

Stress Management

Stress and Anxiety-Alternative Names

Anxiety; Feeling uptight; Stress; Tension; Jitters; Apprehension

Definition

Stress can come from any situation or thought that makes you feel frustrated, angry, or anxious. What is stressful to one person is not necessarily stressful to another. Anxiety is a feeling of apprehension or fear. The source of this uneasiness is not always known or recognized, which can add to the distress one feels.



Considerations

Stress is a normal part of life. In small quantities, stress is good -- it can motivate you and help you be more productive. However, too much stress, or a strong response to stress, is harmful. It can set you up for general poor health as well as specific physical or psychological illnesses like infection, heart disease, or depression. Persistent and unrelenting stress often leads to anxiety and unhealthy behaviors like overeating and abuse of alcohol or drugs.

Emotional states like grief or depression and health conditions like an overactive thyroid, low blood sugar, or heart attack can also cause stress.

Anxiety is often accompanied by physical symptoms, including:

- Twitching or trembling
- Muscle tension, headaches
- Sweating
- Dry mouth, difficulty swallowing
- Abdominal pain (may be the only symptom of stress, especially in a child)
- Sometimes other symptoms accompany anxiety:
- Dizziness
- Rapid or irregular heart rate
- Rapid breathing
- Diarrhea or frequent need to urinate
- Fatigue
- Irritability, including loss of your temper
- Sleeping difficulties and nightmares
- Decreased concentration
- Sexual problems

Anxiety disorders are a group of psychiatric conditions that involve excessive anxiety. They include generalized anxiety disorder, specific phobias, obsessive-compulsive disorder, and social phobia.

Common Causes

Certain drugs, both recreational and medicinal, can lead to symptoms of anxiety due to either side effects or withdrawal from the drug. Such drugs include caffeine, alcohol, nicotine, cold remedies, decongestants, bronchodilators for asthma, tricyclic antidepressants, cocaine, amphetamines, diet pills, ADHD medications, and thyroid medications.

A poor diet can also contribute to stress or anxiety -- for example, low levels of vitamin B-12. Performance anxiety is related to specific situations, like taking a test or making a presentation in public. Posttraumatic stress disorder (PTSD) develops after a traumatic event like war, physical or sexual assault, or a natural disaster.

In very rare cases, a tumor of the adrenal gland (pheochromocytoma) may be the cause of anxiety. The symptoms are caused by an overproduction of hormones responsible for the feelings of anxiety.

Home Care

The most effective solution is to find and address the source of your stress or anxiety. Unfortunately, this is not always possible. A first step is to take an inventory of what you think might be making you "stress out":

- What do you worry about most?
- Is something constantly on your mind?
- Does anything in particular make you sad or depressed?

Then, find someone you trust (friend, family member, neighbor, clergy) who will listen to you. Often, just talking to a friend or loved one is all that is needed to relieve anxiety. Most communities also have support groups and hotlines that can help. Social workers, psychologists, and other mental health professionals may be needed for therapy and medication.

Also, find healthy ways to cope with stress. For example:

- Eat a well-balanced, healthy diet. Don't overeat.
- Get enough sleep.
- Exercise regularly.

- Limit caffeine and alcohol.
- Don't use nicotine, cocaine, or other recreational drugs.
- Learn and practice relaxation techniques like guided imagery, progressive muscle relaxation, yoga, tai chi, or meditation. Try biofeedback, using a certified professional to get you started.
- Take breaks from work. Make sure to balance fun activities with your responsibilities. Spend time with people you enjoy.

Call your health care provider if

Your doctor can help you determine if your anxiety would be best evaluated and treated by a mental health care professional.

Call 911 if:

- You have crushing chest pain, especially with shortness of breath, dizziness, or sweating. A heart attack can cause feelings of anxiety.
- You have thoughts of suicide.
- You have dizziness, rapid breathing, or racing heartbeat for the first time or it is worse than usual.
- Call your health care provider if:
 - You are unable to work or function properly at home because of anxiety.
 - You do not know the source or cause of your anxiety.
 - You have a sudden feeling of panic.
 - You have an uncontrollable fear -- for example, of getting infected and sick if you are out, or a fear of heights.
 - You repeat an action over and over again, like constantly washing your hands.

