

COMPARATIVE STUDY ON THE IMPACT OF COVID-19 ON EMOTIONAL WELL-BEING IN THE WORKPLACE

*Anna Vintere¹, Inga Bartusevičienė², Eve Aruvee³, Daiva Rimkuvienė⁴

¹Latvia University of Life Sciences and Technologies, Latvia

²The World Maritime University, Sweden

³Estonian University of Life Sciences, Estonia

⁴Vytautas Magnus University, Lithuania

*Corresponding author's e-mail: Anna.Vintere@lbtu.lv

Abstract

Individuals' emotional well-being is determined by several factors, including the ability to cope with daily stress and the ability to cope with various daily challenges. Ability of the management to provide favorable psycho-emotional and psychosocial conditions within their team is particularly important. However, managers do not always have the knowledge and skills to lead their teams. For the development of the methodology, a study of the scientific literature on topical issue like healthy workplace was performed. The empirical part of the study is based on the results of the survey conducted Lithuania, Latvia, Estonia and Sweden within the Nordplus project 'Dealing with anxiety during a pandemic to enhance adult well-being' on the impact of Covid-19, as well as the training that would be necessary for the managers of companies or organizations to promote emotional well-being in the workplace. The comparative study was conducted from the perspective of both employees and managers. The results show that the impact of the COVID-19 pandemic on workplace and the well-being of employees was not strong for the respondents, depending mainly on the job position, the size of the organization and country. Managers and employees consider various psychological trainings essential.

Key words: Covid-19, emotional well-being, healthy workplace, pandemic, psychological well-being.

Introduction

COVID-19 pandemic had a significant impact on the working environment. Many companies were forced to introduce remote work arrangements, leading to significant changes in work environment and management practices. Barrero, Bloom, & Steven (2021) mentioned that about 50 percent of paid work hours were conducted from home between April and December 2020, which is ten times more compared to pre-pandemic level. This shift led to an increase in the use of technology and changes in communication and collaboration possibilities. The situation affected life and work of every person: people experiences influence of COVID-19 pandemic on their physical and/or mental health, some of them suffered from fear, anxiety and stress, uncertainty, etc.

The Covid-19 situation has had a negative impact on the individual's work-life balance, resulting in a deterioration of emotional well-being. Remote working, limited socializing opportunities, home schooling, etc. were situations that each of us had to cope with.

If a person feels that he/she is likely to have a negative outcome, he/she may experience higher levels of stress and anxiety. As the stress continues, the person gets stuck in a 'squirrel wheel' where causes and effects get mixed up. Excessive stress leads to somatic and mental weakness, which in turn increases the risk of injury and congestion. Previously familiar and easy life situations become traumatic

and require great effort to overcome. It also leads to stress at work, burnout or depression.

Peer support is important in times of emotional stress, and the understanding and ability of the management of a company or institution to provide favorable psycho-emotional and psychosocial conditions within their team is particularly important. However, managers do not always have the knowledge and skills to lead their teams, especially in high emotional risk situations where the main challenge is to reduce anxiety, improve the emotional well-being of employees and ensure a positive psycho-emotional and psychosocial environment in the workplace.

Some actions should be considered in a post-pandemic situation. One of them is to develop a training course for managers of companies and institutions to successfully lead teams, reducing anxiety and improving well-being, and to increase competence to ensure a positive psycho-emotional and psychosocial environment in the workplace. In order to determine the content of this training course, the aims of this study are:

1. Define the components of a healthy workplace;
2. Identify the impact of the COVID-19 pandemic on the workplace;
3. Identify the role of training to increase individual resilience of employees at the workplace considering the views of both workers and employers.

Materials and Methods

To develop the methodology of this study, a study of the scientific literature on topical issues like positive psycho-emotional and psychosocial environment in the workplace was performed.

The survey of managers and employees was conducted in four countries: Lithuania, Latvia, Estonia and Sweden as part of the Nordplus project 'Dealing with anxiety during a pandemic to enhance adult well-being'. The questionnaire is available here: <https://forms.gle/R65rPcssmnLmBSKR9>.

The questionnaire consisted of three sections:

- Section I: To collect participants' personal and workplace background information;
- Section II: To collect participants' views on the impact of the COVID-19 pandemic on the workplace and the well-being of employees;
- Section III: For the participants to offer their views on receiving training to deal with the impact of the COVID-19 pandemic at workplaces and increase individual resilience.

