BRIEF COMMUNICATION

Anthropological and sociocultural perspective of occupational stress

Perspectiva antropológica y sociocultural del estrés laboral

María de las Nieves Veloz Montano 📧

¹Centro Especializado en Servicios Educacionales "Victoria de Enero". La Habana, Cuba.

ABSTRACT

This article addresses the issue of occupational stress from an anthropological and sociocultural perspective in the field of biomedicine. Stress, in both common thinking and that of health professionals, has been characterized as physical and emotional discomforts caused by worries, fears, anxieties, and anxieties. Researchers have linked occupational stress to the rapid evolution of information technology, economic and social crises, and changes in working conditions. In addition, medical anthropology has contributed to the debate on genetic and cultural factors in personality and pathology, as well as the influence of culture in defining normal and pathological. The article highlights the importance of considering both the physical and sociocultural environment in the analysis of occupational stress. While business authorities focus on the personality and coping of workers, workers are concerned with working conditions and work organization. It is pointed out that stress is a physical, emotional, social and moral discomfort, whose origins and consequences are structural and whose expression varies from person to person. The article also stresses that the prevention of work-related stress must be based on a relational perspective involving knowledge and practices of different orders and dimensions (biological, social, cultural, economic, historical and ideological). Finally, it is emphasized that diseases are not randomly distributed in the population, but are related to the social structure and the position of individuals in it.

Keywords: Occupational Stress; Medical Anthropology; Sociocultural Perspective; Working Conditions; Occupational Health.

RESUMEN

Este artículo aborda el tema del estrés laboral desde una perspectiva antropológica y sociocultural en el campo de la biomedicina. El estrés, tanto en el pensamiento común como en el de los profesionales de la salud, se ha caracterizado como molestias físicas y emocionales causadas por preocupaciones, miedos, ansiedades y angustias. Los investigadores han relacionado el estrés laboral con la rápida evolución de la tecnología de la información, las crisis económicas y sociales, y los cambios en las condiciones de trabajo. Además, la antropología médica ha contribuido al debate sobre factores genéticos y culturales en la personalidad y la patología, así como la influencia de la cultura en la definición de lo normal y lo patológico. El artículo destaca la importancia de considerar tanto el ambiente físico como el sociocultural en el análisis del estrés laboral. Mientras las autoridades empresariales se centran en la personalidad y el afrontamiento de los trabajadores, los trabajadores se preocupan por las condiciones de trabajo y la organización laboral. Se señala que el estrés es un malestar físico, emocional, social y moral, cuyos orígenes y consecuencias son estructurales y que su expresión varía según la persona. El artículo también subraya que la prevención del estrés laboral debe basarse en una perspectiva relacional que involucre saberes y prácticas de diferentes órdenes y dimensiones (biológica, social, cultural, económica, histórica e ideológica). Finalmente, se enfatiza que las enfermedades no se distribuyen aleatoriamente en la población, sino que están relacionadas con la estructura social y la posición de los individuos en ella.

In biomedicine, from the thinking of the most common people to that of professionals, the physical and emotional discomforts that reflect worries, fears, apprehensions, distrust, anxiety, sadness, and anguish experienced by people have been characterized as stress.

Currently, researchers have associated salaried work with the transformations occurring in societies due to the accelerated advance of information and communication technologies, the economic and social crises occurring in many countries and the changing working conditions of daily life to work stress because it appears as a characteristic and naturalized discomfort, as an inevitable part of the experience of working life.[1]

Anthropology has proposed an open knowledge that is not exempt from confusion and a disturbing and multifaceted indefinition, mainly due to the structural breadth and vastness with which its object is defined, from both biological and cultural dimensions.[2,3]

The project of medical anthropology, and in part of qualitative medical sociology, has allowed the debate with nursing, medicine, psychiatry, and other health sciences around some fundamental issues: The debate around the relative influence of genetic and phenotypic factors in relation to personality and certain forms of pathology: especially psychiatric and psychosomatic; the discussion on the influence of culture on what is considered normal, pathological or abnormal; the verification in different cultures of the universality of the nosological categories of biomedicine and psychiatry; the identification and description of diseases specific to specific cultures previously undescribed by the clinic: These are called ethnic disorders, and more recently culture bound syndromes, such as the evil eye or tarantism in the European peasantry, possession and trance states in many cultures, and nerves or premenstrual syndrome in Western societies; the effects of cultural diversity - including gender and ethnicity - on those body practices that have direct effects on health/illness/care processes, such as sexual practices, dietary practices, body techniques, or the influence of gender variables or cultural diversity; and the analysis of practices related to the health/illness/care process, which includes self-care practices on the one hand, as well as the professional and institutional practices and cultures that are linked to them. If half a century ago the objective of a large part of socio-health research referred to the first point, nowadays the research space of medical anthropology is the whole of the health system.