- You have an intolerance to heat, weight loss despite a good appetite, lump or swelling in the front of your neck, or protruding eyes. Your thyroid may be overactive.
- Your anxiety is elicited by the memory of a traumatic event.
- You have tried self care for several weeks without success or you feel that your anxiety will not resolve without professional help.

Ask your pharmacist or health care provider if any prescription or over-the-counter drugs you are taking can cause anxiety as a side effect. Do not stop taking any prescribed medicines without your provider's instructions.

What to expect at your health care provider's office

Your doctor will take a medical history and perform a physical examination, paying close attention to your pulse, blood pressure, and respiratory rate.

To help better understand your anxiety, stress, or tension, your doctor may ask the following:

- When did your feelings of stress, tension, or anxiety begin? Do you attribute the feelings to anything in particular like an event in your life or a circumstance that scares you?
- Do you have physical symptoms along with your feelings of anxiety? What are they?
- Does anything make your anxiety better?
- Does anything make your anxiety worse?
- What medications are you taking?

Diagnostic tests may include blood tests (CBC, thyroid function tests) as well as an electrocardiogram (ECG).

If the anxiety is not accompanied by any worrisome physical signs and symptoms, a referral to a mental health care professional may be recommended for appropriate treatment.

Psychotherapy such as cognitive-behavioral therapy (CBT) has been shown to significantly decrease anxiety. In some cases, medications such as benzodiazepines or antidepressants may be appropriate.

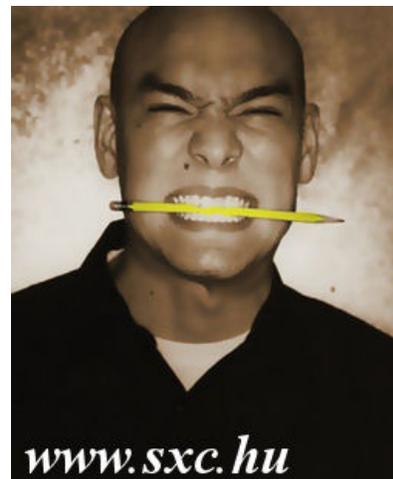
Stress management encompasses techniques intended to equip a person with effective coping mechanisms for dealing with psychological stress.

Definition of stress: Stress management defines *stress* precisely as a person's physiological response to an internal or external stimulus that triggers the "fight-or-flight" reaction.

Important Theoretical Foundations

Early Work

Cannon and Selye used animal studies to establish the earliest scientific basis for the study of stress. They measured the physiological responses of animals to external pressures, such as heat and cold, prolonged restraint, and surgical procedures. Then, they extrapolated from these studies to human beings. Subsequently, early studies of stress in humans by Richard



Rahe and others established the view that stress is caused by distinct, measureable life stressors, and further, that these life stressors can be ranked by the median degree of stress they produce. Thus, stress was traditionally conceptualized to be a result of external insults beyond the control of those experiencing the stress. More recently, however, it has been argued that external circumstances do not have any intrinsic capacity to produce stress, but instead their effect is mediated by the individual's perceptions, capacities, and understanding.

The Transactional Model and Coping Skills Training

For example, Lazarus and Folkman suggest that stress can be thought of as resulting from an “imbalance between demands and resources” or as occurring when “pressure exceeds one’s perceived ability to cope” (Lazarus & Folkman, 1984). Stress management then is premised on the idea that stress is not a direct response to a stressor. Rather, one’s resources and one’s ability to cope mediate the stress response and are amenable to change, thus allowing stress to be controllable.

