work (psychological assistance, telephone number assistance and support to employees, specialized consultations, etc.

6. Conclusion

One of the objectives of this survey was to assess the health status of employees in Tunisian companies engaged in reorganization during the post-revolution years. The results of the survey were meant to be a first step towards launching a numbers-based strategy for the prevention of psychosocial risks and the fight against significant absenteeism and disengagement. The results of the study helped to meet the objectives defined in the protocol, namely: to assess the general state of the population in the face of stress and its consequences, to identify the weakening organizational factors and to identify the categories of populations most at risk.

References

Agence Européenne pour la Sécurité et la Santé au Travail. (2003). Rapport Comment Maîtriser les Problèmes Psychosociaux et Réduire le Stress d'Origine Professionnelle, Luxembourg: Office des publications officielles des Communautés européennes.

Albert E., Bournois F., Duval-Hamel J., Rojot J., Roussillon S. et Sainsaulieu R. (2003). Pourquoi j'irais travailler, Eyrolles, Coll. Société, Paris.

Bakker, A.B., Demerouti, E., Schaufeli, W.B. (2005). The crossover of burnout and work engagement among working couple. *Human Relations, 58*(5), 661-689. https://doi.org/10.1177/0018726705055967

Bianchi R. *et al.* (2016). Burnout and depression. Label-related stigma, help-seeking, and syndrome overlap. *Psychiatry Research*, 245, 30 novembre 2016.

Cannon W.C. (2010). The reality of stress and the need for management. *Managed care outlook, 23*(16), 1-8, august 15.

Collectif. (2008). Accord National Interprofessionnel sur le Stress au Travail, 6 pages, 2 juillet, Paris.

Culbertson S., Huffman A.H. et Alden-Anderson R. (2010). Leader – member exchange and work – family interactions: the mediating role of self-reported challenge- and hindrancerelated stress. *The journal of psychology, 144*(1), 15-36. https://doi.org/10.1080/00223980903356040

Camoui P. & Maurange A. (1998). Le syndrome d'épuisement professionnel. De l'analyse du burn-out aux réponses, Paris, Masson.

Carballeda, G., Garrigou, A. (2001). Derrière le « stress », le travail sous contrainte in *Cadres : la grande rupture*, sous la dir. P. Bouffartigue, La Découverte, Paris.

Cardenas, R. A., Major, D. A., & Bernas, K. H. (2004). Exploring work and family distractions: Antecedents and outcomes. *International Journal of Stress Management, 4*, 346-365. https://doi.org/10.1037/1072-5245.11.4.346

Delbrouck M. (2007). Psychopathologie, manuel à l'usage du médecin et du psychothérapeute, Bruxelles, De Boeck.

Delbrouck M. (éd) (2003). Le burn-out du soignant, le syndrome d'épuisement professionnel, Bruxelles, de Boeck.

ESENER (European Survey of Enterprises on New and Emerging Risks). (2010). Managing Safety and Health at Work, European Agency for Safety and Health at Work, Publications Office of the European Union, Luxembourg.

EUROGIP. (2010). Risques psychosociaux au travail : une problématique européenne, Note thématique, Eurogip-47/F, janvier.

Groot W. et Maassen Van den Brink H. (1999). The price of stress. *Journal of Economic Psychology, 20*, 83-103. https://doi.org/10.1016/S0167-4870(98)00044-0

Hardy (Lew), Fazey (John). (1987). The inverted-U hypothesis : a catastrophe for sport psychology and a statement od a new hypothesis, Communication à la NASPA, Vancouver.

Häfner A. et Stock A. (2010). Time management training and perceived control of time at work. *The journal of psychology, 144*(5), 429-447. https://doi.org/10.1080/00223980.2010.496647

Hulin C.L. et Blood M.R. (1968). Job enlargement, individual differences, and worker responses. *Psychological Bulletin, 69*, 41-55. https://doi.org/10.1037/h0025356

IM T. (2009). An Exploratory Study of Time Stress and its Causes among Government Employees. *Public Administration Review, Jan/Feb, 69*(1), 104-115.

Johnson J.V. et Hall E.M. (1988). Job strain, work place social support, and cardiovascular disease: a cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health, 78*(10), 1336-1342, october. https://doi.org/10.2105/AJPH.78.10.1336

Jamadin, N., Mohamad, S., Syarkawi, Z., & Noordin F. (2015). Work - Family Conflict and Stress: Evidence from Malaysia. *Journal of Economics, Business and Management, 3*(2).

Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964). *Organizational stress: Studies in role conflict and ambiguity*. New York: John Wiley & Sons.

