MANAGING OCCUPATIONAL STRESS AMONGST MALTESE OCCUPATIONAL THERAPISTS

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DECLARATION

I, hereby declare that I have carried out this dissertation and this is entirely my own work.

[Signature]

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EXECUTIVE SUMMARY

Stress had been identified as the second most common cause for work-related illness. It is deemed to be particularly high in health care professionals. There is a need to assess whether there is a problem and then provide means to remedy this. The study discusses models of stress at work. The present study with its focus on Occupational Therapists reviews the evidence for stress. It also looks at the literature on how to manage stress. The study uses appropriate assessment instruments to identify whether care staff in the Occupational Therapy Service in Malta, do suffer from stress. It also analyses the causes of stress. Next the coping styles of occupational therapists are investigated using the focus group technique. Individual characteristics are also assessed to determine what role these may play in exacerbating or relieving stress. Finally, ideas for introducing risk management practices in order to decrease stress in the workplace.

The results of this study indicate that Occupational Therapists do suffer from stress which at times is severe. The context of the work was found to be more important than its content, in line with other findings. Support is crucial in this field and may need to be enhanced with closer supervision.
Using a particular model as a framework, the study has identified that there is a problem with stress in the population under study, some staff suffering burnout and mental and physical ill health. The many causes of stress have been investigated.

Causes of stress at work will vary from person to person and between certain types of work and organisations. Some of the accepted causes are: (a) management issues - little or no input into the decision making process, poor supervisory support, work overload, work underload, individual contributions not acknowledged; (b) organisational issues - corporate change, lack of career development opportunities, lack of consultation, role ambiguity; (c) relationships with colleagues - personality conflicts, lack of communication, unequal workload distributions; (d) personal factors - unrealistic expectations, sense of injustice, betrayal or bitterness.

The net result of these will be to impair work performance through poor concentration, indecision and lack of creativity in addition to negative emotional feelings of anxiety, depression, apathy and demoralisation.

Staff use a variety of strategies to deal with the problem, particularly social support. Individual characteristics were not found to account for differences in the
levels of stress. Practical examples on how to instigate organisational change to reduce work related stress were also suggested. They address issues on changes that will increase employees' autonomy or control, changes that will increase the skill levels of occupational therapists, changes that will increase levels of social support and that will improve physical working conditions.

Healthy organisational change includes employee health and satisfaction as an explicit and independent outcome measure. These outcomes should be the key goals of the change effort.
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INTRODUCTION
1. INTRODUCTION

An important role of a manager is to ensure that workers operate in a safe and healthy environment (Armstrong, 1998). Stress is now claimed to be the second most common cause of work-related illness in the United Kingdom (Confederation of British Industry, cited by Waterhouse & Trump, 2000). Altogether stress-related illness is estimated by the Health and Safety Executive to cost Britain seven billion sterling a year (Waterhouse & Trump, 2000). A higher figure was given a few years earlier by the Industrial Society (1997) in a survey of managers, although it noted the difficulty of identifying the causes of absence from work, particularly when they involve stress.

There has been very little formal research carried out on stress in care staff in Malta, although all the studies carried out have indicated that there is a problem with work-related stress (Borg, 1998, Busuttil, 1992, Cassar & Tattersall, 1998, Zammit, 1997). In the mental health field this problem is likely to be exacerbated by the development of care in the community, as envisaged by the National Policy on Mental Health Service (Department of Health Policy & Planning, 1994). Busuttil (1992), commenting in his study of burnout in a psychiatric hospital in Malta noted: “The fact that Mount Carmel Hospital is Malta’s sole psychiatric
hospital means that the majority of staff have no option of working in another mental health setting” (p.41). There is a need to provide stress management programmes to staff before developments occur in the community. There has been however, only one study of an intervention programme designed to manage stress in Malta. Borg (1998) described a small-scale (seven people) pilot study of an intervention with carers of people with the diagnosis of substance abuse. The present study is an attempt to address this deficit.

1.2 STRESS AND HEALTH SERVICES MANAGEMENT

Stress is the responsibility of both employer and employee alike. It is therefore important that both parties are aware of what the term 'stress' really means and, more importantly, what action they can jointly take to reduce its possible negative effects.

There is a financial argument for introducing stress management systems at the workplace. If stress is detected, its cause should be diagnosed and the underlying problem addressed. A systematic assessment of the sources of stress and planning to mitigate these can help to achieve a reduction in employee stress. The lack of concern shown by organisations for employee welfare and development is a
significant factor, which can result in decreased profitability and productivity of organisations.

Armstrong (1998) cites four main reasons for organisations to actively seek methods for reducing stress:

"first because they have the social responsibility to provide good quality of working life; second, because excessive stress causes illness; third because it can result in inability to cope with the demands of the job and finally because excessive stress can reduce employee effectiveness and therefore organisational performance." (p. 814).

Apart from the loss of productivity, an increasing concern is the amount of claims made by employees against their organisations for the effects of stress (MacErlean, 1997). There have been record pay-outs rising from 175,000 sterling in 1996 (Coles, 1996) topping the 200,000 sterling mark and with more staff willing to sue their employers and employers needing to take action (Cooper & Earnshaw, 1996; Waterhouse & Trump, 2000).
1.3 PURPOSE OF RESEARCH

Work related stress can lead to conditions such as depression, anxiety, nervousness, fatigue and heart disease. It also causes very considerable disturbances to productivity, creativity and competitiveness.

Hospitals are considered to be stressful work places and hospital managers are urged to provide support systems for health employees (Gillepsie & Gillepsie, 1986). Unfortunately in Malta, the issue has not yet been tackled adequately as seen by the lack of studies from health authorities and by the lack of support systems provided to health care employees.

In Malta, the Occupational therapy profession has experienced significant growth and opportunities for the advance of the discipline. We are often overextended and pulled in many directions as we balance resource allocation, staffing, role boundaries, outcomes, cost containment measures, effective management structures, quality control, accountability and ethical issues. In order to improve the service quality, top management needs to introduce new management techniques. Although change is needed, healthy organisational changes take time. No serious change effort should be initiated with a limited period. Healthy
organisational change should include employee health and satisfaction as an explicit and independent outcome measure.

It is generally accepted that reforms and other organisational changes create strains, insecurity and general uncertainty. This in turn may impact on employees who may feel threatened not only about their own future but also their role within the organisation as it changes to meet the new demands placed upon it. The problem of stress at work therefore is recognised as something that most large organisations working in an increasingly competitive environment, expected to do more with less resource, and subject to external and internal change. The pressures of additional workloads and the ever-increasing demands to improve performance and service quality contribute further towards occupational stress.

The proposed study will use appropriate assessment instruments to identify whether care staff in, the Occupational Therapy Department, Malta, do suffer from stress. It also analyses the causes of stress. Next the coping styles of occupational therapists are investigated. Individual characteristics are also assessed to determine what role these may play in exacerbating or relieving stress. Finally, a stress management programme will be developed to help staff deal with stress and make changes in workplace to reduce stress.
1.4 THE AIMS OF THE STUDY

The interest in this study originated from frequent discussion with colleagues about new management techniques and organisational changes that do not always seem to consider thoroughly the effects on employees. The pressures of additional workloads and the ever increasing demands to improve performance and service quality contribute further towards occupational stress.

The aim of the study is to identify whether Occupational Therapists suffer from stress. It also analyses the causes of stress, the coping strategies adopted and finally to develop ideas for introducing risk management practices to the management of stress.

The Objectives of the study are:

1. To determine whether there is a problem with stress with Occupational Therapists in Malta.
2. To identify the sources of stress.
3. To examine the coping styles of Occupational Therapists.
4. To investigate individual characteristics which may exacerbate or relieve stress.
5. To try and develop ideas for introducing risk management practices to the management of stress.

As result of such information, more understanding will be obtained of the effects of stress on Maltese occupational therapists and certain preventive and proactive measures that could be suggested for implementation. This would hopefully help in maintaining an optimum level of stress and subsequently improve efficiency.
LITERATURE REVIEW
2. LITERATURE REVIEW

This review is in three parts. The first part discusses the background to stress and burnout as well as the theories and models used to explain and describe it, concentrating on the model underlying the present study. In the second part, the review then looks at stress and the Health Care Professions before focusing on occupational therapists, the subject of this study. Some methodological issues are presented. The final part discusses intervention strategies in general before concentrating on those used for occupational therapists. Interventions to manage stress are described and the review closes with some methodological concerns.

2.1 BACKGROUND TO THE LITERATURE

One of the biggest challenges facing managers of staff working in the caring field is to reduce the high levels of stress suffered by the workforce (Bailey, 1985). Research in the United Kingdom has demonstrated that they suffer high levels of stress in comparison with workers in other fields (Cooper & Earnshaw, 1996). It is interesting to note that the highest pay-outs for ‘test’ cases in the United Kingdom went to staff working in the care sector and in particular in mental health (Coles, 1996; Rogers & Rayment, 1995; Waterhouse, R., & Trump, 2000). Staff working in the mental health field are particularly vulnerable to stress (Hardy, Carson &
Thomas, 1998). Although the effects of high levels of stress can lead to reduced work efficiency, the main concerns are the high rates of staff sickness, absence and turn-over characteristic of care work (Bailey, 1985; Schaefer & Moos, 1996).

In the extreme this can lead to “burn-out” characterised by emotional exhaustion and cynicism which could lead to the neglect and even abuse of vulnerable people in their care (Chernis, 1980; Goodridge, Johnston, & Thomson, 1996 Maslach, 1982). In addition, high levels of stress may lead to staff leaving their posts (Allan & Ledwith, 1998). This would reduce the already short supply of trained care staff, cause greater overload on their colleagues and thereby exacerbate the problem.

**WHAT IS STRESS?**

In its widest sense, stress can be defined as the condition experienced when someone perceives that they are unable to meet the demands placed on them. Within the context of the workplace, the U.K. Health and Safety Executive (2002), defines stress as:
"The reaction to excessive demands or pressures, arising when people try to cope with tasks, responsibilities, or other types of pressure connected with their jobs, but find difficulty, strain or worry in doing so."

Reactions to increased pressure and demands at work are unique to the individual. Perceptions of stress are not necessarily dependent on the amount of workplace pressure, but result from an imbalance between the amount of pressure and the individual employee's capacity to meet these demands.

Levels of stress can be exacerbated by change, particularly the development of Care in the Community in the mental health field (Sines, 1998). Following their detailed study of "care staff in transition", Allen (1990) noted that the organisations need to take stress into account when changing patterns of services for people with a mental handicap. In some instances staff turnover and stress has been reported as higher in community based services than in the institutions (Emerson & Hatton, 1994). Allen and colleagues (1990) reported that stress levels were similar in the institution and the community but that community staff were more likely to react to it by leaving their posts.
Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy (Maslach, 2001). There is a large literature on stress and burnout. Most of the studies reviewed are from countries other than Malta, in particular from Canada, the United Kingdom and the United States of America. The past 25 years of research has established the complexity of the construct, and places the individual stress experience within a larger organisational context of people's relation to their work. Much of the literature concentrates on stress, about the nature of stress, its causes and consequences. Recently, the work on burnout has expanded internationally and has led to new conceptual models. The focus on engagement, the positive antithesis of burnout, promises to yield new perspectives on interventions to alleviate burnout (Maslach, 2001). The social focus of burnout, the solid research basis concerning the syndrome and its specific ties to the work domain make a distinct and valuable contribution to people's health and well-being (Maslach, 2001).

