Work Stress and Somatic Outcomes in Harare's Financial Services Sector Employees: Towards an Integrated Model of Stress Management

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ABSTRACT

The financial services sector in Zimbabwe is a fast-paced volatile environment with major internal integration and external adaptation forces at play. These pressures take a toll on the mental and physical health of workers as they grapple with low decision latitude, diminished job security, rapid changes and a host of other work stressors. This study aimed at providing insights into the nature of job conditions for workers in the financial services sector, and the relationship between work strains and reported physical and mental health outcomes. Understanding the aetiology of work stressors is key in coming up with tailored stress management programmes. The study investigated the causal relationships between work-related stressors, and mental and physical health outcomes in 209 participants in the financial services sector. Significant correlations p<.01 were found among the work stress variables, and stepwise regression analysis demonstrated the effects of job demands and job resources on reported physical health p<.001. Statistically significant differences were also noted between males and females on physical health, job role, job control, perceived supervisor support and coping with change management. The dearth of local research inspired the investigators to explore the nature of such relationships, as a grounded understanding of stressors and outcomes is the first step in demonstrating the deleterious effects of work stress on individual health. In addition to the research gaps, current literature regarding stress management among professionals in Zimbabwe indicates challenges, particularly with regard to the wide gap that exists between the growing complexities in financial sector organisations and the ever-changing operational environment that makes it harder for organisations to meet the growing client demands. This study underscores the necessity to advance evidence-based and culturally relevant models of work stress in Zimbabwe's financial services sector. The study also supports the need for evidence-based stress management techniques tailored to meet the specific culture and industry challenges. There is no one-size-fits-all approach to work

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stress. Tackling work stress makes business sense, and interventions must be based on research and culture-specific findings.

Keywords: work stress, somatisation, integrated model, financial services sector, aetiology

INTRODUCTION

Work stress remains under-represented in industrial-organisational psychology research and practice in Zimbabwe. The need for culturally relevant theories that take into account the Zimbabwean context make it mandatory to explore the perceptions of local employees on work stress. In other settings, work stress has been noted to have a bearing on the physical and mental health of workers. With its associated effects on workers' mental and physical health, work stress arguably presents a clear and present challenge in an ever-changing operational environment. This reality is worthy of serious attention. The cycles of economic challenges occasioned by the local currency depreciations all combine to take a toll on the health of workers. Although Zimbabwe has a fundamental legislative framework for occupational safety and health (OSH) that protects workers' health and safety, and is comparable to that of many other African nations, a glaring weakness has been the absence of a harmonised and comprehensive legal instrument that covers most workplaces, particularly the financial services sector. The crafting of relevant laws on mental health at work must have their genesis in empirical research that supports the formulation of the required legislation and policies. The 2019-2023 National Strategic Plan for Mental Health Services also sadly failed in its implementation matrix to have clear objectives on tackling mental health in workplaces, or at the very least, to raise awareness on the matter. People suffering from mental health issues are not only those reporting to treatment centres. Workplaces may indeed also have individuals battling mental health conditions. There remains an urgent need to mainstream mental health research at workplaces in order to come up with robust evidence-based approaches to addressing individual and organisational concerns related to optimising mental health in the workplace. This study is part of the effort to raise awareness about the scourge of work stress and how it overlaps other aspects of the person. Awareness is key to coming up with effective policies and stress interventions.

The financial services sector is important as it is the heartbeat of the economy. If the operational environment catches a cold, the effects are most likely to be felt initially in this sector. Zimbabwe's hyperinflation period is littered with a history of finance houses that folded as the country battled a dire economic crisis. The Deposit Protection Board lists the following as having collapsed: AfrAsia, Allied Bank Limited (ZABG), Trust Bank Zimbabwe, Interfin Bank, Royal Bank Zimbabwe, Capital Bank, Century Discount House, Rapid Discount House, Barbican Bank and a host of other players since the year 2000 (www.dpcorp.co.zw).

Scholars across the globe continue to take an active interest in understanding the antecedents and outcomes of stress at work. The mainstreaming of work stress research enables the crafting of policies and legislation that respond directly to this menace. As stress affects the productivity of individuals, the net effect is that underperformance has the potential to derail set economic growth targets. It is often the case that workers experiencing high levels of stress also report physical symptoms that require medical attention (Stranks, 2015). Challenges with physical health require medical attention, and this is a cost to the individual and health insurers. Taking care of the mental health of workers hence makes business sense as the end result will be better job satisfaction, enhanced productivity and the reduced likelihood of workers being absent citing health concerns. Work stress is indeed an issue that should concern all employers.