Section III contained the questions related to a particular topic which can be addressed by training in order to reduce anxiety; enhance the emotional well-being of employees, and insure the healthy psycho-emotional and psychosocial environment at the workplace.

A total of 335 respondents took part in the study. Results include the analysis of impact of the COVID-19 pandemic on the workplace and the role of training to increase individual resilience of employees by country, gender, education level, job position, type and size of organization.

To find out how the COVID pandemic has affected respondents, a set of questions was asked. 260 completed questionnaires were found in the analysis of these responses. Statistical analysis was performed by using chi-square test with a significance level of 0.05.

To analyse the role of training to increase individual resilience of employees, the Kruskal-Wallis test in computer package R is used to evaluate differences between groups based on medians, but pairwise.wilcox test – to evaluate what groups are different. The dataset consists of 321 rows and in this part of the questionnaire, it was necessary to answer three questions, each of which in turn contains several questions (Table 4, Table 5, Table 6) that need to be evaluated: very helpful, somewhat helpful, not very helpful, not at all helpful, difficult to say.

Results and Discussion

Researches show that anxiety of the employees has considerable consequences on the working environment: anxiety has a negative impact on levels of job performance (McCarthy, Trougakos, & Cheng, 2016), decrease productivity (Cheng & McCarthy,

2018), reduce job satisfaction, increase turnover intentions (Thorsteinsson, Brown, & Richards, 2014; Rodell & Judge, 2009), unethical behaviors could occur (Kouchaki & Desai, 2015) which affect relations with colleagues and their overall wellbeing at the workplace. In addition, anxiety can have an impact on physical and mental health of employees, for example, cardiovascular disease (Kristensen, 1996), depression (Jeon & Kim, 2018), etc. Overall, anxiety at workplace can lead to a toxic work environment and high turnaround of the employees. That's why reducing anxiety at the workplace is important and should be taken into consideration by leaders and managers.

The definition of a healthy workplace is closely related to World Health Organization's (WHO) definition of health, such as 'A state of complete physical, mental and social well-being, and not merely the absence of disease', which implies a holistic view on it. Following this definition, the four main areas should be considered while developing a healthy workplace: physical work environment, psychosocial work environment, personal health resources, and enterprise community involvement (Kotrum, 2014).

The physical work environment includes the structure, air, machines, furniture, products, chemicals, materials and processes that are present or that occur in the workplace, and which can affect the physical or mental safety, health and well-being of workers. The elements of the physical work environment can be detected by human or electronic senses. Personal health resources in the workplace include health services, information, resources, opportunities, which are provided at the workplace to support or motivate their efforts to improve or maintain healthy personal lifestyle practices.

The psychosocial work environment includes the organization of work and the organizational culture; the attitudes, values, beliefs and practices that are demonstrated on a daily basis in the enterprise/organization, and which affect the mental and physical well-being of employees. These are sometimes generally referred to as workplace stressors, which may cause emotional or mental stress to workers.

Enterprise community involvement or business responsibility comprises the activities, expertise and other resources an enterprise engages in or provides to the social and physical community or communities in which it operates; and which affect the physical and mental health, safety and well-being of workers and their families. It includes activities, expertise and resources provided to the immediate local environment, but also the broader global environment.

In Figure 1 all four main areas are presented as well as the examples of possible interventions to improve each of them.