2.2 THE EXTENT OF THE PROBLEM IN THE EUROPEAN UNION

The European Foundation's (1996, 2001) survey's of Working Conditions in the European Union revealed that 29% of the workers questioned believed that their work affected their health. The work-related health problems mentioned most
frequently are musculoskeletal complaints (30%) and stress (28%). 23% of respondents said they had been absent from work for work-related health reasons during the previous 12 months. The average number of days’ absence per worker was 4 days per year, which represents around 600 million working days lost per year across the European Union. Furthermore, studies in the EU and beyond (Cox et al., 2000) suggest that between 50% and 60% of all lost working days are related to stress.

Work-related stress, its causes and consequences are all very common in the 15 European Union Member States. More than half of the 160 million workers report working very quickly (56%), and to tight deadlines (60%). More than one third have no influence on task order; 40% report having monotonous tasks (Levi, 2000).

Such work-related ‘stressors’ are likely to have contributed to the present spectrum of ill health: 15% of the workforce complain of headache, 23% of neck and shoulder pains, 23% of fatigue, 28% of ‘stress’, and 33% of backache. They also contribute to many other diseases, even to life-threatening ones (European Foundation, 2001).
Sustained work-related stress is an important determinant of depressive disorders. Such disorders are the fourth leading cause of the global disease burden. They are expected to rank second by 2020, behind ischaemic heart disease, but ahead of all other diseases (World Health Organization, 2001).

In the 15 EU Member States, the cost of these and related mental health problems is estimated to be on average 3-4% of Gross Domestic Product (ILO, 2000), thus amounting to approximately €265 billion annually.

It is further likely that sustained work-related stress is an important determinant of the metabolic syndrome (Folkow, 2001; Björntorp, 2001). This syndrome contributes to ischaemic heart disease and diabetes type 2 morbidity.

Thus, virtually every aspect of work-related health and disease can be influenced. This can also be mediated through emotional, and/or cognitive misinterpretation of conditions of work as threatening, even when they are not, and/or the occurrence of trivial bodily signs and symptoms as manifestations of serious disease.

All this can lead to a wide variety of disorders, diseases, loss of wellbeing, and loss of productivity.
In 1994, the Health & Safety Executive of Great Britain published estimates of the total cost to employers, the economy and society of work accidents and work-related ill health (Davies & Teasdale, 1994). The study attempted to quantify costs to all affected parties including employers (damage, lost output, costs of covering for sick absence), the medical services, the social security and insurance systems, as well as the costs to the victims of accidents and ill health, including “an amount to reflect the pain, grief and suffering involved”. The study found that the cost of work accidents and work related ill health to employers in the UK in 1990 was between £4.5 billion and £9 billion (6.84 – 13.7 billion euro approximately).

The Health & Safety Executive of Great Britain has estimated that at least half of all lost days are related to work stress (Cooper et al., 1996). Furthermore, Kearns (1986) has suggested that up to 60% of all work absence is caused by stress-related disorders, while Cooper & Davidson (1982) have reported that 71% of their sample of managers in the United Kingdom felt that their psychological health problems were related to stress at work.
2.3 DEFINING THE CONSTRUCT: What Is Burnout?

Burnout was initially a very slippery concept. There was no standard definition of it, although there was a wide variety of opinions about what it was and what could be done about it. Different people used the term to mean very different things, so there was not always a basis for constructive communication about the problem and solutions for it. However, there was actually an underlying consensus about three core dimensions of the burnout experience, and subsequent research on this issue led to the development of a multidimensional theory of burnout (Maslach 1982, 1998). This theoretical framework continues to be the predominant one in the burnout field.

According to Maslach (1982), burnout is a syndrome characterized by emotional exhaustion, depersonalization and a low level of personal accomplishments, which primarily affects people who are dealing with other people in their work. Burnout develops as a response to the chronic emotional strain, which is the result of dealing with other people and especially with people who cope with serious problems. Thus, burnout could be considered as a type of professional stress, which results from the social interaction between the person who provides help, and the person who receives that help (Maslach, 1982).
Burnout is a serious problem. It directly affects the worker and it presents with various symptoms, both somatic and psychological (Maslach 1998). According to Wessells (1989), very important for the development of burnout are also the personality characteristics of the individual, his motivations for having chosen a humanistic profession, his expectations from himself and the others, his values, his self-esteem, his ability to express his feelings, and the control he exerts over the events.

2.3.1 Three Dimensions of Burnout

Exhaustion is the central quality of burnout and the most obvious manifestation of this complex syndrome. When people describe themselves or others as experiencing burnout, they are most often referring to the experience of exhaustion. Of the three aspects of burnout, exhaustion is the most widely reported and the most thoroughly analysed. The strong identification of exhaustion with burnout has led some to argue that the other two aspects of the syndrome are incidental or unnecessary (Shirom 1989).

Although exhaustion reflects the stress dimension of burnout, it fails to capture the critical aspects of the relationship people have with their work. Exhaustion is not
something that is simply experienced, rather, it prompts actions to distance oneself emotionally and cognitively from one's work, presumably as a way to cope with the work overload (Shirom 1989). Within the human services, the emotional demands of the work can exhaust a service provider's capacity to be involved with, and responsive to, the needs of service recipients. Depersonalisation is an attempt to put distance between oneself and service recipients by actively ignoring the qualities that make them unique and engaging people (Byrne 1994, Lee & Ashforth 1996). Their demands are more manageable when they are considered impersonal objects of one's work. Outside of the human services, people use cognitive distancing by developing an indifference or cynical attitude when they are exhausted and discouraged (Leiter 1993). Distancing is such an immediate reaction to exhaustion that a strong relationship from exhaustion to cynicism (depersonalisation) is found consistently in burnout research, across a wide range of organisational and occupational settings (Leiter 1993).

The relationship of inefficacy (reduced personal accomplishment) to the other two aspects of burnout is somewhat more complex. In some instances it appears to be a function, to some degree, of either exhaustion, cynicism, or a combination of the two (Byrne 1994, Lee & Ashforth 1996). A work situation with chronic,
overwhelming demands that contribute to exhaustion or cynicism is likely to erode one's sense of effectiveness.

Further, exhaustion or depersonalisation interfere with effectiveness. It is difficult to gain a sense of accomplishment when feeling exhausted or when helping people toward whom one is indifferent. However, in other job contexts, inefficacy appears to develop in parallel with the other two burnout aspects, rather than sequentially (Leiter 1993). The lack of efficacy seems to arise more clearly from a lack of relevant resources, whereas exhaustion and cynicism emerge from the presence of work overload and social conflict.

2.3.2 Discriminant Validity

Research conducted found burnout to be related to anxiety and depression. Subsequently, the distinction between burnout and depression was established empirically in several studies (Bakker et al 2000, Glass & McKnight 1996, Leiter & Durup 1994). This research established that burnout is a problem that is specific to the work context, in contrast to depression, which tends to pervade every domain of a person's life. These findings lent empirical support to earlier claims that burnout is more job-related and situation-specific than general depression.
(Freudenberger 1983, Warr 1987). However, individuals who are more depression-prone are more vulnerable to burnout.

Further support for this distinction comes from an analysis of various conceptualisations of burnout, which notes five common elements of the burnout phenomenon (Maslach & Schaufeli 1993). (a) There is a predominance of dysphoric symptoms such as mental or emotional exhaustion, fatigue, and depression. (b) The emphasis is on mental and behavioural symptoms more than physical ones. (c) Burnout symptoms are work-related. (d) The symptoms manifest themselves in “normal” persons who did not suffer from psychopathology before. (e) Decreased effectiveness and work performance occur because of negative attitudes and behaviours.

2.3.4 Organisational consequences of stress

The significance of burnout, both for the individual and the workplace, lies in its links to important outcomes. Ingvar and Sandberg (1991) have described how an organisation, as well as their employees, can be minimally, optimally, or maximally aroused. All this can lead to very considerable direct and indirect costs,
not only for the individual and for society, but also for the organisation (Ingvar and Sandberg, 1991; Levi and Lunde-Jensen, 1996; Cooper et al. 1996).

All work organisations, exist to produce products or deliver services to the society in which they operate. Their survival depends on their capacity to achieve their goals effectively and efficiently. They have a variety of resources and assets at their disposal, the most important being the intellectual and social capital of their employees (Edvinsson and Malone, 1997; Wilkinson, 1996).

Employers and employees work for a common goal in a complex exchange relationship. Workers expect pay and other benefits in exchange for their contributions to the production of goods and services. They expect healthy workplaces, and opportunities for career advancement and development as a reward for their contributions. This “social contract” is of great importance for all parties on the labour market and for their common good. Individual health is one of several prerequisites for organisational health, and organisational health contributes to individual health through need gratification as well as opportunities for growth and development (Quick et al. 1997).
Healthy organisations are self-examining and self-renewing with regard to people, structure, technology and tasks, with the various actors working in harmony. If they are not, there is a risk of organisational stress with a negative impact on valued outcomes from the point of view of both employers and employees. Quick et al. (1997) list the potential direct and indirect costs of organisational stress:

Direct costs include participation and membership. If an employee does not participate or chooses to leave the organisation, the latter pays a price for unperformed work. Examples are absenteeism and tardiness, strikes and work stoppages, and dysfunctional turnover.

Indirect costs include the following phenomena and their effects: (a) loss of vitality, responsiveness and resiliency; (b) low morale and motivation; and high dissatisfaction; (c) communication break-downs, with a decline in communication frequency and increase in distortions, (d) faulty decision-making with impaired judgement, (e) decreased quality of work-relations with distrust, disrespect and animosity, (f) aggression and violence, both verbal and physical, and (g) “opportunity costs”, by distressed employees not taking advantage of opportunities because all available energy is used for coping or survival (Quick et al., 1997).
2.3.5 Health

The exhaustion component of burnout is more predictive of stress-related health outcomes than the other two components. These physiological correlates mirror those found with other indices of prolonged stress. Parallel findings have been found for the link between burnout and various forms of substance abuse.

In terms of mental health, the link with burnout is more complex. Burnout has been linked to the personality dimension of neuroticism and the psychiatric profile of job-related neurasthenia (Jenkins & Maslach 1994). Such data might support the argument that burnout is itself a form of mental illness. However, a more common assumption has been that burnout causes mental dysfunction that is, it precipitates negative effects in terms of mental health, such as anxiety, depression, drops in self-esteem, and so forth (Jenkins & Maslach, 1994). An alternative argument is that people who are mentally healthy are better able to cope with chronic stressors and thus less likely to experience burnout. Although not assessing burnout directly, one study addressed this question by analysing archival longitudinal data of people who worked in interpersonally demanding jobs (i.e. emotionally demanding “helper” roles, or jobs that deal with people in stressful situations). The results showed that people who were psychologically healthier in adolescence and early adulthood were more likely to enter, and remain in, such jobs, and they showed
greater involvement and satisfaction with their work (Jenkins & Maslach, 1994). Given this longitudinal data set, this study was better able to establish possible causal relationships than typical correlation studies can.