In order to develop an effective stress management programme it is first necessary to identify the factors that are central to controlling stress, and to identify the intervention methods which effectively target these factors. Lazarus and Folkman’s (1984) interpretation of stress focuses on the transaction between people and their external environment. This Transactional Model potentially empowers the individual on which stressors act by conceptualising stress as a result of how the stressor is appraised initially and how the individual appraises his/her resources to cope with the potential stressor. This model breaks the stressor-stress link by proposing that if stressors are perceived as positive or challenging rather than a threat, and if one is confident that s/he possesses adequate rather than deficient coping strategies, stress may not necessarily follow the presence of a stressor.

This model proposes that helping stressed individuals change their perceptions of stressors, and providing them with strategies which help them cope with stressors and feel confident in their ability to do so, will reduce their stress.

The Health Realization/Innate Health Model

The Health Realization/Innate Health (HR/IH) model of stress agrees with the Transactional Model that stress does not necessarily follow the presence of a so-called stressor. But instead of

focusing on the individual's appraisal of so-called stressors in relation to his or her own coping skills, HR/IH focuses on the nature of thought, arguing that it is ultimately people's thinking that determines how they respond to potentially-stressful external circumstances (Sedgeman, 2005). In this model, stress results from appraising oneself and one's circumstances through a mental filter of insecurity and negativity, whereas a feeling of well-being results from approaching the world with a "quiet mind," "inner wisdom," and "common sense" (Mills, 1995).

This model proposes that helping stressed individuals understand the nature of thought--especially providing them with the ability to recognize when they are in the grip of insecure thinking, disengage from it, and access their natural positive feelings--will reduce their stress (Mills, 1995).

Need for stress management

It is now an accepted fact in the medical community; according to recent research, that stress is one of the major causes of all illnesses. Stress can cause migraines, stroke, eczema, a weak immune system, and many other diseases. Stress is also known to cause medical complications during pregnancy for both the mother and the child. Hence, there is a growing need for stress management.

Techniques of stress management

- self-understanding (e.g. self-identification as a Type A or as a Type B personality)
- cognitive therapy
- self-management (e.g. becoming better-organized)
- conflict resolution
- positive attitude
- self-talk
- autogenic training
- breathing
- progressive relaxation
- meditation
- exercise

- diet
- rest
- stress balls
- therapeutic massage
- laughter

Some techniques of time management may help a person to control stress. For example:

- becoming more organized and reducing the generation of clutter
- setting priorities can help reduce anxiety
- using a "to do" list of tasks that a person needs to complete can give a person a sense of control and accomplishment

Effective stress management involves learning to set limits and to say "No" to some demands that others make.

Stress and Work

Over the past three decades, there has been a growing belief in all sectors of employment and in government that the experience of stress at work has undesirable consequences for the health and safety of individuals and for the health of their organizations. This belief has been reflected both in public and media interest and in increasing concern voiced by the trades unions, and professional and scientific bodies.

There are three basic questions that need to be answered:

- (1) What is the nature of stress at work?
- (2) Does work stress affect health and well being and, if so, how? And,
- (3) What are the implications of existing research for the management of work-related stress?

This Report addresses these questions after having briefly examined the difficulties involved in placing work stress in the context of other life stressors.

The Extent of the Problem

Determining the extent of stress-related health problems at work is not an easy task. Most countries routinely collect data on ill-health retirements, work days lost due to sickness, injury and disability, etc. However, such data are imprecise and not reliable in terms of describing trends due to changes in, for example, the recording methods used. For this reason, they can only be used as a basis for 'educated guesses' in relation to the extent or cost of occupational stress.

One study revealed that 29% of the workers questioned believed that their work affected their health. The work-related health problems mentioned most frequently are musculoskeletal complaints (30%) and stress (28%). 23% of respondents said they had been absent from work for work-related health reasons during the previous 12 months. The average number of days' absence per worker was 4 days per year, which represents around 600 million working days lost per year.

Although there is obviously a need for more rigorous data collection mechanisms, it is clear that stress-related ill-health is a major cause for concern in terms of its impact on both individuals' lives and the productivity of organizations and countries. The research summarized in this Report shows that, even within a life perspective, work-related stress is a significant problem and represents a major challenge to occupational health.

