



(a)



(b)

Figure 14.14 (a) Police officers and (b) firefighters hold high stress occupations. (credit a: modification of work by Australian Civil-Military Centre; credit b: modification of work by Andrew Magill)

Occupation

Stressors Specific to Occupation (Sulsky & Smith, 2005)

Police officer

physical dangers, excessive paperwork, red tape, dealing with court system, coworker conflict, supervisor conflict, lack of support from the public

Firefighter

uncertainty over whether a serious fire or hazard awaits after an alarm

Social worker

little positive feedback from jobs or from the public, unsafe work environments, frustration, dealing with bureaucracy, excessive paperwork, sense of personal responsibility for client outcomes, workload

Teacher

Excessive paperwork, lack of adequate supplies or facilities, work overload, lack of positive feedback, vandalism, threat of physical violence

Nurse

Work overload, heavy physical work, patient concerns (dealing with death and medical emergencies), interpersonal problems with other medical staff (especially physicians)

Emergency medical worker

Unpredictable and extreme nature of the job, inexperience

Air traffic controller

Little control over potential crisis situations and workload, fear of causing an accident, high-pressure situations, general work environment

Clerical and secretarial work

Little control over job mobility, unsupportive supervisors, work overload, lack of personal control

Managerial work

Work overload, conflict and ambiguity in defining the managerial role, difficult work environment

Table 14.2 Occupations and Their Related Stressors

Although the specific stressors for these occupations are diverse, they seem to share two common denominators: heavy workload and uncertainty about and lack of control over certain aspects of a

job. Both of these factors contribute to **job strain**, a work situation that combines excessive job demands and workload with little discretion in decision making or job control (Karasek & Theorell, 1990). Clearly, many occupations other than the ones listed in [Table 14.2](#) involve at least a moderate amount of job strain in that they often involve heavy workloads and little job control (e.g., inability to decide when to take breaks). Such jobs are often low-status and include those of factory workers, postal clerks, supermarket cashiers, taxi drivers, and short-order cooks. Job strain can have adverse consequences on both physical and mental health; it has been shown to be associated with increased risk of hypertension (Schnall & Landsbergis, 1994), heart attacks (Theorell et al., 1998), recurrence of heart disease after a first heart attack (Aboa-Éboulé et al., 2007), significant weight loss or gain (Kivimäki et al., 2006), and major depressive disorder (Stansfeld, Shipley, Head, & Fuhrer, 2012). A longitudinal study of over 10,000 British civil servants reported that workers under 50 years old who earlier had reported high job strain were 68% more likely to later develop heart disease than were those workers under 50 years old who reported little job strain (Chandola et al., 2008).

Some people who are exposed to chronically stressful work conditions can experience **job burnout**, which is a general sense of emotional exhaustion and cynicism in relation to one's job (Maslach & Jackson, 1981). Job burnout occurs frequently among those in human service jobs (e.g., social workers, teachers, therapists, and police officers). Job burnout consists of three dimensions. The first dimension is exhaustion—a sense that one's emotional resources are drained or that one is at the end of her rope and has nothing more to give at a psychological level. Second, job burnout is characterized by depersonalization: a sense of emotional detachment between the worker and the recipients of his services, often resulting in callous, cynical, or indifferent attitudes toward these individuals. Third, job burnout is characterized by diminished personal accomplishment, which is the tendency to evaluate one's work negatively by, for example, experiencing dissatisfaction with one's job-related accomplishments or feeling as though one has categorically failed to influence others' lives through one's work.

Job strain appears to be one of the greatest risk factors leading to job burnout, which is most commonly observed in workers who are older (ages 55–64), unmarried, and whose jobs involve manual labor. Heavy alcohol consumption, physical inactivity, being overweight, and having a physical or lifetime mental disorder are also associated with job burnout (Ahola, et al., 2006). In addition, depression often co-occurs with job burnout. One large-scale study of over 3,000 Finnish employees reported that half of the participants with severe job burnout had some form of depressive disorder (Ahola et al., 2005). Job burnout is often precipitated by feelings of having invested considerable energy, effort, and time into one's work while receiving little in return (e.g., little respect or support from others or low pay) (Tatris, Peeters, Le Blanc, Schreurs, & Schaufeli, 2001).

As an illustration, consider CharlieAnn, a nursing assistant who worked in a nursing home. CharlieAnn worked long hours for little pay in a difficult facility. Her supervisor was domineering, unpleasant, and unsupportive; he was disrespectful of CharlieAnn's personal time, frequently informing her at the last minute she must work several additional hours after her shift ended or that she must report to work on weekends. CharlieAnn had very little autonomy at her job. She had little say in her day-to-day duties and how to perform them, and she was not permitted to take breaks unless her supervisor explicitly told her that she could. CharlieAnn did not feel as though her hard work was appreciated, either by supervisory staff or by the residents of the home. She was very unhappy over her low pay, and she felt that many of the residents treated her disrespectfully.

After several years, CharlieAnn began to hate her job. She dreaded going to work in the morning, and she gradually developed a callous, hostile attitude toward many of the residents. Eventually, she began to feel as though she could no longer help the nursing home residents. CharlieAnn's

absenteeism from work increased, and one day she decided that she had had enough and quit. She now has a job in sales, vowing never to work in nursing again.s