2.4 THE PRESENT MODEL OF STRESS

A model of stress at work is presented which focuses on the interaction of the individual with his/her environment (Cooper & Marshall, 1978; Cooper & Payne, 1988; Muir, 1999). Whilst stress can be a positive motivator if it can be geared to the demands of the work and the individual doing it, distress can arise if the demands are perceived to be greater than the perceived ability to cope (Cabinet Office, 1989).

The effects of stress depends on the characteristics of the individual as well as the severity and nature of the stressor(s) (Muir, 1999). The general coping strategies or styles which an individual adopts in response to the general stressors as well as the particular coping behaviours towards specific ‘hassles’ or triggers determines whether stress will be experienced.

The individual’s own personality can both increase as well as moderate stress
In particular, Type B personalities who have ‘hardy’ personalities and have an internal locus of control are less likely to suffer stress than their Type A and less hardy counterparts with external locus of control (Moore & Cooper, 1998). These stressors can be modified (Friedman, & Rosenman, 1985; Roskies, 1987) and are also mediated by the individual's perception of them as well as their own attitudes to themselves (Cassar & Tattersall, 1998) as well as of his/her abilities to cope.

Generally, the response to stress is an increase in signs or indicators which eventually become long-term and especially in health care professionals can lead to burnout and in extremes severe physical and mental ill health. Burnout was defined as “a progressive loss of idealism, energy and purpose, experienced by people in the helping professions as a result of their conditions of work” (Edelwich & Brodsky, 1980).

The effects of stress depend on the individual concerned (Schaefer & Moos, 1966). If stress persists severe physical and mental ill health can result. The length of time of stress in addition to its intensity will also play a part.

Several overview models have been offered as summaries of the stress process. The most notable is that of Cooper (Cooper & Marshall, 1976), as presented in
(Appendix 1, Figure 1) Cooper’s model usefully focuses on the nature and detail of work stresses and their individual and organisational outcomes.

2.5 EFFECTS OF STRESS

2.5.1 Effect of stress on the individual

The response of individuals to stress varies both in terms of their ability to cope and in their response to it (Stanfeld et al., 1999). When under stress a wide variety of changes in behaviour may be exhibited and it is these changes that managers should be aware of in an attempt to identify individuals at an early stage. The changes can be considered under the following (Sauter & Murphy, 1995): (a) declining work performance - general drop in standards of work, poor concentration, erratic time keeping and increased absenteeism; (b) deteriorating relations with work colleagues - lack of co-operation, withdrawal, irritability or aggression and resentment when offered advice or positive criticism; (c) altered personal presentation and behaviour - changes in personal appearance and neatness, behavioural changes such as increasing intake of coffee, alcohol or drugs and cigarettes (Stainbrook & Green, 1983).
In addition to the above, the employee may experience psychological disturbance such as frustration, anxiety and depression (Stansfeld et al., 1999), all of which can lead to lack of interest in their work and reduced job satisfaction. Physical symptoms may also be manifested in the form of headache, heartburn, muscle pains and stress may have an adverse effect on other conditions such as raised blood pressure and heart disease (Stainbrook & Green, 1983).

2.5.2 Effect of stress on the organisation

Stress can have a negative impact on the efficient functioning of an organisation due to high levels of sickness absence, high staff turnover, premature retirement and poor productivity. Staff at work may have to cope with covering for their absent colleagues or take additional workloads to compensate for stress-impaired colleagues who remain at work. In either case it adds to the potential burden of pressure and hence the risk of developing stress (Cooper, & Marshall, 1976).

Increase in absenteeism rates within an organisation is often seen as an indicator of occupational stress and burnout (Hardy et al. 1998) Absenteeism is considered to be one of the most obvious costs for employers as a direct result of stress in their employees.
Increase in employee turnover is said to be another indicator of stressfulness on the job (Hardy et al. 1998). From the management aspect, this means more costs to the organisation in terms of recruitment, selection and training of new staff.

Decreased job performance. Arnold et al. 1998 pointed out that studies have shown that an individual’s performance increases with increased levels of stress, given that it is under control. However, after a certain point stress results in reduced performance, which can lead to less efficiency, decreased output and lower quality of service.

2.5.3 Causes of stress at work

Causes of stress at work will vary from person to person, group to group and between certain types of work and organisations. Some of the accepted causes are listed below and it should be borne in mind that they may operate either singly or in combination: (a) management issues - little or no input into the decision making process, poor supervisory support, work overload, work underload, individual contributions not acknowledged (Cooper & Marshall, 1976); (b) organisational issues - corporate change, lack of career development opportunities, lack of consultation, role ambiguity (Cooper & Marshall, 1976); (c) relationships with
colleagues - personality conflicts, lack of communication, unequal workload distributions (Cooper & Marshall, 1976); (d) personal factors - unrealistic expectations, sense of injustice, betrayal or bitterness (Cooper & Marshall, 1976).

The net result of these will be to impair work performance through poor concentration, indecision and lack of creativity in addition to negative emotional feelings of anxiety, depression, apathy and demoralisation. There is now a large body of evidence (Cox, 1993; Landy et al., 1994; Kasl, 1990) that identifies a common set of work characteristics as potentially hazardous (Appendix 1, Figure 1). There outlines ten different categories of job characteristics, work environments and organisations which may be hazardous (Appendix 1, Figure 2). It has been suggested (Hacker, 1991) that such characteristics of work might be usefully conceived as relating to the context to work or the content of work. Under certain conditions each of these ten aspects of work has proved stressful and harmful to health.

2.6 STRESS IN HEALTH CARE

Using the model presented, the outcomes or evidence for stress (indicators, burnout and mental and physical ill health) will be presented first. Next the sources of
stress, particularly those from the work environment will be examined, although the wider environment, the home-work interface, will also be reviewed. Specific triggers, or daily ‘hassles’ will also be indicated where appropriate. Coping styles and behaviours of staff which mediate the stressors and triggers will be examined. Individual characteristics which also play a part in the development or retardation of stress will be explored.

2.7 STRESS AND THE HEALTH CARE PROFESSIONS

As Hardy (1995) noted, there is an abundance of articles on stress in health care staff. She noted that there were some 400 articles between 1990-1994 on stress in nursing alone. The reason for the interest is the perception that stress in health care staff is amongst the highest of occupational groups. An Occupational Stress Register carried out by the Sunday Times (1997) in the United Kingdom reported that five out of the top twenty stressful jobs included care professions: Social Worker at 3, Ambulance, Nursing and Doctors at 5, 6 and 7 with dentistry at 9. These would all be described as extremely stressful (Sunday Times, 1997). In extremes the stress suffered by care staff has resulted in a reported increase in suicides such that in 1995 Farrington (1995) asserted that “nurses now top the league of female suicides” p. 574). It must be noted that a report on these suicides
amongst female nurses did question the link between high stress levels and suicide (Day & Payne, 1995). However, stress is a major concern in many health care professions and especially nursing (Morris, 1995).

The sources of stress are various and vary according to the health care profession (Borrill, Wall & West, 1996; Farber, 1985; Payne & Firth-Cozens, 1987) as well as the speciality in which they work, although there appear to be common factors (Farrington, 1995; Handy, 1990). It is proposed that it is the context of the job rather than its content that is a key. Gray-Tofi and Anderson (1981) in a study reporting on the development of an assessment instrument of stress in nursing reported seven major sources of stress. These could be grouped into three categories: patient related, colleague related and organisation related. With regard to the first, three sources of stress were uncertainty concerning treatment, dealing with death and dying and inadequate preparation to deal with the emotional needs of families. Colleagues presented three sources including lack of social support, conflict with other nurses and supervisors and finally conflict with medical staff. Workload was the sole major source of stress in the organisational category. Sources of stress can in some instances, such as working with older people, include physical and verbal attacks (Goodridge et al, 1996). In their study of a Canadian residential facility for elderly people these authors reported that a nursing assistant
may expect to be physically assaulted by residents 9.3 times per month and verbally assaulted 11.3 times per month.

As regards strategies to manage stress, whilst much research has been done on sources, less has been done on how health care staff cope with it. Ceslowitz (1989), in a study of burnout in nurses, noted that the different styles employed determined whether burnout was experienced. Strategies focusing on escape or avoidance were associated with higher levels of burnout than problem-solving approaches. Farrington (1997) noted a number of strategies used by nurses and in particular some form of communication with others.

Individual characteristics such as ‘hardiness’ as well as length of experience have been shown to provide some protection against stress (Duquette et al, 1995; Hardy & Thomas, 1998).

2.8 STRESS AND OCCUPATIONAL THERAPY

From the Sunday Times (1997) Occupational Stress Register it can be noted that Occupational Therapists suffer about an average amount of stress (5.3 on a 10-point scale, from least stressful, 1 to most stressful, 10, 5 representing “average
stress") especially compared with other professional groups within the Health Sector. Rogers and Dodson (1988) in a survey of 99 occupational therapists in S.E. USA reported that scores on the Maslach Burnout Inventory were lower than the aggregate occupational norms provided in the manual. However, this study was carried out when the reported stress was also low in the UK (5.3 as reported in the Sunday Times, 1997). Rogers and Dodson (1988) also questioned whether these norms in the manual were appropriate.

Whilst stress may have been low in the 1980’s it appears to have risen since then. Occupational Therapy was amongst the eight professions (including social work, ambulance and nursing) showing the highest increases in stress (over 1.5 points) over the years 1985-1997 (Sunday Times, 1997).

Sweeney (1992) was an early researcher who reported stress in occupational therapists in her initial report of a survey carried out by her. In another survey of senior occupational therapy staff carried out later by Allan and Ledwith (1998), a third of the 211 respondents (out of 300 surveyed) reported “high” or “very high levels” of stress. Almost one in five reported that they intended to have a job outside occupational therapy within five years. They calculate the effect of this potential exodus on the profession. They suggested that it would take three years’
intake of new graduate to make good this loss.

A particular concern raised by managers was the issue of not “getting subsumed into an amorphous mass called the multidisciplinary team but maintaining our professional core and expertise” (Craik, Austin & Schell, 1999, p.227). This would appear to echo the source of stress of “lack of professional identity” reported in their survey by Sweeney and colleagues (1993a) mentioned above.

Stress has been investigated in the various levels of qualified Occupational Therapists including students (Tyrell & Smith, 1996), recently qualified basic grade staff (Leonard & Corr, 1998) and senior staff (Allan & Ledwith, 1998). Even occupational therapy managers have received attention (Craik, Austin & Schell, 1999). The literature is surprisingly silent on non qualified staff working in occupational therapy services. Busuttil (1992) did include them in his survey since he noted “support staff in the profession are not immune to burnout effects.” (p. 40), however, no results were given for their levels of stress.

As for sources of stress, a major survey of levels of stress in occupational therapists was undertaken by Sweeney (1992). Sweeney, Nichols and Kline (1993a) in a report of their large survey of ten occupational therapists noted the
raised levels of stress. Their findings indicate four main sources of stress in occupational therapy staff: a lack of professional identity, pressure of demands, a lack of cognition and unrewarding patient contact. Junior staff appeared to be more affected by the last of these.