According to Csiernik (2012), work stress is defined as the pattern of behaviours people exhibit when there is a discrepancy between their knowledge, skills and abilities on the job and the pressures placed on them by their employers. These pressures can arise from inadequate work design, poor organisation, or a lack of control. The dominating model on work stress was suggested by Karasek (1979) and Karasek and Theorell (1990). The job-demands-control model (JDC) outlines that high levels of psychological job demands, coupled with low decision latitude, are linked to adverse health in workers. The JDC model has been extensively studied in Western settings, but its validity is still not certain in the African industrial-organisational psychology landscape. Although work stress is viewed as a normal process for every job, there remains gaps on country-

specific profiles, processes, causes and consequences. Work stress is not generic and needs sector-specific data for unique and relevant employee assistance programmes. Azzone (2009) outlines that every employee at the workplace goes through strains, and the result is the stress response.

In 1946, Hans Selye proposed the General Adaptation Syndrome (GAS), an idea which describes how the human body reacts to stress. This syndrome has three stages, and during each stage, the body responds differently. The body goes through several physiological changes during this process, some of which could be harmful in the long run and even require medical attention. The initial phase is the alarm reaction stage. In this phase, the body sends a distress signal to the brain, which in turn reacts by telling the body to release adrenaline-releasing hormones. These chemicals are also known as 'fight or flight' hormones. During the alarm reaction stage, one experiences raised blood pressure and high heart rate levels. Following the reaction stage is the resistance stage, the second phase during which the body uses the parasympathetic nervous system to attempt to reverse the changes that would have taken place during the reaction stage. This usually happens after the stressor has been removed.

According to Selye in his 1956 seminal work, if the stressor at work is not properly handled, employees may reach the third or final stage of exhaustion, which is when they have used all of their resources and are at a point of experiencing job burnout, leading to a negative outlook on life. Studies in Western settings have reported a high degree of job burnout among workers in the formal sector. However, it is not so apparent in local settings that burnout from work stress will play out as in Western settings. It is thus crucial to determine how work stress relates to motivation and organisational citizenship behaviours. It is not a given that workers will experience a decrease in professional efficacy. Zimbabweans generally experience a strong sense of success motivation which, if not realised, could lead to uncertainty, discontent, helplessness and physical tiredness. These are symptomatic of burnout. Other outcomes of burnout resulting from work stress include absenteeism, non-compliance, low productivity, alcoholism, poor leader-member exchanges and interpersonal team conflict (Shane *et al.,* 2012; Evers & Tomic, 2002). As insights from

African countries remain scarce, the aim of this study was to contribute data from the financial services sector which arguably is one of the most difficult areas to work in due to its volatility and highly confidential nature.

Work stress is a cost to both the employees and their organisation at large (Cartwright & Cooper, 1996). Individual employees can encounter a range of physiological concerns in the form of headaches, elevated blood pressure, muscle spasms, back problems, anxiety, heart attacks, sleeplessness and an array of psychological consequences in the form of mood swings and dissatisfaction with work. Lower organisational commitment and behavioural concerns such as absenteeism, presenteeism, disconnection, reduced productivity and toxic team dynamics are all inimical to productivity (Lambert *et al.,* 2004). McShane *et al.* (2012) argue that the impact of job stress on organisations can include diminishing organisational profits, high employee turnover, lowered employee retention, and gaps in noting and directing the right skills reservoir to complete the assigned tasks within the organisation.

WORK STRESS AND INDIVIDUAL HEALTH

Although mental health issues are widespread, the majority are moderate, usually have a brief duration, and can be effectively treated with medication prescribed by a general practitioner (Hassard *et al.,* 2017). In African settings, the situation is not that clear as there are negative connotations and much stigma associated with reporting a mental issue, hence most people suffer in silence and may even commit suicide in the end.