Definition of Stress

The definition of stress is not simply a question of semantics –playing with words– and it is important that there is agreement, at least in broad terms, on its nature. A lack of such agreement

would seriously hamper research into stress and the subsequent development of effective stress management strategies.

The simple equating of demand with stress has been associated with the belief that a certain amount of stress is linked to maximal performance and possibly good health. Belief in optimal levels of stress has been used, on occasions, to justify poor management practices. Given this, it is an unfortunate but popular misconception that there is little consensus on the definition of stress as a scientific concept or, worse, that stress is in some way indefinable and immeasurable. This belief belies a lack of knowledge of the relevant scientific literature.

It has been concluded in several different reviews of the stress literature that there are essentially three different, but overlapping, approaches to the definition and study of stress. The first approach conceptualizes occupational stress as an aversive or noxious characteristic of the work environment, and, in related studies, treats it as an independent variable – the environmental cause of ill health. This has been termed the ‘engineering approach’. The second approach, on the other hand, defines stress in terms of the common physiological effects of a wide range of aversive or noxious stimuli. It treats stress as a dependent variable – as a particular physiological response to a threatening or damaging environment. This has been termed the ‘physiological approach’. The third approach conceptualizes work stress in terms of the dynamic interaction between the person and their work environment. This final approach has been termed the ‘psychological approach’.

Two specific criticisms have been offered of the first two approaches: the first empirical and the second conceptual. First, both engineering and physiological models do not adequately account for the existing data. For instance, they ignore the mediation of strong cognitive as well as situational (context) factors in the overall stress process. The second criticism is that the engineering and physiological models of stress are conceptually dated in that they are set within

a relatively simple stimulus- response paradigm, and largely ignore individual differences of a psychological nature and the perceptual and cognitive processes that might underpin. These two approaches, therefore, treat the person as a passive vehicle for translating the stimulus characteristics of the environment into psychological and physiological response parameters. They largely ignore the interactions between the person and their various environments, which are an essential part of systems-based approaches to biology, behavior and psychology.

However, the third approach to the definition and study of stress pays special attention to environmental factors and, in particular, to the psychosocial and organizational contexts to work stress. Stress is either inferred from the existence of problematic person-environment interactions or measured in terms of the cognitive processes and emotional reactions that underpin those interactions. This has been termed the ‘psychological approach’. The development of psychological models has been, to some extent, an attempt to overcome the criticisms leveled at the earlier approaches. There is now a consensus developing around this approach to the definition of stress. For example, psychological approaches to the definition of stress are largely consistent with the International Labor Organization’s definition of psychosocial hazards (International Labor Organization, 1986: see later) and with the definition of well being recommended by the World Health Organization (1986). They are also consistent with the developing literature on personal risk assessment (see, for example, Cox & Cox, 1993; Cox, 1993; Cox & Griffiths, 1994, 1996). These consistencies and overlaps suggest an increasing coherence in current thinking within occupational health and safety.



Variants of this psychological approach dominate contemporary stress theory, and among them two distinct types can be identified: the interactional and the transactional. The former focuses on the structural features of the person’s

interaction with their work environment, while the latter are more concerned with the psychological mechanisms underpinning that interaction. Transactional models are primarily concerned with cognitive appraisal and coping. In a sense they represent a development of the interactional models, and are largely consistent with them.

There is a growing consensus on the definition of stress as a negative psychological state with cognitive and emotional components, and on its effects on the health of both individual employees and their organizations. Furthermore, there are now theories of stress that can be used to relate the experience and effects of work stress to exposure to work hazards and to the harmful effects on health that such exposure might cause. Applying such theories to the understanding of stress at work allows an approach to the management of work stress through the application of the notion of the control cycle. Such an approach has proved effective elsewhere in health and safety. It offers a systematic problem-solving system for continuous improvement in relation to work stress. There are several distinct areas in which more research is required: some relate to the individual, but others relate to the design and management of work and interventions to improve the work environment.