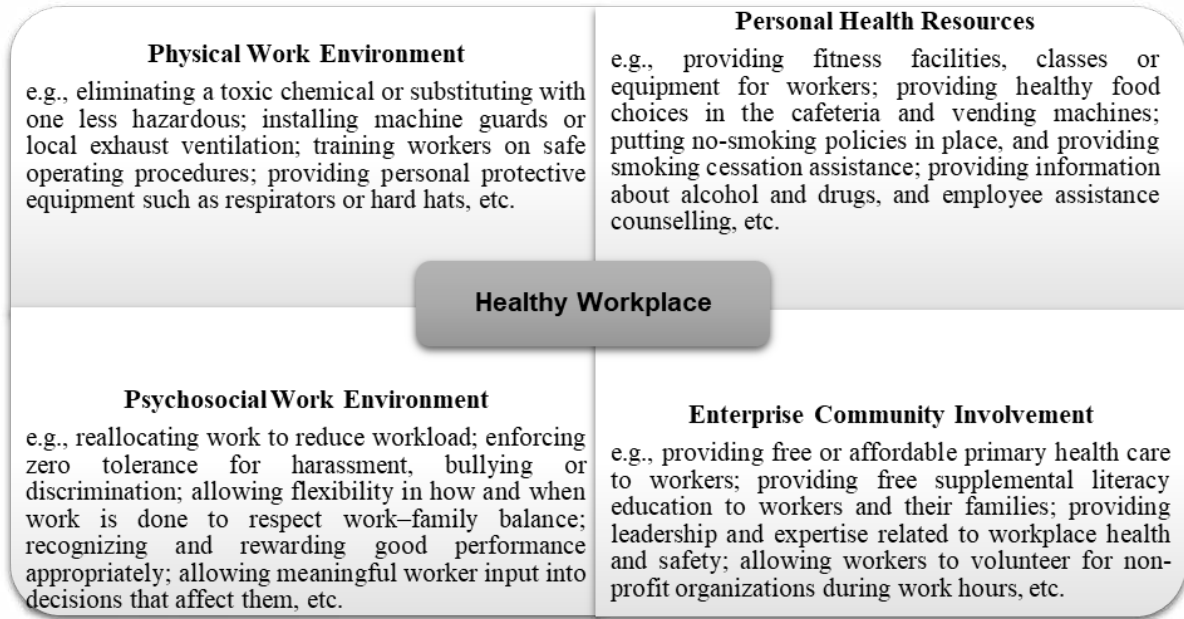


Figure 1. Four main aspects of healthy workplace.

Source: Adapted from Kotrum (2014).

Since the work environment has changed, the leaders of organisations should take more responsibility in insuring healthy psychosocial environment at the workplace and reducing anxiety and enhancing the emotional wellbeing of employees. Research shows that leaders play a critical role in reducing anxiety of the employees and creating and maintaining a healthy psychosocial environment at the workplace. They can create a culture of trust, respect, and inclusion by fostering open communication, providing support and guidance, promoting a sense of belonging among employees, addressing and managing stress factors, eliminating conflicts, and promoting work-life balance. In addition, leaders can develop positive work environment by introducing models of health support strategies (Boott *et al.*, 2021) and stress coping practices.

The other issue is how much leaders know about their role in maintaining positive wellbeing of employees at the workplace and how they are prepared to provide this support to their employees.

To better understand the needs of leaders and employees in specific training focusing on particular areas, the questionnaire was designed, based on the above scientific considerations.

First, respondents answered the question on how the pandemic affected them. Table 1 details survey responses. The majority of respondents (41.0%) replied that the COVID-19 pandemic had a moderate impact on their workplace. Only 7.0% of participants mentioned they were not affected by the pandemic on their workplace. This group did not respond to a more detailed questionnaire.

Table 1

Answers to the question 'Regarding the impact of COVID-19 pandemic at your workplace, to what extent do you agree or disagree with the following?' (%)

No impact at all	Slight impact	Moderate impact	High impact	Difficult to say
6.83	23.29	40.68	24.22	4.97

Analysis of the responses showed that there was no statistically significant difference in the distribution of responses by age, gender, duration of employment in their current position, gender composition of organization.

However, such statistically significant

differences were observed when compared by the level of education (chi-squared = 28.51, p-value = 0.0275), job position (chi-squared = 13.67, p-value = 0.0085), type of organization (chi-squared = 25.594, p-value = 0.0123), size of organization (chi-squared = 28.40, p-value = 0.0048), country

(chi-squared = 91.08, p-value = 4.804e-11).

50.0% of Estonian and 20.0% of Lithuanian respondents stated that the pandemic had a moderate impact on their workplace. The largest group of Latvian respondents (35.0%) indicated that they were moderately affected by the pandemic. 45.6%

of Swedish respondents and 43.3% of respondents from other countries reported that this had a high impact. Second, respondents answered a more detailed questionnaire on working conditions during the pandemic. Table 2 details survey responses.