Mental health pertains to an individual's thoughts, emotions and actions. The two most well-known mental health issues are anxiety and depression (Fielding & Weaver, 1994). These illnesses frequently result from difficult life events such as losing a loved one. They may also be sparked by problems at the workplace. Employers are consequently morally and legally obligated to support impacted workers in their work environments. This is independent of whether or not the health issue is being exacerbated or brought on by the job. To ascertain the degree of risk to employees, mental health concerns relating to the workplace must be

evaluated. When a risk is recognised, a policy should be in place to eliminate the stressor or reduce it as much as is practically possible.

Researchers, for instance, De Jonge and Schaufeli (1998), have established that depression symptoms are caused by occupational stress or work-related stress in a variety of vocations. But comparatively less is known about the connection between mental diseases and somatisation and work-related stress, including in the local financial services sector. According to Li *et al.* (2016), somatisation is a mental health problem that causes disorder in the workplace and requires careful analysis. Hollifield (2001) states that somatisation disorder is a somatoform disorder prototype. It is the transference of mental experiences and states into physical or bodily symptoms, and is thus a mental well-being issue which may be the fuel for chaos at the workplace. For that reason, it needs a detailed analysis (Hollifield, 2001).

Additionally, the need for cross-cultural studies remains an area of concern. Researchers argue that increasing job demands, coupled with low decision latitude and a lack of job security, have adverse effects on workers (Tennant, 2001; Elkin, 2013; Plaisier *et al.,* 2007). From the foregoing discussion, it is apparent that poor mental health and occupational stress are growing over time, at a very rapid rate, and that these conditions need to be given more attention than is the case now (Abbe *et al.,* 2011).

THE CURRENT LEGISLATIVE ENVIRONMENT ON OCCUPATIONAL SAFETY AND HEALTH

Among the fundamental laws governing occupational safety and health (OSH) in Zimbabwe are Statutory Instrument 68 of 1990. The document outlines, among many other things, an employee's entitlement to compensation in the event of an accident that occurs as a result of, or during the course of their job. What is arguable from this is that stressed workers are more prone to accidents and can be a danger to themselves and their colleagues. The document goes into great length to detail the responsibilities of both employers and employees in terms of OSH at work. However, contrary to what prevails in other countries, particularly in Western settings, there is a dearth of a clear focus on mental health at workplaces in this law. Similarly, the Factories and Works Act (20 of

1948), the Labour Act (16 of 1985), the National Social Security Authority (Accident Prevention and Workers Compensation Scheme) Notice No. 68 of 1990, and the Labour Relations (HIV and AIDS) Regulations S.I.202 of 1998, all provide general regulations pertaining to occupational safety and health in Zimbabwe. Secondary regulations also include the Labour Relations (HIV and AIDS) Regulations S.I.202 of 1998, which forbid discrimination based on HIV/AIDS status, and the Protection from Smoking (Public Health) (Control of Tobacco) Regulations S.I.264 of 2002, which forbid smoking in enclosed public places, including workplaces. These laws, which cover the mining, industrial and agricultural sectors, are admittedly industry-specific and meant to be used in addition to general laws. The financial services sector, which is just as important, also requires laws regulating mental and physical health issues at work.

THE NEED FOR A CULTURALLY RELEVANT INTEGRATED FRAMEWORK FOR WORK STRESS

The purpose of this study was to lay the groundwork for a home-grown and culturally relevant indigenous theory of work stress for employees in Harare's financial services sector. Studies from developing countries remain sparse, and the economic and social factors indeed can play a moderating role, hence the need for local studies that test hypotheses and interrogate them in local settings. The demands-control-support model was the suggested framework for putting the study into practice and operationalising it. The effort-reward imbalance model was not preferred due to the realisation that with high inflation, workers the world over tended to view salaries as not meeting their daily needs. High levels of inflation potentially conflate issues and can be the over-riding factor. It was important to control for this reality by using an almost neutral instrument. Multivariate analysis is suggested, given that challenges individuals face at work are also multi-faceted. The development of policies and laws to improve occupational safety and health is given currency through robust research, and this study was aimed at making the facts available to employers and policymakers in order to assist them in the development of stress management programmes.

METHODOLOGY

Long, Kahn and Schutz (1992) determined that multi-faceted research to the stress question was the way to go. In recognition of the need to search

for comprehensive models, this study was part of a wider study intended to test a multivariate statistical model for work stress and its outcomes. The study was based on interrogating the job-demands-control-support model suggested by Karasek and Theorell (1990). This model was found to be useful in the Zimbabwean industrial psychology setting as it can easily be adapted to provide insights into individual sources of stress across a variety of relevant organisational variables. It allows the investigator to ring-fence work-related variables that can inform the stress management programme that the organisation should institute.

