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Professional Notes

Stress Management: The Importance of Organizational Context

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In conducting training programs in leadership, personal growth, and stress management over the last ten years, I have found that support from a person's immediate referential community is as important as the content or quality of the program in producing successful outcomes. If we compare long-term results of working with (1) individuals in public seminars or community college classes, (2) staff groups in organizations without strong organizational support, and (3) staff groups in organizations with commitments and participation of top executives, the importance of the organizational context quickly becomes evident. *Organizational context* refers both to organizational support of a particular program and to the degree of overall openness of the organizational climate.

As clinical sociologists in a society where personal development programs are normally conducted by professionals trained to focus on individual psychodynamics, this perception deserves our attention. Research shows that longevity and health are correlated with a person's marital status and degree of social integration. Stress-management training programs do not generally reflect this knowledge; they focus primarily on what the individual can do alone to modify "harmful" response patterns. Clinical sociological research and practice can help us explore ways in which the social and personal domains interact to foster or limit change.

The importance of stress management in our society has received increasing attention over the last decade. The writings of Benson (1976), Pelletier (1977), and others, along with numerous tapes and classes, offer the individual a sound basis and clear, effective methods for managing stress. Most commonly, such training presents the basic concepts about stress, allows participants to discover their own stress level, teaches them to identify stressors and improve coping methods, and trains them in one or more approaches to relaxation (namely, Benson's "relaxation response," Jacobson's progressive relaxation [1938], breath work, meditation, and/or mental imagery). From conducting stress programs, I know that people enjoy the sessions and report feeling relaxed afterward. What, however, will lead them to alter their normal, habitual responses to everyday stressful situations? Will the combination of heightened self-awareness and in-class practice provide sufficient motivation for changing deeply ingrained modes of action-under-pressure, when these are literally "wired into" the nervous system? Although the physiological aspects of stress management are critical, the situational components of problems and alternative social and personal strategies are equally important, as suggested

by the following cases. The sharp contrast in long-term effects between two programs I conducted (one for the training unit of a large state hospital and one for a small, private business) convinced me of the contribution of the social environment to effective stress training.

Case A: The Hospital Setting

The hospital program was set up by the training director in an attempt to improve a difficult situation: the unit educators responsible for staff training had little sense of working as a team, were geographically dispersed throughout the hospital grounds, and had practically no voice in establishing the content of their educational programs. The training director initiated the program on the suggestion of one unit educator, but did not participate personally. Of the twelve-member group, at least one-third had been recruited from hospital staff to work as half-time trainers and did not really want the position. Since the hospital had roughly 100 percent turnover in employment at lower staff levels every year, training was a constant series of basic orientations. Almost everyone felt disgruntled and overworked.

I had planned to interview each of the unit educators individually in order to establish a one-to-one relationship, learn their perceptions and needs without their feeling observed by the supervisor, and build a sense of personal commitment to the possibility of using this program to promote change. The director did not deem this necessary or financially feasible. Although individual interviews are optimal in consulting in such settings, I opted to schedule several meetings with the associate director and one highly involved unit educator. I also arranged a pre-session meeting for group input and discussion, but few educators attended. (Several staff members from *other* parts of the hospital wandered in, looking for a different meeting – and one stayed over fifteen minutes before realizing that she was in the wrong place. No one in the group commented on her presence in any way, even though they knew she was not part of their team!) In spite of the fact that the sessions directly addressed issues of powerlessness, team building, and organizational change strategies, the unit educator group as a whole never accepted the program as a tool for positive change. Individual members found it personally and professionally valuable, but pre-existing schisms in the staff kept some in a blaming stance. They saw this as just another imposition from above.

Case B: The Business Setting

Working with the private business was a total contrast from the hospital. Although it was a comparably high-stress work setting, management was fully committed to maintaining a high level of direct, personal interaction. The

company was a rapidly growing quick-copy service with several branches in three cities. Many executives and managers had been with the company for most of its nine years. Staff and management socialized together often. The president sponsored and attended the seminar, and allowed me access to employees for preliminary interviews on company time. I spoke with the executive vice president, several middle-level managers, and workers from various departments and branches of the company. During these informal talks, all felt free to discuss both their work and personal goals unrelated to the business. It was fully acceptable on their biannual self-reviews to present nonbusiness goals as primary; no one pretended a devotion they did not feel.

While at the hospital attendance was required and resented, at the copying service it was voluntary and enthusiastic. Management provided lunch, and individual managers participated fully and honestly. Although the general level of stress was extremely high – over 300 on the Holmes-Rahe Social Readjustment Rating Scale – the president herself had a very low score. Her perception of the need for such training in the organization was accurate.

A year later the president wrote of the program's impact: "We are still seeing the beneficial impact this seminar and the follow-up work had on our employees. Individuals will comment during meetings or conversations on a fairly regular basis that they use various techniques you suggested, and which you had us practice that day." Although the stress-level scale indicated that illnesses could be expected within two years in the absence of good coping skills, in the year after the training session there were no serious illnesses; absenteeism and turnover decreased; and there was only one accident requiring hospitalization (involving an individual who did not participate in the seminar). Within this year the president retired (while in her early forties), sold the company to the employees, and the executive vice president moved into the position of president.

Open Versus Closed Organizational Contexts

What accounts for the tremendous differences in effectiveness of the stress management training in these organizations? At the copying service it was obvious that individual actions made a difference to the company, learning was encouraged, and managed organizational change was a fact of daily life. At the hospital, individuals felt like cogs in a huge machine; even though the training director encouraged learning, her personal noninvolvement in the program suggests the prevailing adherence to bureaucratic hierarchies. The copying service is the most open organization I have ever witnessed, while the hospital is an exemplary model of a closed organization. *Openness* in the model I use means: (1) having a clear, shared sense of purpose (Unity); (2) maintaining active, responsive patterns of communication within the system

(Internal responsiveness); and (3) remaining open to ongoing readjustment of purpose in response to the shifting needs of the surrounding community (External responsiveness) (Goldman 1979).

When I used this model in a study of community colleges, I found that students felt a sense of greater control over their own lives in those colleges that were the most open. Feldman and Newcomb's thorough compilation of research (1969) suggests that college students' values and behavior are not strongly affected by the content of their courses — a conclusion supported by Jencks (1972). Similarly, Schmuck and Miles (1971) concluded that "most efforts at educational reform have collapsed or have been absorbed without effect precisely because of the limited attention given to the organizational context. . . ." In my teaching of leadership and personal growth in a community college, I have found the environment to be an equally important factor in the outcome of personal learning. I believe this is an important area for clinical sociology. By integrating contextual awareness into programs designed to help individuals manage stress and growth, such efforts are more likely to produce satisfying long-term results.

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