Table 2

Answers to the question 'Regarding the impact of COVID-19 pandemic at your workplace, to what extent do you agree or disagree with the following?' (%)

Question	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Difficult to say
Q1. My work has become meaningless to me (I have no desire or interest to do this work)	71.81	13.09	10.07	1.01	4.03
Q2. I feel insecure at work, because I have no confidence about the future	51.34	28.52	15.10	2.68	2.35
Q3. My workload has increased significantly	23.49	23.83	28.19	19.80	4.70
Q4. I have less control over my work process and tasks	36.70	27.27	25.59	7.74	2.69
Q5. The conditions of the working environment have deteriorated, they have not been adapted to the changes caused by the pandemic	40.94	26.51	18.79	9.40	4.36
Q6. The goals of the organization where I work, would now need to be clearly defined	29.97	19.87	28.28	10.10	11.78
Q7. Relationships between employees have improved	12.46	25.93	32.32	13.80	15.49
Q8. Relationships with superiors have improved	14.53	24.32	29.05	12.84	19.26
Q9. My role in the organization is now more ambiguous, I have new opportunities for action	19.32	22.03	34.24	13.90	10.51
Q10. My career development is negatively affected (career opportunities are worse than before the pandemic)	44.11	28.62	13.13	8.08	6.06
Q11. My work-life balance is negatively affected, I have less time for home	25.42	26.10	25.08	15.59	7.80

A large proportion of respondents (71.81%) strongly disagreed with the statement ‘My work has become meaningless to me (I have no desire or interest to do this work)’. Also, a significant number of respondents also disagreed with the statements ‘I feel insecure at work, because I have no confidence about the future’ (51.34%), ‘The conditions of the working environment have deteriorated, they have not been adapted to the changes caused by the pandemic’ (40.94%), ‘My career development is negatively affected’ (44.11%). It can be seen that there is no strong asymmetry in the distributions of the answers to questions ‘The goals of the organization where I work, would now need to be clearly defined’ and ‘Relationships with superiors have improved’.

Further analysis showed statistically significant

differences in responses to all questions except ‘My career development is negatively affected’ when analyzed by country. The difference in response distributions was also influenced by job position (questions in Table 2 Q2, Q4, Q5, Q6, Q7, Q8), size of organization (questions Q4, Q5, Q6, Q9, Q10, Q11). Gender composition had an impact on the distributions of responses to questions Q2 and Q11, management level – to question Q5, age – to question Q8, education level – to question Q9, length of working experience in the current position – to question Q6.

Finally, the responses to the question ‘How much has your psychological well-being been affected by the COVID-19 pandemic?’ were analyzed. Table 3 summarizes the distribution of responses.

Table 3

Answers to the question ‘How much has your psychological well-being been affected by the COVID-19 pandemic?’ (%)

Not at all affected	Slightly affected	Moderately affected	Very affected	Extremely affected	Difficult to say
29.57	40.86	17.94	7.31	0.66	3.65

The data indicated that for a large proportion of respondents the pandemic did not have a significant impact (chi-squared = 38.51, p-value = 0.0077) on psychological well-being. The distributions were statistically significantly different only when analyzing responses by country (Figure 1). It can be noted that a large proportion of respondents from Estonia, Latvia and Sweden indicated that they were not at all affected or slightly affected.

In general, the Impact of the COVID-19 pandemic on workplace and the well-being of employees was not strong for the respondents, depending mainly on the job position, the size of the organization and country. This research has its limitations. Further studies would need to analyze it in more detail to reveal a more complete picture.

The role of training to increase individual resilience of employees was also identified.

The first question ‘Regardless of other measures put in place by organisations, the role of training to

increase individual resilience and psychological well-being of employees is seen by you as’ answered 65 respondents – A priority, 146 – Something needed, 84 – Something to consider, 9 – Not needed at all, and 18 – Difficult to say. Consequently, managers and employees consider various psychological trainings essential.

In the following analysis, we treat the answers separately for managers (134 respondents) and employees (187 respondents). In questionnaire, six questions need to be assessed. (Table 4) Managers answer these questions about their team, while employees answer about themselves. The same options are in Table 5 and in Table 6.

The answers to all questions (Table 4) are statistically different in two groups; it means that managers and employees see different needs for different trainings. Managers consider training more necessary.

Table 4

Kinds of training to reduce anxiety

Q1. Acquire comprehensive knowledge of human health as a whole	Q4. Learn and use different stress management techniques
Q2. Acquire knowledge of how to better take care of oneself	Q5. Learn and use different time management techniques
Q3. Learn and use different relaxation techniques	Q6. Any other training to reduce anxiety

The employees' answers to the questions Q2 (chi-squared = 12.908, p-value = 0.024), Q3 (chi-squared = 20.825, p-value = 0.0008), Q4 (chi-squared = 25.616, p-value = 0.0001), Q5 (chi-squared = 12.404, p-value = 0.029) vary by the level of education. For all four questions people with a vocational school education do not find these questions very helpful compared to people with a university degree (Bachelor's degree, Master's degree) who most often answer that these are very helpful or somewhat helpful.