In the mental health field, Brown and Pranger (1992) carried out a survey of eighty-nine Canadian occupational therapists working in this field. They noted that burnout was experienced by some occupational therapists. They reported that work involvement, a large percentage of clients on one's caseload diagnosed with schizophrenia, work pressure, age, income level, the length of time working in psychiatric occupational therapy, caseload size and the amount of overtime performed on a weekly basis were all significant predictors of burnout.

In their review of the research on stress in occupational therapists working in the mental health field Sweeney and Nichols (1996) noted that it is an issue for Occupational Therapists particularly for staff 'working in certain specialities such as mental health field but they still experience less burnout that other staff groups in the health care field. However, one must note the potential for stress to increase in the profession, as discussed earlier, particularly as a result of changes in health care on the profession. General changes in health care as well as specific ones in
the mental on occupational therapists may provide threats as well as opportunities for individuals who will have new demands on them and need to acquire abilities to cope (Duncan, 1999; Gage, 1995; Lloyd, King & Maas, 1999).

In relation to strategies used by occupational therapists to cope, a number of these are used by occupational therapists. Leonard and Corr (1998) in their survey of basic grade occupational therapists reported that a range were used with individual supervision sessions, peer support, and informal discussion being the most frequently available and used. Supervision, especially for junior staff, was also identified as important by Sweeney, Nichols and Kline (1993b) in their second article on their survey. The significance of supervision for the more junior members of staff confirmed an earlier study where it was seen as particularly important to help ease the transition from student to practitioner (Parker, 1991). Tryssenaar (1999) provides a long descriptive article of “the lived experience of becoming an occupational therapist”. She describes the experience of a newly graduated occupational therapist after four months of clinical practice. She had conducted two semi-structured interviews with “Maggie” as well as viewing her reflective writings. She characterises the phases the new Occupational Therapist went through as passing through “rose-coloured glasses, the impact of reality, and onward and upward” (p. 107). To some extent these stages appear to reflect those
of McCue (1978), although the latter author was referring to the whole career stage.

As to individual characteristics of occupational therapists, very little attention has been paid to these. Tyrell and Smith (1996) in their study of Irish occupational therapy students noted a relationship between smoking, unhealthy diets and symptomatology. Brown (1998) noted that in the female dominated profession (more than 94%) male occupational therapists reported moderate levels role strain from community, colleagues and patients.

2.9 STRESS AND HEALTH PROFESSIONALS IN MALTA

As noted previously, there have only been a few studies on occupational stress in health professionals in Malta; 201 nurses across different hospitals (Cassar & Tattersall, 1998), fourteen oncology nurses (Zammit, 1998), seven staff working in a substance abuse agency (Borg, 1998), different professionals working in a psychiatric hospital (Busuttil (1992). In this last study of burnout in staff working in a psychiatric hospital in Malta, using a structured questionnaire, Busuttil (1992) reported that burnout was not confirmed and that: “the majority of staff said that in
general, they felt involved in their work, fulfilled, and were reaching their objectives” (p.42). However, two thirds of staff appeared to have difficulties with the work-home interface, being unable to put their job and work related problems behind them once they left the hospital. He reported that “A major potential for stress is the lack of training in the hospital; this will result in a mismatch of skills required and abilities to perform their roles adequately.” (p.42 ) Cassar & Tattersall (1998) reported high levels of role ambiguity, role conflict and high workload in their study of nurses across hospitals in Malta.

2.10 METHODOLOGICAL CRITICISMS OF ASSESSMENT INSTRUMENTS

There have been methodological criticisms of the work in this field particularly in regard to assessment instruments and their problems over reliability and validity (O’Driscoll & Cooper, 1994; Carson & Hardy, 1998). A particular problem has been the predictive validity of these instruments especially in relation to coping. In addition there has been the problem of the development of specific scales for specific professions or specialities within professions, for example nurses working in the mental health field (Carson & Hardy, 1998).
Whilst these scales may have some validity in terms of the specific population being studied they have problems in relation to comparison with other professions and specifically with the general public (Carson and colleagues, 1995). Thus one may find that a particular health care occupational group suffers from stress but is it greater than that suffered by their colleagues or the general public?

2.11 INTERVENTIONS TO MANAGE STRESS

2.11.1 General Issues

Along with the ‘boom’ in research on stress has been the 'boom' of staff willing to assist in its management (Malta Business Weekly, 1997). The various newspaper articles on stress have all called for measures to assist in reducing it and have offered suggestions for managing stress (Coles, 1996; MacErlan, 1997, Rogers & Rayment, 1995; Waterhouse, R., & Trump, 2000). There are many popular books on how to deal with it (Fontana, 1989). Armstrong (1998) included a section on managing stress in his chapter on health and safety. He proposed the use of job design, proper placement, career development, performance management processes, counselling and management training (p. 814). In contrast to this piecemeal approach there have been a number of 'stress-packages' often designed
to be run in workshop style (Addley, 1997; Cabinet Office, 1989; Wycherley, 1990). These programmes typically explain the nature, causes and consequences of stress together with information and exercises on how to manage it.

2.11.2 Managing Stress In Health Professionals

Various programmes have been designed to help staff working in the health sector cope with distress ranging from simple ‘self-help’ booklets to systematic workshop programmes (Cartwright & Cooper, 1997; Cooper & Straw, 1999; Hardy, Carson, & Thomas, 1998; Lee & Reason, 1988; Payne & Firth Cozens, 1987; Royal College of Nursing, 1994).

The approach with interventions has been to manage stress and not merely reduce it (Meichenbaum, 1993; 1985). Most intervention programmes begin with an educational aspect in which the model, nature and causes of stress are explained. This is followed by a description of general ways of managing stress. There have, however, been few attempts to evaluate the success of these programmes (Carson & Kuipers, 1998).

Michie and Ridout (1990) described a two day stress management course for
nurses. They reported that staff who attended the programme gave very positive feedback. However, their intention to measure the effects of the course by comparing a post assessment instrument with that given before the course was thwarted because “too few participants returned this follow-up measure for a statistical analysis to be meaningful.” (p.19).

Referring to general stress and anxiety, Muir (1999) suggested that a comprehensive package of assessments should be given to individuals: “From this detailed and comprehensive assessment, a tailor-made package of treatment could be quickly determined for each individual, ensuring that treatment is more likely to be highly effective and that improvement should be maintained.” (p. 35).

More comprehensive packages along the lines of Employee Assistance Programmes which provide comprehensive stress management, counselling and support to staff (Armstrong, 1998) developed along those in non health sectors (Allinson, Cooper & Reynolds, 1989) have been established in some areas of the National Health Service in the United Kingdom (Maddocks, 2000; Roberts, 2000). Whilst the authors present some evidence for efficacy of these programmes has been presented, it is difficult to identify what are the essential and active ingredients of these programmes.
2.11.3 Managing Stress In Occupational Therapy

Apart from the discussion on supervision, there has been much written about stress and its causes in occupational therapy and very little about systematic ways of reducing it, apart from suggestions on how to cope (Sweeney, Nichols & Cormack, 1993). The journal “Therapy Weekly” (1992) launched its “stress buster pack”. However, no attempts to provide a comprehensive service to manage stress has been reported.

2.11.4 Managing Stress In Health Professions In Malta

There has been only one study on managing stress in Health Professions in Malta. Borg (1998) reported on a programme to assist staff working in a substance abuse agency in Malta reduce stress. The programme consisted of a series of five weekly two-hour sessions with a strong educational input along the lines of a learning unit designed by Robinson (1994) for use with nursing staff. Borg (1998) reported that there was no significant difference between the levels of stress before and after the programme.
2.12 METHODOLOGICAL CRITICISMS FOR STRESS INTERVENTION PROGRAMMES

There are a number of criticisms of the research in this field. Citing the article by Reynolds and Briner in 1994, Carson and Kuipers (1998) noted that many of these were aimed at staff who report similar levels of stress to the general population and not to real sufferers. Carson and Kuipers (1998) argue that these programmes should still be carried out because otherwise there would only be very few people attending such courses. Individual sessions would have to be provided for those deemed to be really in need. They also note that randomised controlled trials would be impossible due to the very small numbers involved. Clearly, there is a problem if one follows the advice of Muir (1999) of designing programmes which are tailored to the individual or even of Carson and Kuipers (1998) of tailoring programmes to the specific profession.

The second issue raised by Carson and Kuipers (1998) but echoing concerns raised by others (Close, 1995) is that many stress management interventions focus on the individuals themselves rather than organisational issues. This can have two adverse consequences. Firstly, they do not tackle a major source of stress coming from the workplace itself and secondly by focusing on the individual it implies that he/she is
at fault and thereby in danger of adding to their negative perceptions of themselves which can increase the problem (Cassar & Tattersall, 1998).

2.13 ASSESSMENT INSTRUMENTS

2.13.1 Maslach Burnout Inventory

The consequences of burnout are potentially very dangerous for the staff, the clients, and the larger institutions in which they interact. Research on this syndrome (Jackson & Maslach, 1982; Maslach, 1976, 1978a, 1978b, 1979, 1981, 1982a, 1982b; Maslach & Jackson, 1978, 1979, 1981a, 1982, 1984a, 1984b, 1985; Maslach & Pines, 1977; Pines & Maslach, 1978, 1980) suggests that burnout can lead to a deterioration in the quality of care or service provided by the staff. It appears to be a factor in job turnover, absenteeism, and low morale. Furthermore, burnout seems to be correlated with various self-reported indices of personal dysfunction, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems. The generally consistent pattern of findings that emerged from this research led the authors to postulate a specific syndrome of burnout and to devise an instrument to assess it. This measure, the Maslach Burnout Inventory (Maslach & Jackson, 1993), contains three subscales
that assess the different aspects of experienced burnout.

2.13.2 Work Environment Scale

The Work Environment Scale can help in providing feedback and promoting improvement in the work settings, evaluating the impact of intervention programs, and formulating clinical case descriptions (Finney and Moos, 1984; Moos, 1986; Moos and Schaefer, 1986. Brief abstracts of the articles using the Work Environment Scale are provided in two annotated bibliographies of research on the Social Climate Scales (Moos, Clayton, and Max, 1979; Moos and Spinrad, 1984). The research and applied issues that can be addressed with the Work Environment Scale are described in (Moos, 1984, 1985a, 1985b).

2.13.3 The Occupational Stress Indicator

The Occupational Stress Indicator (OSI) was developed to assess groups of people. Teams, departments or levels of management can be assessed collectively in order to plan monitor stress-intervention programmes. The Occupational Stress Indicator which has been used by a large number of organisations in the private and public sector (Cooper et al., 1988). This instrument is a well validated measure of
occupational stress (Cooper & Bramwell, 1992; Cooper & Williams, 1991; Robertson, Cooper & Williams, 1990).

2.14 SUMMARY

Stress appears on the increase. Health care professionals appear to suffer stress, sometimes leading to burnout and even severe mental and physical ill health more than other groups. Whilst occupational therapists do not appear to be more stressed than other health care groups, their levels are rising and may increase in the future as the demands placed on them change. A variety of sources of stress have been identified but workload and the relations with colleagues as well as dealing with patients are amongst those identified. A variety of coping strategies have been identified. Personality characteristics including hardiness have also been implicated as a mediating factor.