STUDY DESIGN

A quantitative cross-sectional design was employed. Existing instruments with known and acceptable psychometric properties were adopted. The sample was drawn from banks and the insurance sector, with 209 valid participants after data cleaning. Non-probability availability sampling was used as, by nature, the financial services sector is not forthcoming on employee data, for strategic reasons. Availability sampling also ensured non-coercive participation. Questionnaires were also availed online on google forms, and hard copies were distributed through the human resources managers who then collected them in sealed envelopes, which were then forwarded to the researchers. The study had been approved by the Applied Psychology Departmental Higher Degrees Ethics Committee.

INSTRUMENTATION

The Health and Safety Executive's Management Standards Indicator questionnaire was used to measure work stressors, and the following were assessed: job demands, job role, supervisor support, colleague support, change management and career outlook. Depressive symptoms were measured by an adapted Patient Health Questionnaire-9, a screening tool that assists in diagnosis and quantification of depression symptoms and severity. This study also adopted the 15 somatic symptoms that make up the Patient Health Questionnaire 15 (PHQ-15) in order to test for concerns related to the stomach, chest and muscles, in addition to reflecting the most frequent physical symptoms experienced by individual patients. An independent samples t-test was run to check for differences between males and females on work stressors and physical as well as mental health outcomes. Simple bivariate correlations were performed to analyse

the associations. Regression analyses were performed to test direct relationships and causality.

RESULTS: DATA ANALYSIS

TABLES 1.1 TO 1.4: DESCRIPTIVE STATISTICS

Table 1.1: Sample summary

		Frequency	Percent
	Male	108	51.7
	Female	101	48.3
	Total	209	100.0

Table 1.2**:** Age of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
	Less than 30 years	63	30.1	30.1	30.1
	30-40 years	86	41.1	41.1	71.3
	41-50 years	48	23.0	23.0	94.3
	Over 51 years	12	5.7	5.7	100.0
	Total	209	100.0	100.0	

Table 1.3: Highest education qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
	A Level	9	4.3	4.3	4.3
	Certificate	4	1.9	1.9	6.2
	Diploma	20	9.6	9.6	15.8
	Degree	103	49.3	49.3	65.1
	Masters Degree	70	33.5	33.5	98.6
	PhD	3	1.4	1.4	100.0
	Total	209	100.0	100.0	

Table 1.4: Hours per week at work

	N	Minimum	Maximum	Mean	Std. Deviation
Hours per week at work	209	35	70	47.11	7.514

Of the 209 participants who took part in the study, 51.7% were male and 48.3% were females.

Noteworthy were the number of hours at work, with a minimum of 35 hours and a maximum of 70 hours worked per week. The normal accepted working hours are between 40 to a maximum of 48 hours per week.

Robust associations were found between work stress sources and reported physical health symptoms, even after adjustment for individual and background characteristics as well as health-related behaviours. These results are in line with previous studies on work stress and somatic symptoms.

Table 1.5: Correlation analysis between work stressors, depression and physical health symptoms

			1	2	3	4	5	6	7	8	9	10
1.	HRS WORKED/WEEK	Pearson Correlation	1									
2.	JOB DEMANDS	Pearson Correlation	**.246****	1								
3.	JOB CONTROL	Pearson Correlation	.057	-.010	1							
4.	SUPERVISOR SUPPORT	Pearson Correlation	.111	**-.223****	**.316****	1						
5.	RELATIONSHIPS	Pearson Correlation	.103	**-.230****	**.257****	**.273****	1					
6.	JOB ROLE	Pearson Correlation	.010	-.048	**.498****	**.195****	**.229****	1				
7.	CHANGE MANAGEMENT	Pearson Correlation	.118	-.116	**.503****	**.437****	**.351****	**.377****	1			
8.	JOB RESOURCES	Pearson Correlation	.036	-.060	**.355****	**.311****	**.303****	**.191****	**.550****	1		
9.	DEPRESSION	Pearson Correlation	**.155***	**.380****	-.018	-.114	**-.215****	.109	-.063	**-.162***	1	
10.	SOMATISATION	Pearson Correlation	**.165***	**.279****	**-.142***	-.096	**-.243****	-.002	-.155	**-.259****	**.421****	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

N=209

Significant correlations were found between job demands, hours worked per week, depression and reported symptoms. Other significant correlations are as indicated in Table 1.5.