Karasek R.A. (1979). Job Demands, Job Decision Latitude, and Mental Strain: Implications for Job Redesign. *Administrative Science Quarterly, 24*(2), 285-308, june. https://doi.org/10.2307/2392498

Kanji G.K. et Chopra P.K. (2009). Psychosocial system for work well-being: On measuring work stress by causal pathway. *Total Quality Management, 20*(5), 563-580, may. https://doi.org/10.1080/14783360902875741

Lachmann H., Larose C. et Penicaud M. (2010). Bien-être et efficacité au travail. 10 propositions pour améliorer la santé psychologique au travail, Rapport fait à la demande du Premier Ministre, 19 pages, février.

Lazarus R. et Folkman F. (1984). *Stress, Appraisal and Coping*. Springer.

Lebrun J.-P. (1993). De la maladie médicale, Bruxelles, De Boeck.

Marchand A. *et al.* (2014). The multilevel determinants of workers' mental health. Results from the SALVEO study. *Social Psychiatry and Psychiatric Epidemiology, L*(3).

Mirvis D.M., Graney M.J., Ingram L., Tang J. et Kilpatrick A.O. (2006). Burnout and Psychological Stress among Deans of Colleges of Medicine: a National Study. *Journal of Health & Human Services Administration, 29*(1), 4-25, summer.

Nasse P. et Legeron P. (2008). Rapport sur la détermination, la mesure et le suivi des risques psychosociaux au travail, remis à Xavier Bertrand, ministre du Travail, des Relations sociales et de la Solidarité, 12 mars, disponible à l'adresse : http://www.travail-solidarite.gouv.fr/IMG/pdf/RAPPORT_FINAL_12_mars_2008.pdf

Newton T. (1995). *Managing stress, emotion and power at work*. Sage, London.

Premier Ministère. (2012). Etude sur le travail en Tunisie.

Quinn R.P., Seashore S.W., Kahn R., Magione T., Campbell D.; Stines G. et McCullough M. (1971). Survey of Working Conditions, Final Report on Univariate and Bivariate Table, U.S. Department of Labor, Employment Standards Administration (U.S.G.P.O. Document No. 2916-0001), Washington.

Rau R., Morling K. et Rösler U. (2010). Is there a relationship between major depression and both objectively assessed and perceived demands and control ? *Work and stress, 24*(1), 88-106. https://doi.org/10.1080/02678371003661164

Ritti R. (1971). Job enrichment and skill utilization in engineering organizations, dans Maher J. (ed.) New Perspective in Job Enrichment, p. 131-156, Van Nostrand, New York.

Rotter J.B. (1966). Generalised expectancies for internal versus external control of reinforcement. *Psychological Monographs, 80*(1), 1-28. https://doi.org/10.1037/h0092976

Rodier, A. (2015). Peut-on prévenir l'épuisement professionnel ? *Le Monde*, 21 septembre 2015.

Schwarzer R. et Hallum S. (2008). Perceived Teacher Self-Efficacy as a Predictor of Job Stress and Burnout: Mediation Analyses. *Applied Psychology: an International Review, 57*, 152–171. https://doi.org/10.1111/j.1464-0597.2008.00359.x

Selye H. (1975). Confusion and controversy in the stress field. *Journal of Human Stress, 1*, 37–44. https://doi.org/10.1080/0097840X.1975.9940406

Siegrist J. (1996). Adverse Health Effects of high Effort/low Reward Conditions. *Journal of occupational Health Psychology, 1*, 27-41. https://doi.org/10.1037/1076-8998.1.1.27

Srivastava S. (2009). Locus of control as moderator for relationship between organizational role stress and managerial effectiveness. *Vision – The Journal of Business Perspective, 13*(4), 49-61, october-december.

Salathe N.K. (1992). Psychothérapie Existentielle, une perspective gestaltiste, Paris, Amers.

Siegrist J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology, 1*, 27-41. 48.

Simbron Y, Légeron P. (1997). Les conséquences du stress au travail. Actua Med Int – Psychiatry 1997 ; 14(201 suppl). 49. Strain JJ, Wolf D, Newcorn J, Fulop G. "Adjustment disorder". In : DSM-IV Source Book, vol. 2. Washington : American Psychiatric Press, 1996.

Trontin N.C., Lassagne M., Boini S. et Rinal S. (2010). Le coût du stress professionnel en France en 2007, Paris, disponible à l'adresse : http://www.inrs.fr/publications/coutstressfrance2007.html

Yusuf S, Hawken S, Ounpou S. (2004). Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries. (The INTERHEART Study). A case-control study. Lancet 2004 ; 364 : 937-52. https://doi.org/10.1016/S0140-6736(04)17018-9

Winckler M. (1998). La maladie de Sachs, Paris, P.O.L éd.

Williams C. (2003). Le stress au travail, Tendances Sociales Canadiennes, Statistiques Canada, p. 7-14, automne.