A variety of approaches for managing stress, comprising both specific and 'package' interventions, have been devised to help manage stress both for general staff groups as well as for health professionals, including occupational therapists. Little research has been carried out on their effectiveness and what elements are crucial in managing stress.
METHODS
3. METHODS

3.1 INTRODUCTION

Work related stress can lead to conditions such as depression, anxiety, nervousness, fatigue and heart disease. It also causes very considerable disturbances to productivity, creativity and competitiveness.

The pressures of additional workloads and the ever-increasing demands to improve performance and service quality contribute further towards occupational stress.

3.2 AIMS OF THE RESEARCH

The proposed study will use appropriate assessment instruments to identify whether care staff in a particular establishment, the Occupational Therapy Department in Malta, do suffer from stress. It also analyses the causes of stress. Next the coping styles of occupational therapists are investigated. Individual characteristics are also assessed to determine what role these may play in exacerbating or relieving stress. Finally, develop ideas for introducing risk management practices to the management of stress and a management stress
programme will be developed to help staff and managers deal with stress and make changes in workplace to reduce stress.

The Objectives of the study are:

1. To determine whether there is a problem of stress with Occupational Therapists in Malta.
2. To identify the sources of stress.
3. To examine the coping styles of Occupational Therapists.
4. To investigate individual characteristics which may exacerbate or relieve stress.
5. To try and develop ideas for introducing risk management practices to the management of stress.

As result of such information, more understanding of what stressors effect Maltese Occupational Therapists and certain preventive and proactive measures could be suggested for implementation. This would hopefully help in maintaining an optimum level of stress and subsequently improve efficiency.
3.3 DESIGN OF THE STUDY

A survey approach together with a focus group will be used for this study. A survey approach can collect information on people's knowledge, attitudes and values as well as perceptions (Polit & Hungler, 1995) when the researcher is not able to observe the phenomena under scrutiny (Frankfort-Nachmias & Nachmias, 1992). The technique of interviewing participants in focus groups comes largely from marketing research and so perceptions and opinions are expressed, and then revealed through careful, systematic analysis (Kreugar, 1994).

3.4 SITE OF THE STUDY

The study is focused on the Occupational Therapy Service in Malta. Occupational Therapy services are presently being delivered at St. Lukes Hospital, Gozo General Hospital, Zammit Clapp Hospital, St. Vincent De Paule Residence, Mount Carmel Hospital, Boffa Hospital and Adult Training Centres for the Disabled.

3.5 TARGET POPULATION AND SAMPLING TECHNIQUES

The study population is the 53 state registered Occupational Therapists working in
the various occupational therapy departments in Malta. Since the population for the research (the target population) is intended to be the whole group sampling would not be necessary. All staff will be contacted by phone and will be invited to participate in the study. A list of the names and the workplace of all working state registered occupational therapists was obtained from the Manager Occupational Therapy Services (Appendix 2). Eligibility for inclusion in the study took into consideration the following criteria:

1. State Registered Occupational Therapists.
2. Working fulltime (40 hour week).
3. Years in practice (2 to 15 years).

Following these criteria the sample for inclusion in this study amounted to 32 participants. These criteria allowed for the inclusion of experienced participants from different levels of clinical and administrative experiences. Two years of practice were chosen in the line of research, which confirms that the transition time from student to newly qualified staff is considered to be a highly challenging and stressful time (Charnley, 1999). This phenomenon could affect the way in which the group scores their answers and would not give a true picture of stress. The limit of 15 years was established as this is the longest number of years working in the
profession by non managerial staff. Only two members of staff were purposely excluded from the study, the Manager Occupational Therapy Services and a Principle Occupational Therapist, both being in the profession for over 20 years. The study was only addressed to occupational therapists working full time only, as these are more exposed to factors present in the work environment which might cause stress.

3.6 DATA COLLECTION AND ANALYSIS

3.6.1 Approach To Data Collection

There are a variety of methods of collecting data for surveys (Polit & Hungler, 1995). Questionnaires, especially self-administered, are convenient and cost-effective when much data is required in a standardised form and if the researcher wishes to preserve the anonymity of the respondent, crucial in areas of sensitivity. However, the number of respondents and reliability of responses are crucially dependent on the adequate construction, distribution and collection of the questionnaires (Cormack, 1996).
3.6.2 Assessments Instruments

The Biographical Questionnaire from the Occupational Stress Indicator was issued to participants to provide demographic information (Cooper, Sloan, & Williams, 1998).

In line with the model underlying this study three assessments instruments will be used which have been commonly used in stress research (Carson & Hardy, 1998). No studies using all three questionnaires were found during the literature reviews.

1. Occupational Stress Indicator (Cooper, Sloan, & Williams, 1998)
2. Maslach Burnout Inventory (Maslach, & Jackson, 1993)

3.6.2.1 Occupational Stress Indicator (Cooper, Sloan, & Williams, 1998).

The Occupational Stress Indicator (OSI) was developed to assess groups of people. Teams, departments or levels of management can be assessed collectively in order to plan monitor stress-intervention programmes. The Occupational Stress Indicator which has been used by a large number of organisations in the private and public sector (Cooper et al., 1988). This instrument is a well validated measure of
occupational stress (Cooper & Bramwell, 1992; Cooper & Williams, 1991; Robertson, Cooper & Williams, 1990).

The OSI is divided into six scales, each of which assesses a factor contributing to occupational stress. The score for each scale is produced by adding together subscales which look in more detail at specific items. The content of the main questionnaires are outlined below (Cooper et al., 1988).

1. “How you feel about your job”: This scale provides measures of job satisfaction.

2. “How you assess your current state of health”: This scale provides self-reported ratings of the emotional and physical effects of stress.

3. “The way you behave generally”: This provides an indication of the degree to which the respondent displays the type A syndrome (Cooper et al., 1988).

4. “How you interpret events around you”: The more control over events people believe themselves to have, the more effectively they will combat stress. The external scores are thought to indicate that individuals will tend
to interpret things which happen to them as the result of luck, chance, fate, under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding them. However, those individuals with internal scores are thought to view events as the results of their own actions or relatively permanent characteristics.

5. “Sources of pressure in your job”: The scale shows a wide range of possible sources of occupational stress.

6. “How you cope with the stress you experience”: The content of the scale provides a range of coping strategies and assesses the degree to which they are used by the respondent.

3.6.2.2 Maslach Burnout Inventory (Maslach, & Jackson, 1993)

The Maslach Burnout Inventory consists of 22 questions and is designed to assess the three aspects of the burnout syndrome: emotional exhaustion, depersonalization, and lack of personal accomplishment. Each aspect is measured by a separate subscale. The Emotional Exhaustion subscale assesses feelings of being emotionally overextended and exhausted by one’s work. The
Depersonalization subscale measures an unfeeling and impersonal response towards recipients of one’s service, care, treatment, or instruction. The Personal Accomplishment subscale assesses feelings of competence and successful achievement in one’s work with people. The frequency that the respondent experiences feelings related to each subscale is assessed using a six-point, fully anchored response format.

Burnout is conceptualized as a continuous variable, ranging from low to moderate to high degrees of experienced feeling.

- A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment subscale.

- An average degree of burnout is reflected in average scores on the three subscales.

- A low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and in high scores on the Personal Accomplishment subscale.
3.6.2.3 Moos Work Environment Scale (Moos, 1981)

The Work Environment Scale consists of 90 questions of right or false type. It comprises ten subscales that measure the social environments of different types of work settings. The ten Work Environment Scale subscales assess three underlying domains, or sets of dimensions: the Relationship dimensions, the Personal Growth dimensions, and the System Maintenance and System Change dimensions.

The Relationship dimensions are measured by the Involvement, Peer Cohesion, and Supervisor Support subscales. These subscales assess the extent to which employees are concerned about and committed to their jobs; the extent to which employees are friendly to and supportive of one another; and the extent to which management is supportive of employees and encourages employees to be supportive of one another.

The Personal Growth, or goal orientation, dimensions are measured by the Autonomy, Task Orientation, and Work Pressure sub-scales. These subscales assess the extent to which employees are encouraged to be self-sufficient and to make their own decisions; the degree of emphasis on good planning, efficiency, and getting the job done; and the degree to which the press of work and time urgency dominate the job milieu.
The System Maintenance and System Change dimensions are measured by the Clarity, Control, innovation, and Physical Comfort subscales. These subscales assess the extent to which employees know what to expect in their daily routines and how explicitly rules and policies are communicated; the extent to which management uses rules and pressures to keep employees under control; the degree of emphasis on variety, change and new approaches; and the extent to which the physical surroundings contribute to a pleasant work environment.

In answer to three of the research questions the first and last hypotheses are in line with the model presented above, the assessment instruments were used to assess the effects of stress, i.e. lower levels, burnout and physical and mental ill health:

- Lower levels of stress or “indicators” were assessed by one of the sub-scales of the Occupational Stress Indicator (Effects of Stress).

- Higher levels of stress or burnout were assessed by the “Maslach Burnout Inventory”.

- Intense levels of stress i.e. physical and/or mental ill health were assessed by two sub-scales (Physical and Mental Ill Health- Occupational Stress Indicator).
Sources of stress (research question 2) were assessed by a sub-scale (Sources of Pressure in your Job) of the Occupational Stress Indicator as well as the Moos Work Environment Scale. To some extent these may also assess sources of support as, for example, in both scales relationships with other people or peers is perceived as not being stressful but positive.

All these instruments have been highly standardised and reported to have high reliability and validity (Carson & Hardy, 1998). Further details of the assessment tools can be found in Appendix 3.

3.7 ETHICAL CONSIDERATIONS

Prior to starting the questionnaire permission from the Manager of Occupational therapy service was obtained for undertaking this study (Appendix 2). The identified participants were told about the aims of the interview, and approximately how much time it would take. They were also told that all the information gathered would be kept in the strictest confidence and that it will only be presented in aggregate form. There will be no obligation on anybody’s part to implement their suggestions. Finally it was also made clear that participation was on a strictly voluntary basis (Appendix 4).
3.8 PILOT STUDY

A pilot study was carried out with five staff chosen at random from the list of registered occupational therapists obtained from the Manager Occupational Therapy Services (Appendix 2). The assessment forms were distributed, completed and analysed. In addition, a group session with the five members of staff was held for feedback on the assessment forms. No changes were needed to be done to the official assessment forms which would be used in the study. The only comments made by the therapists were that the questionnaires were time consuming.

3.9 DISTRIBUTION AND COLLECTION OF ASSESSMENT INSTRUMENTS

The questionnaires were distributed personally by the researcher, to the participants in their respective workplaces. Each questionnaire was accompanied by a covering letter. (Appendix 4)

Personal contact between the researcher and the participants has been found to give a positive effect on the rate of response (Polit & Hungler, 1995). The nature and the purpose of this study were explained to every participant, in the covering letter.
Shaughnessy and Zechmeister (1997) suggested that there are some strategies that may increase the return rate when conducting such studies. When the questionnaire has a personal touch, requires only a minimum effort from the participant to be completed, and when the subject tackled is an intrinsic factor to the participant, return rates are improved. The fact that the participants and the researcher are occupational therapists may be an influencing factor in enhancing response rates. Clear guidelines were given regarding the completion of the questionnaires and also it was estimated that it should not take too much time to complete. A time period of one week was given to the respondents to return the questionnaires. However in some cases a ten day period was allowed. The completed questionnaires were returned to the researcher by means of a stamped self-addressed envelope that was provided with each questionnaire. On the other hand another option was offered to the participants, that the researcher would collect the questionnaires on a given date, from the various workplaces.