Table 1.6: Means and standard deviations of the variables

	Gender	N	Mean	Std. Deviation
SOMATISATION	Male	108	1.5352	.40077
	Female	101	1.6743	.40141
DEPRESSION	Male	108	1.6852	.61415
	Female	101	1.6997	.51173
JOB DEMANDS	Male	108	3.3117	.84373
	Female	101	3.4538	.81005
JOB CONTROL	Male	108	3.5679	.67172
	Female	101	3.2987	.78645
RELATIONSHIPS	Male	108	3.6505	.69791
	Female	101	3.7277	.72120
J0B ROLE	Male	108	4.2153	.50864
	Female	101	4.0569	.52783
CAREER PROSPECTS	Male	108	2.8426	1.02001
	Female	101	2.7822	.96803
SUPERVISOR SUPPORT	Male	108	3.6278	.64269
	Female	101	3.3762	.81402
COLLEAGUE SUPPORT	Male	108	3.7755	.64393
	Female	101	3.6337	.85188
CHANGE MANAGEMENT	Male	108	3.1914	.90711
	Female	101	2.9043	1.09983
JOB RESOURCES	Male	108	3.0494	1.03301
	Female	101	2.9109	1.01750

Reliability analysis of the constructs showed the following Cronbach's alphas (indices): 0.797 for somatisation, 0.847 for depression, 0.838 for job demands, 0.791 for job control, 0.72 for relationships, 0.80 for job role, 0.802 for career prospects, 0.71 for supervisor support, 0.791 for support from colleagues, 0.84 for change management, and 0.812 for job resources. Table 1.6 above also represents the descriptive statistics between the work stressors and reported mental and physical health outcomes.

Table 1.7: Independent samples test between males and females

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% CI of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Diff	Std. Error Diff	Lower	Upper
SOMATISATION	Equal variances assumed	.300	.584	-2.505	207	**.013**	-.13907	.05552	-.24853	-.02962
	Equal variances not assumed			-2.505	206.021	**.013**	-.13907	.05552	-.24853	-.02961
DEPRESSION	Equal variances assumed	5.762	.017	-.185	207	.854	-.01448	.07848	-.16921	.14024
	Equal variances not assumed			-.186	204.340	.853	-.01448	.07801	-.16829	.13932
JOB DEMANDS	Equal variances assumed	.720	.397	-1.240	207	.216	-.14207	.11456	-.36792	.08379
	Equal variances not assumed			-1.242	206.854	.216	-.14207	.11440	-.36761	.08348
JOB CONTROL	Equal variances assumed	2.034	.155	2.666	207	**.008**	.26922	.10096	.07017	.46827
	Equal variances not assumed			2.652	197.207	**.009**	.26922	.10150	.06906	.46938
RELATIONSHIPS	Equal variances assumed	.005	.944	-.787	207	.432	-.07726	.09818	-.27081	.11629
	Equal variances not assumed			-.786	204.946	.433	-.07726	.09828	-.27104	.11652
JOB ROLE	Equal variances assumed	1.014	.315	2.208	207	**.028**	.15835	.07170	.01699	.29971
	Equal variances not assumed			2.206	204.773	**.029**	.15835	.07179	.01680	.29989
CAREER OUTLOOK	Equal variances assumed	.086	.769	.439	207	.661	.06041	.13776	-.21118	.33201

	Equal variances not assumed			.439	206.953	.661	.06041	.13752	-.21070	.33153
SUPERVISOR SUPPORT	Equal variances assumed	7.550	.007	2.488	207	**.014**	.25154	.10112	.05219	.45089
	Equal variances not assumed			2.468	190.174	**.014**	.25154	.10191	.05052	.45256
COLLEAGUE SUPPORT	Equal variances assumed	7.244	.008	1.363	207	.174	.14180	.10404	-.06331	.34691
	Equal variances not assumed			1.351	185.832	.178	.14180	.10500	-.06534	.34894
CHANGE MANAGEMENT	Equal variances assumed	5.380	.021	2.064	207	**.040**	.28707	.13909	.01285	.56128
	Equal variances not assumed			2.051	194.237	**.042**	.28707	.13998	.01098	.56315
JOB RESOURCES	Equal variances assumed	.074	.786	.976	207	.330	.13849	.14196	-.14138	.41836
	Equal variances not assumed			.976	206.437	.330	.13849	.14188	-.14124	.41822

Table 1.7 shows the statistically significant differences between males and females on physical health symptoms (somatisation), job control, job role, supervisor support and change management perceptions.