Individual Differences: work ability and coping

Coping is an important part of the overall stress process. However, it is perhaps the least well understood despite many years of research. It has been suggested that coping has three main features. First, it is a *process*: it is what the person actually thinks and does in a stressful encounter. Second, it is *context-dependent*: coping is influenced by the particular encounter or appraisal that initiates it and by the resources available to manage that encounter.

Finally, coping as a process is and should be defined '*independent of outcome*'; that is, independently of whether it was successful or not. There have been two approaches to the study

of coping: that which attempts to classify the different types of coping strategies and produce a comprehensive taxonomy, and that which considers coping as a problem-solving process.

Most contemporary theories of stress allow for individual differences in the experience of stress, and in how and how well it is coped with. Individual difference variables have been investigated as either: (1) components of the appraisal process, or (2) moderators of the stress-health relationship.

Hence, researchers have asked, for example, to what extent are particular workers vulnerable to the experience of stress, or, for example, to what extent does, say, 'hardiness' moderate the relationship between job characteristics and worker health? This Report suggests that this distinction between individual differences as components of the appraisal process and moderators of the stress-outcome relationship can be easily understood in terms of transactional models of stress.

The experience of stress is partly dependent on the individual's ability to cope with the demands placed on them by their work, and on the way in which they subsequently cope with those demands, and relates issues of control and support. More information is required on the nature, structure and effectiveness of individuals' abilities to meet work demands and to cope with any subsequent stress. The need for more information on coping is widely recognized (see, for example, Dewe, 2000), but relatively less attention has been paid to the need better to understand the concept of work ability or competence, although this is being flagged in relation to ageing research (e.g., Griffiths, 1999a; Ilmarinen & Rantanen, 1999).

Work Hazards and Stress

In line with both the scientific literature and current legislation, this Report considers the evidence relating to all work hazards. These can be broadly divided into *physical hazards*, which

include the biological, biomechanical, chemical and radiological, and the *psychosocial hazards*. Psychosocial hazards may be defined as “those aspects of work design and the organization and management of work, and their social and environmental contexts, which have the potential for causing psychological, social or physical harm”. Exposure to physical and psychosocial hazards may affect psychological as well as physical health. The evidence suggests that such effects on health may be mediated by, at least, two processes: a direct physical mechanism, and a psychological stress-mediated mechanism. These two mechanisms do not offer alternative explanations of the hazard-health association; in most hazardous situations both operate and interact to varying extents and in various ways.

The psychological aspects of work have been the subject of research since at least the 1950s. Initially psychologists concentrated primarily on the obstacles to employees’ adaptation and adjustment to the work environment, rather than on the potentially hazardous characteristics the workplace itself may have for workers. However, with the emergence of psychosocial work environment research and occupational psychology in the 1960s, the focus of interest has moved away from an individual perspective and towards considering the impact of certain aspects of the work environment on health. There is now a large body of evidence that identifies a common set of work characteristics as potentially hazardous (see Table 1).

Additionally, large-scale socio-economic and technological changes in recent years have affected workplaces considerably. They are often collectively referred to as “the changing world of work”. This term encompasses a wide range of new patterns of work organization at a variety of levels, such as:

- a growing number of older workers
- teleworking and increased use of information and communication technology (ICT) in the workplace

- downsizing, outsourcing, subcontracting and globalization, with the associated change in employment patterns
- demands for workers' flexibility both in terms of number and function or skills
- an increasing proportion of the population working in the service sector
- self-regulated work and teamwork

The research corpus is still developing in these areas (e.g., see Rosenstock, 1997), but there is some preliminary evidence that even changes that may be thought to enhance the work environment can produce the opposite effect. For example, Windel (1996) studied the introduction of self-regulating team work in the office of an electronics manufacturer. Although self-regulated work may be a source of increased self-efficacy and offer enhanced social support, Windel found that, after 1 year, work demands had increased and well-being decreased when compared to baseline data. The data suggested that the increase in social support brought about by self-regulating teams was not sufficient to counteract increased demands caused by the combination of a reduction in the number of staff and increases in managerial duties. Metaanalytical studies have also shown either mixed consequences (Bettenhausen, 1991; Windel & Zimolong, 1997) or higher rates of absenteeism and staff turnover (Cohen and Ledford, 1994) as a result of the implementation of teamwork or self-regulated work. It is clear that changes which have such a profound impact on the way organizations operate may carry associated potential hazards that need to be monitored for their impact on health and well being.