The assessment instruments were briefly explained to the staff; anonymity and confidentiality were assured. The back of the Work Climate Scale was crossed out so that anonymity would be safeguarded since too detailed information could have given rise to easy identification.
3.10 SCORING

The assessment instruments were scored and results collated. Categorisation of responses according to criteria in the manuals was conducted (Appendix 5).

3.11 STATISTICAL ANALYSIS

Data from the forms were entered into an Excel spreadsheet for subsequent descriptive and inferential statistical analysis.

3.12 FOCUS GROUP INTERVIEWING.

This technique was used to answer objective 3, to identify the stress coping strategies adopted by occupational therapists. The technique of interviewing participants in focus groups comes largely from marketing research. Two groups were composed of seven occupational therapists and the third group was composed of six occupational therapists. These groups for this study were conducted for three times with different individuals so that trends were identified in the perceptions
and opinions expressed, which are revealed through careful, systematic analysis (Krueger, 1994).

This method assumes that an individual’s attitudes and beliefs do not form in a vacuum. People often need to listen to others’ opinions and understandings in order to form their own. One-on-one interviews may be impoverished because the participant had not reflected on the topic and feels unprepared to respond. Often the questions in a focus group setting are deceptively simple; the trick is to promote the participants’ self-disclosure through the creation of a permissive environment (Krueger, 1994).

3.12.1 Discussions guide.

A structured discussion guide was used to explore practitioner beliefs regarding stress coping strategies adopted by occupational therapists. Participants were asked to think broadly about stress and how they cope with it and what strategies do they adopt to overcome it. They were cautioned against responding on the basis of an individual or personalised self-judgement.

The discussion guide included two questions. Participants’ reaction to the guide
during the first focus group served as a basis for instrument modification before the other three focus groups were carried out, however the content categories were the same for the three focus groups.

The question asked to the participants was:

1. How do you cope with stress?

3.12.2 Data Analysis

Responses from the three focus groups were combined and tallied, using the ‘annotating-the-scripts approach’ (Gordon and Langmaid, 1988) which involves reading the transcripts (and listening to the audio tapes) and writing interpretative thoughts about the data in the margins. The benefits of this approach are that each transcript is considered as a whole rather than as a set of discrete responses and that it allows the analyst to re-experience the group, body language and tone of the discussion.

Computer assisted, qualitative content analyses of the transcripts of the interviews were carried out. This was done by applying the method suggested by Maggs and Rapport (1995) using Ethnography computer software.
Through content analysis, recurrent themes were identified, different categories of data were distinguished and, according to the nature of the results, it was possible to quantify them.
RESULTS
4. RESULTS

4.1 NUMBER OF PARTICIPANTS

From a total of 53 occupational therapists only 32 members of staff met the inclusion criteria for the study. A total number of 32 questionnaires were distributed and 24 were returned (n=24), thus giving a response rate of 75%. The fact that all the participants knew the researcher personally, and that the study was related to their job might have contributed to such a high response rate. The data from the forms were entered into Excel spreadsheet for subsequent descriptive and inferential statistical analysis.

4.2 DEMOGRAPHIC DATA

The Biographical Form of the Occupational Stress Indicator provided details of the staff who participated in the study. The results of the data obtained are given in table form hereunder.
4.2.1 AGE

The age of the sample was relatively young with:

Table 1. Age in sample population

<table>
<thead>
<tr>
<th>Age category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 24 years</td>
<td>7</td>
<td>29.16 %</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>13</td>
<td>54.16 %</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>1</td>
<td>4.16 %</td>
</tr>
<tr>
<td>35 to 39 years</td>
<td>2</td>
<td>8.33 %</td>
</tr>
<tr>
<td>40 to 44 years</td>
<td>1</td>
<td>4.16 %</td>
</tr>
</tbody>
</table>

4.2.2 GENDER

Out of the 24 respondents,

Table 2. Gender in sample population

<table>
<thead>
<tr>
<th>Gender Category</th>
<th>Number</th>
<th>Percent</th>
<th>Total O.T Population Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>20</td>
<td>83.33 %</td>
<td>42</td>
<td>79.24 %</td>
</tr>
<tr>
<td>Males</td>
<td>4</td>
<td>16.66 %</td>
<td>11</td>
<td>20.75 %</td>
</tr>
</tbody>
</table>
4.2.3 YEARS AT WORK

The working experience was divided into three groups. The respondents were as follows:

Table 3. Years at work in sample population

<table>
<thead>
<tr>
<th>Years at work category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years</td>
<td>9</td>
<td>37.5 %</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>13</td>
<td>54.16 %</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>2</td>
<td>8.33 %</td>
</tr>
</tbody>
</table>

4.2.4 MARITAL STATUS

The social status included two categories, married and single. From the 24 respondents;

Table 4. Marital status in sample population

<table>
<thead>
<tr>
<th>Marital Status category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>11</td>
<td>45.83 %</td>
</tr>
<tr>
<td>Single</td>
<td>13</td>
<td>51.16 %</td>
</tr>
</tbody>
</table>
4.2.5 GRADE OF OCCUPATIONAL THERAPISTS

Grades of occupational therapists fell into three categories including junior, senior and assistant principal.

Table 5. Occupational therapist's grade in sample population

<table>
<thead>
<tr>
<th>Grade category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior</td>
<td>7</td>
<td>29.16 %</td>
</tr>
<tr>
<td>Senior</td>
<td>15</td>
<td>62.5 %</td>
</tr>
<tr>
<td>Assistant principal</td>
<td>2</td>
<td>8.33 %</td>
</tr>
</tbody>
</table>

4.2.6 WORKING AREA

Occupational therapists from four different working areas participated in this study. The respondents were employed as follows:
Table 6. Working area in sample population

<table>
<thead>
<tr>
<th>Working area category</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount Carmel Hospital</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>Saint Vincent de Paule</td>
<td>5</td>
<td>20.83%</td>
</tr>
<tr>
<td>Zammit Clapp Hospital</td>
<td>7</td>
<td>29.16%</td>
</tr>
<tr>
<td>St.Luke’s Hospital</td>
<td>6</td>
<td>25%</td>
</tr>
</tbody>
</table>

4.2.7 CHILDREN OF PARTICIPANTS

Table 7. Children of Participants

<table>
<thead>
<tr>
<th>Occupational Therapists</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
</tr>
</tbody>
</table>
4.2.8 SECOND JOB OF PARTICIPANTS

Table 8. Second Job of Participants (part-time private work)

<table>
<thead>
<tr>
<th>No. Occupational Therapists</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Range of Hours (worked privately per week)</th>
<th>1-5 hours</th>
<th>6-10 hours</th>
<th>11-14 hours</th>
<th>15-20 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

4.3 ASSESSMENT INSTRUMENTS

4.3.1 QUESTIONNAIRE NO. 1. OCCUPATIONAL STRESS INDICATOR

The OSI is divided into six scales, each of which assesses a factor contributing to occupational stress. The sub-scales are grouped into four key areas:

- Stress-related effects currently being experienced by the respondent;
- Characteristics of the respondent’s ‘behavioural and attitudinal style’ which may be helping or hindering their current ability to deal with life’s demands;
• External factors which the respondent perceives to be causing stress;
• Strategies used by the respondent to cope with stress.

4.3.1.1 SCALE 1. Sources of pressure in your job.

This scale looks at the way various aspects of the environment are perceived. There are six sub-scales, in all cases higher than average scores suggest sources of perceived stress. Twenty occupational therapists (83.33%) scored high on the “Relationships with other people” sub-scale (Table 9; Appendix 7, Table 1). This suggests that interpersonal stress is being experienced. Ten individuals (41.66%) scored high on the “Home/work interface” sub-scale (Table 9; Appendix 7, Table 1). Six occupational therapists (15%) scored high in “Organisational structure and climate” sub-scale as being a source of pressure. The “Career and Achievement” sub-scale was considered as a source of pressure by three occupational therapists (7%) (Table 9), two individuals (5%) considered the “Managerial role” sub-scale as a source of pressure. None of the occupational therapists considered the “Factors intrinsic to the job” sub-scale as being a source of pressure (Table 9). A high score on the home/work interface sub-scale suggests that the home environment is not conducive to the replenishment of resources. This may be a function of the characteristics of the home itself or the intrusion of the work into home life.
However, the average ratings for the sources of stress can be ranked for Occupational therapists (Appendix 7, Table 2). This table reveals that overall the home-work interface scores the lowest with the managerial role scoring the highest and organisational structure and climate the next. It must be noted that staff understood “the managerial role” as being in charge of patients as well as of other staff. Detailed analysis of the elements making up these factors reveal that there were significant differences on “Staff shortages and “unsettling turnover rates” ($t = -2.839$, $p< .05$) as well as “being undervalued” ($t = -2.261$, $p< .05$), (Appendix 7, Table 2).

Table 9. Sources Of Pressure In Your Job.
4.3.1.2 Individual Characteristics

These scales identify characteristics associated with Type A personality. Type A personalities often contain, in addition to achievement orientation, a core characteristic of irritable impatience which increase vulnerability to stress. The presence of six Occupational Therapists (25%) (OT1, OT8, OT9, OT13, OT14, OT24) with high approaches to life in all three sub-scales and two occupational therapists (8.33%) (OT12, OT17) with nearly all indicates individuals who function at a rushed, hard driven, competitive, ambitious, time directed lifestyle (Type A personality) (Appendix 7, Table 4). “Attitude to living” and “style of behaviour” scored higher than “ambition” (Appendix 7, Table 5). Ten occupational therapists (41.66%) use “Attitude to living” as a means to decrease stress, this sub-scale looks at achievement orientation and dedication. High scorers have a high need to succeed and are dedicated to their work. Ten occupational therapists (41.66%) use “Style of behaviour” to react to stress, a high score here suggests a heightened pace of living and a sense of time-urgency which has an aggressive, irritable flavour. Ten occupational therapists (41.66%) use “Ambition” as a means to combat stress, this is a broad indication of how generally ambitious a person is. A high score on this sub-scale may suggest ambition and dedication but with a healthy ability to also channel energies into things other than work, but if they channel all their energies solely into work it can be detrimental. More than
one occupational therapist scored high on more than one sub-scale. Table 10 summarises the individual characteristics of occupational therapists.

Table 10. Individual Characteristics.

Total Type A Personality: Individuals who scored high scores on all sub-scales.

Almost Total Type A Personality: Individuals who scored high in almost all the three sub-scales.