Although many studies have been carried out on this subject, the most vulnerable age groups have not yet been determined, in which age groups it occurs most, in which individual, work, and family conditions arise, or in which sex it is most representative, although there is a tendency to identify women as the most affected due to the interaction and multiplicity of tasks they perform.[4]

In areas such as anthropology, medical sociology, social medicine, labor organization, occupational hygiene, and occupational health, the study of occupational stress tends to be widely addressed, since these are areas whose fields of action are socially and institutionally constructed and which, although similar, show differences according to how they construct their objects of study and the theoretical, conceptual and methodological perspectives they apply, their clearest differences are found in the dimensions of analysis and social actors that each one approaches to explain this disease.

There is important research from the sociocultural and sociopolitical perspective, and numerous medical anthropologists[5,6,7,8,9] have stressed the need not to lose sight of how biomedicine has configured its theoretical supports. As a result of the debate within medical anthropology, we can emphasize that it has its tradition of self-critical analysis of the relationship between culture, disease, care, and healing institutions, which has necessarily led to a judgment on biomedical knowledge and practice.

Biomedicine has developed under the aforementioned rationale of possessing a universal, objective, scientific knowledge of the body and of the disease, consequently, it has constituted its knowledge from the objective representation of the sick body, based on characteristic signs and symptoms, defined by a diagnosis that concludes in the objectification of the disease, In this way, the history of the disease appears natural, depersonalized, individualized and documented more as a medical project than as a lived history, which has led to the development of different models, with deep and tentative analyses of a correct answer.[10,11,12]

The double dimension of illness is a well-known model of analysis that refers to the elaboration and interpretation of the patient and for which it uses the term suffering and refers to categorizations of biomedicine, to those that account for the objective and analytical nature that distinguishes the notion of illness. American medical anthropology has relied heavily on this disease-illness model of analysis, producing countless ethnographic studies that have focused largely on the patient's perspective.

On the other hand, many researchers have critically emphasized that it has not been enough to account for the patient's representations or perspectives, but that it is indispensable to establish how meaning and interpretative practices act reciprocally with social, psychological, and physiological processes to produce

different ailments and establish their trajectories. [13,14,15]

Through its own experiences, each society generates its theoretical, technical, and ideological activities to face social changes, producing its concepts, definitions, and criteria, which assume the organization, transmission, and application of its strategies.

In the anthropological study of occupational stress it should be noted that any social group or societies themselves, can be analyzed from the disease-culture, disease-ideology relationship, regardless of whether they are configured from a popular or scientific etiology, they are social facts that mean and represent what social groups experience depending on their social development, contexts and historical moments in which they develop, because the disease is a cultural fact because it represents and expresses, it is a socio-historical product, since each society and culture produce their representations on the nature of these, thus constituting a socio-cultural knowledge regarding health and disease. [16,17]

Contextualizing this relationship in workplaces where this double dimension is clearly in an area of permanent tension, given that the meanings generated about it are not only cultural but also ideological because they are deployed in points of resistance through the various social actors who dispute not only what they consider to be work, health, illness and the appropriate ways to care for it but also the conflictive relationship between work and illness, which refers, just in this socio-political space, to an economic relationship.

The main dispute between labor and capital is in terms of achieving optimal working conditions where healthy environments are maintained, and workers are given health care, being these the main concerns that health policies have outlined and the continuous adjustments to the new economic, technological, and socio-cultural realities. [18]

The accelerated technological transformations have generated important changes that have brought as a consequence emerging mental and/or emotional health problems related to dangerous working conditions, but also to low physical effort, fixed postures, simplification of work, monotony, and isolation, whose expression is shaping a psychosomatic and nervous pathology that in general terms is assumed as work stress.