In summary, it is possible from the available literature to explore the effects of the more tangible hazards of work on the experience of stress and on health, and to identify those psychosocial hazards that pose a threat to employees. Most literature reviews have identified the need for further research and development to translate this information into a form that can be used in the auditing and analysis of workplaces and organizations.

Work and Health

Over the past two decades, there has been an increasing belief that the experience of stress necessarily has undesirable consequences for health. It has become a common assumption, if not a “cultural truism”, that it is associated with the impairment of health. Despite this, the evidence is that the experience of stress does not *necessarily* have pathological sequelae. Many of the person’s responses to that experience, both psychological and physiological, are comfortably within the body’s normal homeostatic limits and, while taxing the psychophysiological mechanisms involved, need not cause any lasting disturbance or damage.

However, it is also obvious that the negative emotional experiences that are associated with the experience of stress detract both from the general quality of life and from the person’s sense of well being. Thus the experience of stress, while necessarily reducing that sense of well being, does not inevitably contribute to the development of physical or psychological disorder. For some, however, the experience may influence pathogenesis: stress may affect health. At the same time, however, a state of ill health can both act as a significant source of stress, and may also sensitize the person to other sources of stress by reducing their ability to cope. Within these limits, the common assumption of a relationship between the experience of stress and poor health appears justified.

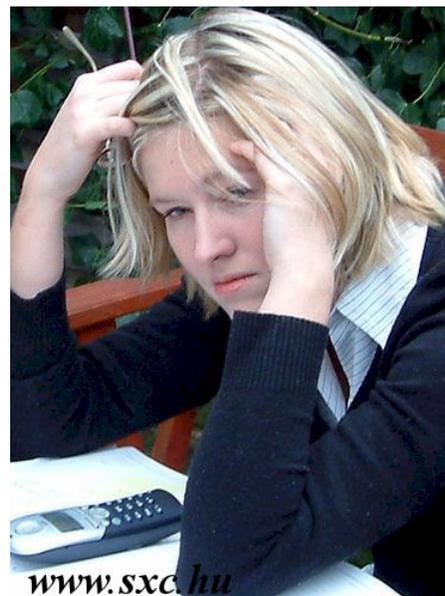
The Report presents a brief overview of the broad range of health and health related effects that have been variously associated with the experience of stress. It focuses on changes in health and health-related behaviors and physiological function, which together may account for any linkage between that experience and psychological and physical health. In summary, the experience of stress can alter the way the person feels, thinks and behaves, and can also produce changes in their physiological function.

Many of these changes simply represent, in themselves, a modest dysfunction and possibly some associated discomfort. Many are easily reversible although still damaging to the quality of life at the time. However, for some workers and under some circumstances, they might translate into poor performance at work, into other psychological and social problems and into poor physical health. Nevertheless, the overall strength of the relationship between the experience of stress, and its antecedents, on one hand, and health, on the other, is consistent but moderate.

There is evidence that the experience of stress at work is associated with changes in behavior and physiological function, both of which may be detrimental to employees' health. Much is known about the possible mechanisms underpinning such effects, and particular attention has been paid to pathologies possibly associated with impaired immune activity as well as those more traditionally linked to stress, such as ulcers, coronary heart disease and rheumatoid arthritis.