4.3.1.3 Locus of Control

Eighteen of the occupational therapists (75%) felt more under the influence of
external forces in relation to the organisation (Table 11; Appendix 7, Table 6). This sub-scale assesses the degree to which respondents feel that the forces within the organisation constrain their own ability to influence events. These forces are intangible and relate more to a subjective feeling of personal influence being blocked than to a concrete knowledge of what is blocking it. A high score suggests a perception of less personal control. Six individuals (18%) felt more under influence of “Management processes”. This sub-scale looks more specifically at the degree to which respondents perceive their own effort and performance as having an influence over the results they achieve. A low score here suggests a perception that, in general, effort and ability are consistent with results achieved. The combination of a low score here with a high score obtained on “Organisational forces” may suggest a feeling of being able to influence one’s personal outcomes at work but being unable to influence broader organisational functioning. Two individuals (6%) scored low in “individual influence” sub-scale. This is a general measure on the degree to which individuals control outcomes. Eight individuals scored high on the “total control” sub-scale. Table 11 summarises the above results.
Table 11: Locus Of Control.

**LOCUS OF CONTROL**
(EXTERNAL FACTORS)

- Total control, 8 O.T., 24%
- Organisational forces, 18 O.T., 75%
- Management processes, 6 O.T., 18%
- Individual Influences, 2 O.T., 6%

4.3.1.4 How Do You Cope with the Stress You Experience.

The Occupational Stress Indicator assesses the degree to which each of the six strategies are employed to cope with stress. High scores suggest that the strategy is used more often than is typical for the norm group. High scores do not necessarily mean that the strategy is used effectively or that it is the most effective strategy for the situation. Occupational therapists used a wide range of coping strategies with
many staff using them more than the average (Appendix 7, Table 8), although two occupational therapists (OT 1, OT 13) appeared limited in those used (Appendix 7, Table 8).

Twenty-three individuals (95.83%) scored high in “Social support” sub-scale. This sub-scale looks at the extent to which support exists and is sought.

Twenty-two individuals (91.66%) scored high on the “Involvement” sub-scale. This coping strategy is an attitudinal one. It is about looking at the total situation, making an effort to change what can be changed and accepting what cannot be changed. It is about having a realistic image of what is possible.

Ten individuals (41.66%) scored high on the “home and work relationships” sub-scale. This sub-scale is about using resources outside work to replenish one’s capacity for coping.

Ten individuals (41.66%) scored high on the “Time” sub-scale. This sub-scale relates to time management. Table 12 summarises the above results.
Table 12. Coping Strategies.

<table>
<thead>
<tr>
<th>COPING STRATEGIES</th>
<th>NO. OF OCCUPATIONAL THERAPISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Support</td>
<td>23</td>
</tr>
<tr>
<td>Task Strategies</td>
<td>21</td>
</tr>
<tr>
<td>Logic</td>
<td>5, 7</td>
</tr>
<tr>
<td>Homework</td>
<td>10</td>
</tr>
<tr>
<td>Relationships</td>
<td>10</td>
</tr>
<tr>
<td>Time</td>
<td>2</td>
</tr>
<tr>
<td>Involvement</td>
<td>2</td>
</tr>
</tbody>
</table>

4.3.1.5 Effect of Stress

These scales assess the degree of satisfaction currently derived from various aspects of work. This assesses lower levels of stress. The results indicate that four (16.66%) of the occupational therapists (OT5, OT9, OT13, OT14) experienced complete and a further six (25%) (OT4, OT6, OT12, OT18, OT19, OT24) almost complete low levels of satisfaction (Appendix 7, Table 10). Fourteen occupational therapists (58.33%) scored a below average score on the “Satisfaction with achievement, value and growth”. This suggests that these individuals are less
satisfied with career development aspects of the job (Appendix 7, Table 10). Twelve occupational therapists (50%) scored low scores on the "Satisfaction with organisational design and structure" (Appendix 7, Table 10). This may reflect dissatisfaction with communication or with policies for implementing change or dealing with conflict. Twelve occupational therapists (50%) scored low on the "Satisfaction with Organisation processes" (Appendix 7, Table 10). This scale reflects the degree to which respondents feel that they participate in decision-making, that they are given adequate flexibility and that they receive appropriate supervision. Eight individuals (33.3%) scored low on the "Satisfaction with the job itself" (Appendix 7, Table 10). This sub-scale relates to the degree of satisfaction with the specific requirements of the job, independent of the context in which it is placed. A below average score suggests that the person derives less satisfaction from what they actually spend the day doing. Eight individuals (33.3%) scored low on the "Satisfaction with personal relationships" (Appendix 7, Table 10). A low score here may reflect dissatisfaction with interpersonal dynamics in the work place. There may be a feeling of dissociation from the public image of the organisation and discontentment with the general atmosphere at work. Table 13 summarises the above results.
Table 13: Effects Of Stress.

**EFFECTS OF STRESS**

- Lack of Job Satisfaction, 10 O.T., 41.6%
- Personal Relationships, 8 O.T., 33.3%
- Lack of Achievement, value and growth, 14 O.T., 58.33%
- The Job itself, 8 O.T., 33.3%
- Organisational Processes, 12 O.T., 50%
- Organisational Design And Structure, 12 O.T., 50%

4.3.1.6 Mental and Physical Health Sub-Scales

This also measures the more extreme physical and psychological effects of stress. Fourteen occupational therapists (58.33%) (Appendix 7, Table 12) were suffering physical ill health (physical symptoms of stress). Here high scores suggest that the responses given reflect the degree to which the individuals are aware of their symptoms. Six individuals (25%) (Appendix 7, Table 12) also experienced problems at the mental health level, a high score suggests that there is a lessened
sense of general well-being. Five individuals (20.83%) (Appendix 7, Table 12) experienced both physical and mental ill-health.

Table 14 summarises the above results. However, Occupational Therapists suffered more from physical ill health than mental ill health (Appendix 7, Table 13).

Table 14. Mental And Physical Health Problems.
4.3.2 QUESTIONNAIRE NO. 2. MASLACH BURNOUT INVENTORY

The Maslach Burnout Inventory is designed to assess the three aspects of the burnout syndrome: emotional exhaustion, depersonalization, and lack of personal accomplishment.

Burnout is conceptualized as a continuous variable, ranging from low to moderate to high degrees of experienced feeling.

- A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment subscale.

- An average degree of burnout is reflected in average scores on the three subscales.

- A low degree of burnout is reflected in low scores on the Emotional Exhaustion and Depersonalization subscales and in high scores on the Personal Accomplishment subscale.

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The Maslach Burnout Inventory measures higher levels of stress or burnout. Two Occupational Therapists (OT 5, OT 24) suffered complete burnout (Appendix 7, Table 14). Eight Occupational Therapists (33.33%) suffered high levels of “Emotional Exhaustion” and four individuals (16.66%) suffered high levels of “Depersonalisation” (Appendix 7, Table 14). Twelve of the Occupational Therapists (50%) suffered low Personal Accomplishment (Appendix 7, Table 14). Table 15 summarises the results.

Table 15. Maslach Burnout Inventory.
4.3.3 QUESTIONNAIRE NO.3. WORK ENVIRONMENT SCALE

The Work environment Scale consists of 10 sub-scales that measure the actual, preferred, and expected social environments of work settings. The 10 sub-scales assess three underlying sets of dimensions: relationship dimensions, personal growth dimensions and system maintenance dimensions.

Table 16 shows the profile for this work group, occupational therapists. The employees reported moderate emphasis on the relationships dimensions: involvement was average, supervisory support was also average, and the co-worker cohesion was well above average.

On the personal growth dimension, task orientation was well below average, while autonomy was well above average, and work pressure was low.

On the system maintenance and change dimensions, the clarity of expectations was average, and there was a strong emphasis on the innovation in the work place. Managerial control was above average and physical comfort was somewhat below average.
When the results of this working group was compared to the normative data in the manual for health work groups the means obtained for the various sub-scales by the occupational therapists was below average except for the co-worker and autonomy subscales which were similar. (Appendix 7, Table 19).

This work group was distinguished by a strong emphasis on co-worker cohesion and autonomy. The therapists felt that supervisors were not supportive or encouraging, that the independent decision making was not emphasised, and that rules and routines were confusing. The work environment Scale profile about this working group identified serious problems and showed a clear need for organisational change.

Table 16. Work Environment Scale Profiles For Occupational Therapists.

![Graph showing WES Profiles for Occupational Therapists]
4.4 FOCUS GROUP RESULTS

This technique was used to answer objective 3, that is to identify the stress coping strategies adopted by occupational therapists. Out of the initial 24 participants in the initial survey only 20 occupational therapists, four males and sixteen females participated in the focus group interviews. Three focus groups were conducted. Two groups were composed of seven occupational therapists and the third group was composed of six occupational therapists. The three focus groups were conducted so that trends were identified in the perceptions and opinions expressed, which are then revealed through careful, systematic analysis.

Responses from the three focus groups were combined and tallied, using the 'annotating-the-scripts approach' (Gordon and Langmaid, 1988) which involves reading the transcripts (and listening to the audio tapes) and writing interpretative thoughts about the data in the margins. The benefits of this approach are that each transcript is considered as a whole rather than as a set of discrete responses and that it allows the analyst to re-experience the group, body language and tone of the discussion.

Computer assisted, qualitative content analyses of the transcripts of the interviews were carried out. This was done by applying the method suggested by Maggs and

Through content analysis, recurrent themes were identified, different categories of data were distinguished and, according to the nature of the results, it was possible to quantify them.

What are the coping strategies used by occupational therapists?

Occupational therapists certainly encounter notable stressors, and “unless occupational therapists have significant coping skills firmly in place, any of these stressors may cause them to deteriorate physically, emotionally, or professionally” (Rees, Smith, 1991).

Fortunately, the 20 participants do possess several coping strategies designed to counteract the job-related stressors. Eight means in which the occupational therapists deal with their perceived work-related stressors are discussed below.

1. Focusing on the Task at Hand—the Patient

Occupational therapy requires that occupational therapists remain task-focused.
No matter what the situation in the occupational therapy department, the occupational therapists tend to control their responses by focusing on the patient. Not doing so could jeopardize the client’s well being. Fourteen (70%) interviewees stated that when they encounter a stressor, they remain calm.

Two participants said:

“Most occupational therapists are expected to deal with stress. We handle things very coolly. I don’t think a lot of us go to pieces. If you start the course and you get in it, you either know you can handle it or you can’t handle the stress. If you can’t handle the stress, you just leave”. (T10, T2)

2. Just Deal With It

The occupational therapist’s slogan related to work stress is “Just Deal With It.” In fact, a little less than half (n=8) of the therapists stated they have the mindset of “get over it” (i.e., the stress).
For example, when the occupational therapists have to do a certain case that tends to cause more stress than the other cases, they respond with “I just deal with it,” or “I get over it.” This attitude, which has become second nature to them over the years, was mainly learned in the years of training (during the course).

As a therapist said:

“I think frequently we don’t put a finger on actually how stress is affecting us. Most of us have just been taught to suck it up and go on, not have any alternative way to deal with it.” (T7)

This coping mechanism is automatic to therapists because they have been dealing with the job stressors for years.