The employees' answers are different in Latvia. There most common answers were not very helpful or not at all helpful. The answers from Lithuania, Estonia, Sweden, and other countries are similar and here the most popular answers are somewhat helpful.

The employees in organization of large size consider these issues much more important than in smaller organizations, specially the Q2 (chi-squared = 10.412, p-value = 0.015) and Q6 (chi-squared = 10.733, p-value = 0.013), where most often are the answer very helpful.

The employees' responses were not statistically significant difference in the distribution of responses by age, gender, duration of employment in their current position, type of organization where they work.

Managers' answers are only different by country for questions Q1 (chi-squared = 32.775, p-value = 0.0000), Q2 (chi-squared = 30.109, p-value = 0.000), Q3 (chi-squared = 31.221, p-value = 0.000), Q4 (chi-squared = 38.293, p-value = 0.0000), Q5 (chi-squared = 34.954, p-value = 0.0000), Q6 (chi-squared = 16.668, p-value = 0.000). Furthermore, here the difference was for Latvian answers, only, where all answer options were present while other countries most often answered 'very helpful'.

Analysis of the managers' responses showed that there was no statistically significant difference in the distribution of responses by age, gender, level of education, duration of employment in their current

position, type of organization where they work and organization size.

Managers' and employees' evaluations of emotional well-being are different anyway. For all questions, managers consider them more important than employees. (Table 5). Much more often, managers answer that these questions are very helpful, but employees rather answer that they are somewhat helpful.

The employees' answers to the questions Q2 (chi-squared = 15.569, p-value = 0.008), Q3 (chi-squared = 18.312, p-value = 0.002), Q4 (chi-squared = 23.074, p-value = 0.0003), Q6 (chi-squared = 14.077, p-value = 0.01513) vary by the level of education. Results show that the answers of the respondents who stated that they have acquired vocational education differ from all the others, where they do not consider these issues to be particularly important.

When looking at the employees' answers by the country, there is again difference in all the questions regarding answers given by Latvian people. The distribution of answers is wide while the majority of other countries answers is 'very helpful' or 'somewhat helpful'.

Type of organization (private for profit) the questions Q1 (chi-squared = 29.236, p-value = 0.000), Q4 (chi-squared = 34.777, p-value = 0.000), Q5 (chi-squared = 24.405, p-value = 0.000) are different. People of private companies do not find these questions helpful.

The employees' responses were not statistically significant regarding difference in the distribution of responses by age, gender, duration of employment in their current position and organization size.

Managers' answers are different by education the question Q5 (chi-squared = 16.58, p-value = 0.0023) and Q6 (chi-squared = 10.227, p-value = 0.0367). Respondents who have vocational or master degree education assess these questions as not very helpful.

Table 5

Training for improving emotional well-being

Q1. Acquire knowledge of maintaining a positive attitude towards oneself and others	Q4. Learn ways to boost emotional resilience
Q2. Acquire knowledge of the nature and impact of negative stereotypes and stigmatization	Q5. Learn and apply techniques to increase self-compassion
Q3. Learn communication skills and techniques to better communicate with colleagues	Q6. Some other training to increase emotional well-being, please specify ...

When considered the responses of respondents who indicated that they were managers by the country, then the differences are in questions: Q1 (chi-squared = 23.887, p-value = 0.000), Q2 (chi-squared = 14.771, p-value = 0.005), Q3 (chi-squared = 17.578, p-value

= 0.001), Q4 (chi-squared = 13.496, p-value = 0.009), Q5 (chi-squared = 15.119, p-value = 0.004). Latvian manager answers differ again and people from other country assess all these questions as very helpful.

The managers' responses were not statistically

significant regarding difference in the distribution of responses by age, gender, duration of employment in their current position, type of organization where they work and organization size.

In Table 6, there are eight questions to assess a healthy psychosocial environment at the workplace.

The answers of employees differ by gender. Men consider all issues more helpful than woman. Also, the answer differs by the education level. Statistically difference is the questions Q1 (chi-squared = 25.208, p-value = 0.0001), Q2 (chi-squared = 19.467, p-value = 0.001), Q3 (chi-squared = 15.632, p-value = 0.007), Q6 (chi-squared = 17.047, p-value = 0.004), Q7 (chi-squared = 17.46, p-value = 0.003) and Q8 (chi-squared = 17.345, p-value = 0.003). People with vocational education do not find these questions helpful. When

comparing questions by country, the questions Q1 (chi-squared = 62.945, p-value = 0,000), Q2 (chi-squared = 62.149, p-value = 0,000), Q3 (chi-squared = 37.114, p-value = 0.0000), Q4 (chi-squared = 26.029, p-value = 0.000), Q6 (chi-squared = 49.133, p-value = 0,000), Q7 (chi-squared = 55.025, p-value = 0,000) and Q8 (chi-squared = 18.515, p-value = 0.000) differ. Respondents from Latvia most often choose the option 'not very helpful'. For other countries the answer is 'more helpful'.