Research in to the Assessment and Management of Work-related Stress

There are numerous reviews of research into psychosocial hazards and stress and a large number of papers dealing with the stressors in almost every conceivable work setting and occupation. However, research into the nature and effects of a hazard is not the same as assessment of the associated risk. Indeed, most published studies would



provide very little data that could be used for a risk assessment. Many “stress surveys” tend to identify only hazards or only outcomes, whereas the object of a risk assessment is to establish an *association* between hazards and health outcomes, and to evaluate the risk to health from exposure to a hazard.

An almost unavoidable corollary of the paucity of adequate risk assessments is that most “stress management” interventions target the individual rather than the organization (the former is usually seen as cheaper and less cumbersome), are often *off-the-shelf* designs, and are entirely divorced from the process of diagnosis of the problems - if diagnosis takes place at all.

A different type of approach is therefore required in order to carry out risk assessments that can then inform the design of interventions - in other words, a strategy that actually *asks the question* before giving the answer. Such a strategy has already been suggested for the management of physical hazards at both EU and national level: the *control cycle*, which has been defined as “the systematic process by which hazards are identified, risks analyzed and managed, and workers protected”. As a systematic and comprehensive approach to assessing the risks within the work environment, the control cycle satisfies current legal requirements. However, it is still necessary to evaluate whether it represents a scientifically valid and reliable strategy to assess psychosocial hazards. The Report examines the advantages and disadvantages of application of the control cycle (borrowed from the field of physical hazard control) to the assessment and management of work-related stress. The Report concludes that this model is very helpful as an analogy and represents a useful strategy for the assessment of psychosocial hazards at work. However, there are a number of issues to bear in mind:

- a. the operationalization of definitions of hazard,
- b. the identification of adequate indices of harm that can also be reliably monitored,
- c. satisfactory proof of a causal relationship, and
- d. problems of measurement of the work environment.

Work-life balance: Ways to restore harmony and reduce stress

If your work life and personal life are out of balance, your stress may be running high. Here's how to reclaim control. Finding work-life balance in today's frenetically paced world is no

simple task. Spend more time at work than at home and you miss out on a rewarding personal life. Then again, if you're facing challenges in your personal life such as caring for an aging parent or coping with marital or financial problems, concentrating on your job can be difficult.

Whether the problem is too much focus on work or too little, when your work life and your personal life feel out of balance, stress — and its harmful effects — is the result.

To take control, first consider how the world of work has changed, then reevaluate your relationship to work and apply these strategies for striking a more healthy balance.



How work invades your personal life

There was a time when employees showed up for work Monday through Friday and worked eight to nine hours. The



boundaries between work and home were fairly clear then. But the world has changed and, unfortunately, the boundaries have blurred for many workers. Here's why:

- **Global economy.** As more skilled workers enter the global labor market and companies outsource or move more jobs to reduce labor costs, people feel pressured to work longer and produce more to protect their jobs.
- **International business.** Work continues around the world 24 hours a day for some people. If you work in an international organization, you might be on call around the clock for troubleshooting or consulting.
- **Advanced communication technology.** People now have the ability to work anywhere — from their home, from their car and even on vacation. And some managers expect that.

- **Longer hours.** Employers commonly ask employees to work longer hours than they're scheduled. Often, overtime is mandatory. If you hope to move up the career ladder, you may find yourself regularly working more than 40 hours a week to achieve and exceed expectations.
- **Changes in family roles.** Today's married worker is typically part of a dual-career couple, which makes it difficult to find time to meet commitments to family, friends and community.

If you've experienced any of these challenges, you understand how easy it is for work to invade your personal life.

Overtime obsession

It's tempting to work overtime if you're an hourly employee. By doing so, you can earn extra money for a child's college fund or dream vacation. Some people need to work overtime to stay on top of family finances or pay for extra, unplanned expenses.

If you're on salary, working more hours may not provide extra cash, but it can help you keep up with your workload. Being willing to arrive early and stay late every day may also help earn that promotion or bonus.

