

THE THEORY OF PREVENTIVE STRESS
MANAGEMENT IN ORGANIZATIONS: A 10-YEAR
THEORETICAL UPDATE AND EXTENSION, WITH
A POSITIVE TWIST

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The theory of preventive stress management in organizations was originally formulated in 1977. The most complete statement of the theory and its six core hypotheses is included in Cooper's *Theories of Organizational Stress* (Quick, Quick & Nelson, 1998). The key constructs in the theory fall into two broad categories: those related to the organizational stress process and those related to the public health notions of prevention. Organizational stress process constructs are demands/stressors, the stress response, and the outcomes of distress and eustress. Public health constructs are primary, secondary, and tertiary prevention strategies. Together they form the model of preventive stress management.

Over the past ten years, new research on (1) character and personal integrity, (2) emotional competence, and (3) positive psychology/positive organizational behavior have shaped our knowledge base within the domain of stress. We reexamine the Corollary to Hypothesis 3 in the theory that focuses on individual strength factors and Hypothesis 4 that focuses on primary prevention strategies aimed at the source of stress.

We first examine the individual differences that are the heart of the Corollary and how these differences may affect the stress process. In particular, strength of character and levels of emotional competence are two constructs that moderate the stress process. Next we examine the emerging set of positive psychological and behavioral interventions that have emerged from positive psychology, positive organizational behavior, and positive organizational scholarship. Key positive states in this domain include hope, optimism, vigor, forgiveness, and self-efficacy. Primary prevention interventions aimed at developing these positive psychological states and behaviors enhance the tools available for the preventive management of the stress process. This is especially important because primary prevention is always the preferred point of intervention from a public health perspective.

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