STEPWISE MULTIPLE REGRESSION TO EXPLAIN HOW WORK STRESSORS CAUSED SOMATISATION

Table 1.8 Job demands as predictors of physical health outcomes

Variables Entered/Removed[a]			
Model	**Variables Entered**	**Variables Removed**	**Method**
1	JD	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	JR	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
a. Dependent Variable: SOMATISATION			

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	2.674	1	2.674	17.496	.000[b]
	Residual	31.635	207	.153		
	Total	34.309	208			
2	Regression	4.699	2	2.349	16.345	.000[c]
	Residual	29.610	206	.144		
	Total	34.309	208			
a. Dependent Variable: SOMATISATION						
b. Predictors: (Constant), JD						
c. Predictors: (Constant), JD, JR						

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	
1	(Constant)	1.140	.114		10.014	.000			
	JD	.137	.033	.279	4.183	.000	.279	.279	.279
2	(Constant)	1.452	.138		10.508	.000			
	JD	.130	.032	.265	4.080	.000	.279	.273	.264
	JR	-.096	.026	-.243	-3.753	.000	-.259	-.253	-.243
a. Dependent Variable: SOMATISATION									

Table 1.8 shows that job demands and job resources were significant predictors of reported physical health ailments. The other factors were not statistically significant predicators of physical health outcomes.

Excluded Variables[a]						
Model		**Beta In**	**t**	**Sig.**	**Partial Correlation**	**Collinearity Statistics** **Tolerance**
1	Job Control	-.139[b]	-2.103	.037	-.145	1.000
	Supervisor Support	-.035[b]	-.512	.609	-.036	.950
	Colleague Support	-.149[b]	-2.236	.026	-.154	.989
	Relationships at Work	-.189[b]	-2.802	.006	-.192	.947
	Job Role	.011[b]	.170	.865	.012	.998
	Change Management	-.124[b]	-1.860	.064	-.128	.986

	Job Role	-.243[b]	-3.753	.000	-.253	.996
	Career Profile	-.049[b]	-.707	.480	-.049	.913
	Hours Per Week at Work	.103[b]	1.497	.136	.104	.940
	Age	-.054[b]	-.800	.425	-.056	.986
2	Job Control	-.060[c]	-.873	.384	-.061	.874
	Supervisor Support	.045[c]	.647	.518	.045	.862
	Colleague Support	-.074[c]	-1.066	.288	-.074	.873
	Relationships	-.126[c]	-1.818	.070	-.126	.863
	Job Role	.059[c]	.899	.370	.063	.962
	Change Management	.014[c]	.180	.857	.013	.690
	Career Profile	-.018[c]	-.259	.796	-.018	.898
	Hours Per Week at Work	.116[c]	1.745	.082	.121	.937
	Age	-.085[c]	-1.294	.197	-.090	.972
a. Dependent Variable: SMSN						
b. Predictors in the Model: (Constant), JD						
c. Predictors in the Model: (Constant), JD, JR						

Descriptive Statistics			
	Mean	**Std. Deviation**	**N**
DEPRESSION	1.6922	.56567	209
JOB DEMANDS	3.3804	.82870	209
JOB CONTROL	3.4378	.74004	209
SUPERVISOR SUPPORT	3.5062	.73955	209
COLLEAGUE SUPPORT	3.7069	.75316	209
RELATIONSHIPS	3.6878	.70861	209
JOB ROLE	4.1388	.52280	209
CHANGE MANAGEMENT	3.0526	1.01268	209
JOB ROLE	2.9825	1.02543	209
CAREER PROGRESSION	2.8134	.99330	209
Hours Per Week at Work	47.11	7.514	209
Age	2.04	.873	209
Gender	1.48	.501	209
Highest Education Qualification	5.10	.973	209
Level in Organisation	1.53	.643	209
Marital Status	2.92	1.417	209