Before you sign up for overtime, consider the pros and cons of working extra hours on your work-life balance:

- **Fatigue.** Your ability to think and your eye-hand coordination decrease when you're tired. This means you're less productive and may make mistakes. These mistakes can lead to injury or rework and negatively impact your professional reputation.
- **Family.** You may miss out on important events, such as your child's first bike ride, your father's 60th birthday or your high-school reunion. Missing out on important milestones may harm relationships with your loved ones.

- **Friends.** Trusted friends are a key part of your support system. But if you're spending time at the office instead of with them, you'll find it difficult to nurture those friendships.
- **Expectations.** If you work extra hours as a general rule, you may be given more responsibility. This could create a never-ending and increasing cycle, causing more concerns and challenges.

Sometimes working overtime is important. It's a choice you can make to adjust to a new job or new boss or to pay your bills. If you work for a company that requires mandatory overtime, you won't be able to avoid it, but you can learn to manage it.

If you work overtime for financial reasons or to climb the corporate ladder, do so in moderation. Most importantly, say no when you're too tired, when it's affecting your health or when you have crucial family obligations.

Striking the best work-life balance

It isn't easy to juggle the demands of career and personal life. For most people, it's an ongoing challenge to reduce stress and maintain harmony in key areas of their life. Here are some ideas to help you find the balance that's best for you:

- **Keep a log.** Track everything you do for one week. Include work-related and non-work-related activities. Decide what's necessary and satisfies you the most. Cut or delegate activities you don't enjoy, don't have time for or do only out of guilt. If you don't have the authority to make certain decisions, talk to your supervisor.
- **Take advantage of your options.** Find out if your employer offers flex hours, a compressed work week, job-sharing or telecommuting for your role. The flexibility may alleviate some of your stress and free up some time.

- **Manage your time.** Organize household tasks efficiently. Doing one or two loads of laundry every day rather than saving it all for your day off, and running errands in batches rather than going back and forth several times are good places to begin. A weekly family calendar of important dates and a daily list of to-dos will help you avoid deadline panic. If your employer offers a course in time management, sign up for it.
- **Rethink your cleaning standards.** An unmade bed or sink of dirty dishes won't impact the quality of your life. Do what needs to be done and let the rest go. If you can afford it, pay someone else to clean your house.
- **Communicate clearly.** Limit time-consuming misunderstandings by communicating clearly and listening carefully. Take notes if it helps.
- **Fight the guilt.** Remember, having a family and a job is okay — for both men and women.
- **Nurture yourself.** Set aside time each day for an activity that you enjoy, such as walking, working out or listening to music. Unwind after a hectic workday by reading, practicing yoga or taking a bath or shower.
- **Set aside one night each week for recreation.** Take the phone off the hook, power down the computer and turn off the TV. Discover activities you can do with your partner, family or friends, such as playing golf, fishing or canoeing. Making time for activities you enjoy will rejuvenate you.
- **Protect your day off.** Try to schedule some of your routine chores on workdays so that your days off are more relaxing.



- **Get enough sleep.** There's nothing as stressful and potentially dangerous as working when you're sleep-deprived. Not only is your productivity affected, but you can also make costly mistakes. You may then have to work even more hours to make up for these mistakes.
- **Bolster your support system.** Give yourself the gift of a trusted friend or co-worker to talk with during times of stress or hardship. If you're part of a religious community, take advantage of the support your religious leader can provide. Ensure you have trusted friends and relatives who can assist you when you need to work overtime or travel for your job.
- **Seek professional help.** Everyone needs help from time to time. If your life feels too chaotic to manage and you're spinning your wheels worrying about it, talk with a professional such as your doctor, a psychologist or a counselor recommended by your employee assistance program (EAP).

Services provided by your EAP are usually free of charge and confidential. This means no one but you will know what you discuss. And if you're experiencing high levels of stress because of marital, financial, chemical dependency or legal problems, an EAP counselor can link you to helpful services in your community.

You now have some suggestions for improving the balance between your work and your personal life. Why not take the next step and give these suggestions a try?

Balance doesn't mean doing everything. Examine your priorities and set boundaries. Be firm in what you can and cannot do. Only you can restore harmony to your lifestyle.