It has been proven that there are adverse psychological effects related to the inadequate organization of work and they agree that these may be physical factors such as temperature, air humidity, noise, dust, and vapors; and other social factors such as work organization, schedules, rhythms, monotony, and interpersonal social relations. This arrangement alludes to a large extent to different subject areas such as education, engineering, medicine, psychology, ergonomics, and sociology, among others, which agree on the interest in explaining how working conditions affect the somatic and psychological functioning of workers. From the perspective of the workers, the concerns are properly placed on how the work process in terms of the physical environment, technology used, and hierarchical social relationships that are established within the workplace, can jointly generate these emotional and physical disorders.

Both perspectives coincide in taking into account the work environment to explain stress, but they differ in the points they focus on. While the interest of the business authorities is placed on the personality aspects and coping styles of the worker, the interest of the workers is in influencing the working conditions and the forms of organization, striving to favor collective participation towards better remuneration in the work considered dangerous and that could be stressful.

Having as a strength a positive vision of work, we will focus on the beneficial aspect of work, considering that it generates self-esteem, contributes to the individual and family economy, and gives prestige, strength, and self-esteem, thus emphasizing the importance of understanding the social meaning of work and that how it is performed has changed in the present time, contributing new knowledge that enhances the protection of workers' health. [19]

Working conditions should be conceived as the situations faced by workers, both in terms of the physical environment, made up of the space in which work is performed, the instruments used, the buildings, the physical and chemical agents, and the sociocultural environment, which refers to the organizational level, where we contemplate various elements: type of hiring, job mobility, competition and conflicts, job designation, expectations and demands of superiors, psychological harassment and ideology of the organization. These considerations are extremely important as we seek to address the concern of stress as an occupational health problem.

If we assume a sociocultural perspective, we consider that stress is an elaboration of the professional knowledge of biomedicine and psychology that describes, through various indicators, the neurohormonal and psychological reaction of an individual to a wide variety of environmental stimuli.

The very definition of stress has been one of the most important theoretical dilemmas that scholars have addressed and that has not yet been resolved, the vast majority of contemporary analytical models have as a common element that stress is conceptualized in terms of the relationship between work and the person. In summary, stress is a physical, emotional, social, and moral discomfort, whose origins and consequences are structural, its expression varies throughout life and depends on what each person considers a stressor or adverse circumstance that puts him/her at risk or in greater likelihood of becoming ill and therefore needs to

have certain individual and social resistance resources to control, tolerate, reduce, prevent or prevent it.[20]

It is important to underline some social and cultural elements that are traditionally not taken into account in the list of conventional symptoms that are referred to in the biomedical literature and recently in the self-help literature that is concerned with extending all possible information to control and prevent occupational stress. Understanding the main symptoms that etiologically give existence to stress means the possibility of having a diagnosis, representing the possibility of influencing organizational aspects, health programs, and how both employees and managers should attend and prevent stress caused by work conditions and organization.

The complex and changing work environment is currently a socio-political space in which a set of knowledge and practices related to the working and productive subject and, in general, to everything that refers to the work and non-work world as significant spaces are disputed.

The ideas related to the prevention of work-related stress must start from a relational perspective between knowledge and practices coming from different orders, common sense, and professional knowledge; between actors and context; This way, we can understand processes of change,, generated from any of these dimensions, have biological, cultural and ideological repercussions through which the transformations of the work environment are expressed and, consequently, in the configuration of other risks of disease, of daily ailments and of the forms of negotiation on the diseases considered as occupational.

FINAL REMARKS

The theoretical references point to the trajectory followed in the construction of occupational stress as an object of study of anthropology and the sociocultural perspective that emphasizes that illness is socially produced and culturally constructed.

In the studies that address the subject, discrepancies are noted at the conceptual level, which is questioned due to excessive cultural relativism.

Studies have shown that diseases are not randomly distributed among the population, but that they are related to the social structure and that the reaction of individuals to diseases is also different according to their position within this structure.

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CONFLICT OF INTEREST
The author declares that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION
Conceptualization: María de las Nieves Veloz Montano.
Research: María de las Nieves Veloz Montano.
Methodology: María de las Nieves Veloz Montano.
Project management: María de las Nieves Veloz Montano.
Writing - original draft: María de las Nieves Veloz Montano.
Writing - revision and editing: María de las Nieves Veloz Montano.