The employees' responses were not statistically significant regarding difference in the distribution of responses by age, duration of employment in their current position, type of organization where they work and organization size.

Table 6

Kinds of training to ensure a healthy psychosocial environment at the workplace

Q1. Acquire knowledge of achieving a healthy balance between professional and private life	Q5. Get practical guidance on how to deal with bullying and harassment
Q2. Acquire knowledge of proper workload (when workload is too high, when optimal)	Q6. Acquire knowledge and practical skills for achieving a healthy compromise between professional and private life
Q3. Acquire knowledge of identifying the need for psychological support (counselling), i.e., when it is needed, in what ways it can help, etc.	Q7. Acquire knowledge and practical skills for creating a positive atmosphere at the workplace
Q4. Acquire and use conflict resolution techniques, to learn to resolve conflicts peacefully and effectively	Q8. Some other training to create a healthy psychosocial environment at the workplace, please specify ...

The managers' answers vary by the level of age in the following questions: Q1 (chi-squared = 20.639, p-value = 0.002), Q2 (chi-squared = 20.786, p-value = 0.002), Q3 (chi-squared = 23.631, p-value = 0.0006), Q4 (chi-squared = 26.495, p-value = 0.003), Q5 (chi-squared = 29.091, p-value = 0.001) and Q8 (chi-squared = 14.384, p-value = 0.013). For people of age 20 - 29, these questions are much more relevant than for people of age 40 and older.

By the organization type, the managers' answers vary in questions Q1 (chi-squared = 16.655, p-value = 0.0008), Q2 (chi-squared = 23.409, p-value = 0.00003), (Q3 (chi-squared = 8.8809, p-value = 0.031), Q4 (chi-squared = 15.386, p-value = 0.002) and Q6 (chi-squared = 9.0684, p-value = 0.028). Respondents who are working in governmental and public sector appreciate these questions most often as 'very helpful' or 'somewhat helpful' than respondents working for other type of organizations. When comparing answers by the country, then the differences are in questions Q1 (chi-squared = 38.932, p-value = 0.0000), Q2 (chi-squared = 27.148, p-value = 0.000), Q3 (chi-squared = 34.242, p-value = 0.00000), Q4 (chi-squared = 28.936, p-value =

0.000), Q5 (chi-squared = 12.906, p-value = 0.004), Q6 (chi-squared = 21.729, p-value = 0.0002) and Q7 (chi-squared = 14.785, p-value = 0.005). These issues are not so important to Estonian respondents. Most often, they answered 'not very helpful' or 'not at all helpful'. For Latvian, Lithuanian and Swedish respondents these issues are 'very helpful' or 'somewhat helpful'.

The managers' responses were not statistically significant regarding difference in the distribution of responses by gender, education, duration of employment in their current position and organization size.

Conclusions

1. A healthy workplace is characterised by four components: physical work environment, psychosocial work environment, personal health resources, and enterprise community involvement.
2. COVID-19 pandemic impact on the workplace: 50.0% of Estonian and 20.0% of Lithuanian respondents had a moderate impact on their workplace; 35.0% of Latvian respondents

- were moderately affected, 45.6% of Swedish respondents and 43.3% of respondents from other countries had a high impact.
3. The majority of respondents (71.8%) feel that the Covid-19 pandemic has not made work meaningless and the desire to work in a job has not diminished, and half of respondents (51.34%) feel secure and confident about their future at work.
 4. The survey data show that for the vast majority of respondents, the pandemic has not had a significant impact on their psychological well-being.
 5. A fifth of respondents consider training to improve individual resilience and psychological well-being of employees a priority, while almost half consider it necessary.
 6. Managers and employees who participated in the survey consider various psychological trainings essential. All the questions the managers' and the employees' have answered are different. The Latvian respondents' answers are different while there is the answer distribution much wider as in other countries. The employees' answers differ by education level. Respondents who have vocational education, for them the training is not very helpful.

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