Table 1.9 Predicting depression from work-related stressors

Variables Entered/Removed[a]			
Model	**Variables Entered**	**Variables Removed**	**Method**
1	JOB DEMANDS	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
2	CAREER PROGRESSION	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
3	AGE	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
4	JOB ROLE	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
5	JOB RESOURCES	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
6	RELATIONSHIPS	.	Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100).
a. Dependent Variable: DEPRESSION			

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.380[a]	.144	.140	.52460
2	.421[b]	.177	.169	.51551
3	.452[c]	.204	.192	.50837
4	.481[d]	.231	.216	.50082
5	.512[e]	.262	.244	.49176
6	.527[f]	.277	.256	.48794
a. Predictors: (Constant), Job demands				
b. Predictors: (Constant), Job demands, career outlook				
c. Predictors: (Constant), Job demands, career outlook, age				
d. Predictors: (Constant), Job demands, career outlook, age, job role				
e. Predictors: (Constant), JD, CP, age, job role, job resources				
f. Predictors: (Constant), JD, CP, age, job role, job resources, relationships				

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	9.588	1	9.588	34.841	.000[b]
	Residual	56.967	207	.275		
	Total	66.555	208			
2	Regression	11.810	2	5.905	22.220	.000[c]
	Residual	54.745	206	.266		

	Total	66.555	208			
3	Regression	13.576	3	4.525	17.510	.000[d]
	Residual	52.980	205	.258		
	Total	66.555	208			
4	Regression	15.389	4	3.847	15.339	.000[e]
	Residual	51.166	204	.251		
	Total	66.555	208			
5	Regression	17.463	5	3.493	14.443	.000[f]
	Residual	49.092	203	.242		
	Total	66.555	208			
6	Regression	18.462	6	3.077	12.924	.000[g]
	Residual	48.093	202	.238		
	Total	66.555	208			
a. Dependent Variable: DEPSN						
b. Predictors: (Constant), JD						
c. Predictors: (Constant), JD, CP						
d. Predictors: (Constant), JD, CP, age						
e. Predictors: (Constant), JD, CP, age, JBROLE						
f. Predictors: (Constant), JD, CP, age, JBROLE, JR						
g. Predictors: (Constant), JD, CP, age, JBROLE, JR, RELNS						

Job demands, career outlook, age, job role, job resources and work relationships were all found to be significant predictors of depression among the workers. It was noted that these stressors also had incremental validity to depression. This suggests that as each variable was included, the effect of depression increased.

DISCUSSION AND CONCLUSION

The aim of the study was to evaluate work strains and their effect on physical and mental health outcomes and, in the process, provide data for evidence-based and innovative stress management programmes. Given that work stress could be culture- and organisational-specific, the study also sought to highlight the need to consider the issue of culture in understanding work stress. It was found that work stress was a process and not a diagnosis, as it was a function of many variables within workplaces that serve to induce psychological and physical strain on individuals. Employees experience stress through an imbalance between the demands being made on their knowledge, skills and ability versus the available resources to cope with those demands. Social support was found to attenuate the strain caused by high job demands. The degree of

stress a person may experience is a function of their attitude to a particular situation and the available social support. An issue that may be extremely stressful for one person can be a mere hiccup in another person's life. How people determine the severity of a stressor is a function of their personality as well, but this was not included in this analysis. Personality relates to a person's ways of thinking and feeling, and behavioural patterns. Individuals with low emotional stability tend to employ poor or ineffective coping strategies (Hollifield *et al.,* 1999). There is hence no one-size-fits-all approach to job stress.

Stress at work can be brought on by a variety of issues, such as working long hours, having disagreements with co-workers and feeling alone. Whether or not someone can accept that certain problems in life can never be resolved to their satisfaction typically determines how much stress they endure. For instance, a person could experience stress due to their employer's treatment of them or a co-worker's actions. Often, addressing the specific behaviour will alleviate this tension. Many organisations have procedures in place to handle issues that arise at work, such as victimisation, harassment, or unfair treatment. If the behaviour is altered, the issue can frequently be fixed.

However, at an organisational level, this study showed that mental and physical health outcomes were indeed a function of the work strain felt owing to job demands, change management programmes, work roles and social relationships at work. These are organisational factors that need to be considered in crafting a stress management programme. Some issues are never going to be completely fixed, and because of the nature of the work itself or the supervisor's temperament, one might have to accept things as they are. For instance, an individual can have difficulty in the future if they are reporting to someone they believe is not qualified for a job, especially if the individual feels that he/she should be in that higher position, instead. Unless the individual is able to move on, this will continue to be a stressor. Some previous research that looked at the relationship between social support and reported physical problems discovered significant relationships (Tennant, 2001; Hasin *et al.,* 2023). This study reported significant associations between somatisation and hours of work, role demands, job control, social relationships and job

resources. This is in line with the findings of Lambert, V. A., Lambert, C. E. and Ito (2004).

Depression symptoms were also found to be significantly associated with hours worked, job demands, social relationships and job resources. This echoes findings of De Jonge and Schaufeli (1998), and Fielding and Weaver (1994), who found significant associations between control and emotional exhaustion. The noted stressors consequently need to form the basis of any organisation's stress management programme.

Employees can more effectively manage work-related stress on an individual basis by leading a healthy lifestyle and using appropriate coping mechanisms. Stress-inducing variables are sometimes unavoidable, yet altering one's assumptions about a situation might help a lot. Severe sickness can result from untreated stress. If an individual figures that they cannot handle things, it is critical to obtain help.

Some limitations in the design may have influenced the results. This study was a cross-sectional design and this impairs certainty on causality. A longitudinal study is required to clarify this matter. Sampling invariance was also an issue as participants came from different organisations with different dynamics. The lengthy questionnaire for self-report measures could have been affected by social desirability tinged participants as well as fatigue.

DEVELOPING AN INNOVATIVE AND CULTURALLY COMPREHENSIVE STRESS MANAGEMENT PROGRAMME

The adage that 'prevention is better than cure' is very useful for the management of stress. This study indeed demonstrated the need for stress management programmes to be based on organisation- or industry-specific data. A good stress management programme at the minimum, needs to have relaxation and also build psychological resources in individuals (Evers & Tomic, 2002). This goes a long way as the starting point in the development of an employee assistance programme. Whilst exercise and fitness programmes are important, taking care of, and understanding the mental health of workers is even more important. Businesses must therefore spend money on strategy.

Furthermore, attention should be focussed on the avoidance of conflict. Supervisors and line managers need to be made aware of the impact of leader-member exchanges and how these are important in reducing experienced strain among workers. Hence, anyone with people reporting to him or her at the most basic, must be exposed to supervisory and people management skills. Workers tended to experience less strain when they felt supported by their superiors and colleagues. Such an awareness makes line managers and subordinates feel less stressed through avoiding unnecessary arguments and conflict. The suggestion is not that a problem at work should be ignored. Line managers should clearly define the roles workers play and, at the same time, ensure that they have adequate resources to get the work done.

Examining stressors and people's responses to them can help organisations manage stress more comprehensively. It is critical to:

1. Specify situations that make workers experience job stress.
2. Understand situations that workers can control.
3. Prepare for stressful events in advance, by running stress audits.
4. Base stress management programmes on sound data and science.

Career progression was also noted to be important. For this reason, organisations need to create and open career paths for employees. This is in line with Tennant (2001) who argued that job security was a major variable to mental health when the economy was volatile. This also has the potential to enhance citizenship and organisational commitment. The current research focused attention on the public debate and policies on mental health at work in Zimbabwe. Locally, the research suggests that job design, career progression, relationships, job resources and proper job analysis could act as the avenue to enhance mental health in the workplace. Furthermore, supervisor and peer support were the low hanging fruits which organisations could quickly use to come up with interventions that enhance leader-member exchanges. Social relations at work are thus important and could easily be instituted for stress management programmes at work. Workers need to also balance work demands and other personal duties outside of work to lead more balanced lives. This is crucial in the volatile and challenging Zimbabwean

operational environment. Work stress audits need to be carried out more regularly, particularly when organisations undergo significant changes.

Future research needs to continue looking at mediating variables such as locus of control and psychological capital in order to strengthen the capacity of workers to deal with the mental health issues at work and, possibly, in their personal lives. Job design is crucial, as role clarity and task variety were noted to enhance motivational potential, according to the seminal work of Hackman and Oldham (1976). These interventions have to be part of a comprehensive strategy aimed at promoting mental health in the financial services sector.

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