A participant states:

“I guess you get used to dealing with the stresses over a period of time. You just go into automatic function. You know what you have to do in certain situations, and you proceed to do that.” (T20)
3. Internal Reflection

Six (30%) of the occupational therapists revealed in their interviews that they practice internal reflection after feeling stressed. This internal reflection usually results from encountering complication of a patient, or after being criticized by other staff members, especially a physician or head of department. Internal reflection means that the occupational therapist review their performance related to the moment in question.

Another occupational therapist, for instance, in the interview, states he works through the situation yet “re-examines the circumstances and tries to learn from events.” (T13)

Therefore, occupational therapists employ internal reflection via a variety of tactics that suits their needs. Mainly this coping technique is used as a means of self-assurance and professional development.
4. Spiritual Beliefs and Prayer

To a lesser degree but important nonetheless, five participants specifically mentioned that their spiritual beliefs and prayer help them cope with occupational stressors. One therapist affirmed that he has strong Christian values, and when she feels herself getting angry regarding interpersonal conflicts, he steps aside and prays:

“When I get up every morning, I just say a little prayer that my guardian angel is with me all day and that I have the ability to think and make correct decisions. I’ve done that since I got out of the Institute of Health Care. So, that’s how I start my day, and my guardian angel hasn’t deserted me yet.” (T15)

5. Internalization

Five (25%) of the occupational therapists mentioned that they internalize, initially, their perceived stressors—at least until a more appropriate time presents itself to deal with those stressors. Priding themselves on professionalism, occupational
therapists cope with immediate job-related stressors by “just dealing with it” as practiced by internalization.

One therapist said:

“I more or less internalized. I guess that’s why it’s made me so sick. I tried to maintain a calmness.” (T11)

Therefore, one of two scenarios happens after a therapist internalizes:

a) they continue to internalize and become physically ill, or

b) they progress to another, more apparent, coping mechanism: verbalization.

A therapist stated:

“There are times, of course, when that stress builds and builds, and they can be verbal . . . to those around them.” (T19)
6. Verbalization

Utilizing verbalization as a coping mechanism is preferred among the occupational therapists, with 12 (60%) attesting to the fact. Verbalization assumes various forms. One method of verbalization involves talking about the stressors, either with co-workers, management, or family and friends.

Three occupational therapists said that they used to get angry with others, but as they have become more experienced and mature, they realize that anger is not the most efficacious way to deal with stress.

Whereas, another therapist reports that she talks over her work-related stressors with “her husband until nauseated.” (T12)

Other forms of verbalization include crying, although very rare among occupational therapists. The same therapist, for example, reported that she has cried only twice in her 5-year career.

During the discussions it was noted that the male occupational therapists are freer with their use of language. First, they are more open to curse compared to the
female therapists. Secondly, they are more apt to speak their mind about their fellow colleagues.

Consequently, verbalization, no matter what the form, is a popular way for occupational therapists to ventilate about the stressors they encounter on the job.

7. Asking For Help

Occupational therapists realize their limitations and work within those boundaries. If a situation arises that they are unsure about, the participants are quick to ask for help from their co-workers.

Twelve occupational (60%) therapists stated that they are not shy about calling for help from a senior member of staff. It seems that when a patient-related or work relationship stressor is shared with peers, the greater the ability to cope.
8. Personal Hobbies

All occupational therapists participate in hobbies outside of work, and what a variety. Their hobbies include: gardening, reading, sewing, fishing, exercise (of all kinds), running, music, travel, family, animals/pets, shopping, eating, and antiquing. Of interest, eighteen (90%) of them report that their particular hobbies help them when they are feeling stressed.

All of the participants mentioned that they participate in some sort of outdoor activity, whether that is gardening, horseback riding, football, camping, fishing, and bicycling.

The various coping mechanisms that the participants employ to combat work-related stress have been discussed. Of additional interest is their view regarding the use of in-services to deal with stressors found on the job. When asked in the interview whether they think their employer should offer an in-service on stress-reduction measures, half of them said no; half of them said yes. The ones who said no felt “It was a waste of time;” “That the management didn’t understand their stress;” or “That the management ignores their problems.” In addition, they also said, “I’ve heard all that stuff before;” or “I de-stress after work with my buddies.”
Those who believe an in-service would be helpful said, “For some it would be helpful;” “That it would be helpful if enforced or done on a continual basis” or “It wouldn’t hurt.” Perhaps one therapist summed it up best when she said about her employer holding an in-service on stress-reduction: “If they just addressed the causes of stress, it would be much better than having an in-service telling us how to relax after they stress us.” (T19).

4.5 CONCLUSION

From a total of fifty-three occupational therapists met the inclusion criteria for the study. A total number of thirty-two questionnaires were distributed and twenty-four were returned. Twenty occupational therapists participated in the focus groups to explore practitioners’ beliefs regarding stress coping strategies used by occupational therapists. A variety of sources of stress, coping styles and personality characteristics were identified.
DISCUSSION
5. DISCUSSION

The results derived from this study provide important and interesting insights into
the nature of occupational stress among Maltese state registered occupational
therapists. This may be due to the cultural and work practice differences between
the Maltese settings and the others that have been studied.

5.1 INTERPRETATION AND IMPLICATIONS OF RESULTS

5.1.1 Interpretation Of The Survey Results

The results of this study indicate that Occupational Therapists suffer stress and its
effects can be severe. This study has confirmed the findings of the earlier studies
conducted amongst Occupational Therapists. Following the model of stress
presented, the sources of stress were identified as: “staff shortages” and “unsettling
turnover rates”, and “being undervalued” (Appendix 7, Table 3). Indeed, being
undervalued, according to Moore and Cooper (1998), is an important dimension as
a source of stress and was also noted amongst occupational therapists as being a
showed that, in comparison with white collar workers in industry, health workers
reported higher levels of work pressure, higher ratings of mental and physical ill health, less control over their work and lower levels of job satisfaction, but made frequent use of coping strategies. In the present study, variable sources of stress were reported which differed from the studies on Occupational Therapists reviewed earlier.

SOURCES OF PRESSURE

"The home/work interface" was a source of stress for eleven Occupational Therapists, ten of whom were females. This suggests that the home environment is not conducive to the replenishment of resources. This may be a function of the characteristics of the home itself or the intrusion of work into home life. Probably home/work interface was a source for stress to females members of staff due to the Maltese culture, as females in Malta are the main administrators of the home environment, which normally involves all the housework as well as taking care of the children.

Whilst "Relationships with other people" was noted as a source of stress as compared with norms presented in the manual this is because of the lowered threshold for this dimension, it was overall rated the middle range of the other
sources. This suggests that interpersonal stress is being experienced by twenty occupational therapists.

It is to be noted that "factors intrinsic in the job" did not score very highly, confirming previous findings reviewed above that it is often not the job itself that causes stress but its context.

"Organisational structure and climate" scored high scores as being one of the most stressful factors. Stress here is experienced as a result of the feeling frustrated by characteristics of the organization. One of the causes may be the highly bureaucratic organisational system in the public sector. Very often decisions are taken by the management with very little involvement from and consideration to the employees. Also there is lack of information and communication between some of the occupational therapists and the management regarding the future plans and strategies of particular organisations. At times this might be very frustrating and stressful.

"Career and Achievement" was perceived as being a source of stress only by three occupational therapists. This may suggest frustrations relating to personal growth. This is very limited and often not based on attainment of academic qualifications.
together with the outcomes of past performance. Performance appraisals are not carried out regularly and feedback is only given when the performance is unsatisfactory. This may be highly demotivating for some occupational therapists.

"The Managerial role" two occupational therapists felt this sub-scale as being a source of pressure. This suggests that stress is coming from living up to expectations of the role one is in. It may be a feeling that responsibility is out of balance with the degree of power and influence or a feeling of conflicting demands within the role or a general feeling of not being up to the role.

THE EFFECTS OF STRESS

Lack of achievement and career growth was rated as being the major source of stress by occupational therapists followed by organizational processes, organizational design and structure, lack of job satisfaction personal relationships and the job itself.

A high level of dissatisfaction may be an effect of stress. When therapists are under high levels of stress it can be more difficult to derive satisfaction from what they are doing. Instead of a demand being interpreted as a challenge which will lead to a
sense of achievement the demand is interpreted as a threat. However, dissatisfaction may be a reflection of reality. The therapists may not be satisfied with the work because they have grown out of it. There may be a feeling of not being valued by the organisation. Potential for personal growth within the job and current rewards are relevant parameters here. They were not satisfied with the structure of the organisation because it is badly structured. The therapists felt that they are not participating enough in decision-making, that they are not given adequate flexibility and that they do not receive appropriate supervision. There may be also a feeling of disassociation from the public image of the organisation and discontentment with the general atmosphere at work. It is possible for these latter two parameters to be causing dissatisfaction even though there are satisfying interpersonal relationships.

INDIVIDUAL CHARACTERISTICS

"Individual characteristics" show that six individuals appear to live life in the 'fast lane' (Type A personality). Type A personality individuals are achievement orientated and tend to be high achievers. However, Type A personalities often contain, in addition to achievement orientation, a core characteristic of irritable impatience which increases vulnerability to stress. High scorers have a high need
to succeed and are dedicated to their work. This is fine if there are also opportunities to unwind and replenish their resources, but if they channel all their energies solely into work it can be detrimental.

Occupational therapists are enthusiastic about their involvement with their clients, note the “I feel exhilarated after working closely with my recipients” (Appendix 7, Table 16), however these young and enthusiastic staff may not have adequately learnt the necessary professional detachment or empathy which would save them from becoming emotionally over-involved and, over time, become emotionally exhausted; “I feel emotionally drained from my work”, “I feel burned out from my work”, “I worry this job is hardening me emotionally” (Appendix 7, Table 16). They will pass through the stages of “rose-coloured, the impact of reality and onward and upward” (p.107) (Tryssenaar, 1999). Whilst for others these career stages may not be too stressful, for others these career stages may lead to burnout, cynicism and consolidated nihilism (McCue, 1978). Emotional exhaustion is considered to be the first stage in the burnout syndrome and central to the experience of burnout. It has been consistently shown to be directly related to high levels of work demand (Cordes and Dougherty, 1993).
Eleven occupational therapists also work in private practice and this may reflect the economic realities of relatively low public sector salaries in Malta as compared to salaries in other European countries. One occupational therapist was working an extra 20 hours a week at another job (Table 8). The danger is that such staff who already work elsewhere may, as they become more senior, feel the need to escape from the service (Allen & Ledwith, 1998) especially into private practice where they feel more in control and gain greater financial rewards. This may increase the work pressure on those that are left. The role of supervision is therefore crucial in assisting the young staff in maintaining a proper professional perspective as a newly qualified member of staff (Sweeney, Nichols & Kline, 1993b; Tryssenaar 1999) as well as an opportunity to ‘off load’ and discuss issues for senior staff (Allen & Ledwith, 1998).

COPING STRATEGIES ADOPTED BY OCCUPATIONAL THERAPISTS

There were many strategies used by Occupational Therapists with “Social support” and then “involvement” being the two preferred strategies. This is in line with the earlier research reviewed above which indicated that communication with others, or social support, was the most used strategy. The discussion on supervision is very
relevant here. In the detail of “Social Support” it is interesting to note that staff preferred to “Talk to understanding friends” (highest rated) and “have stable relations” before “Seek support and advice from superiors”. In this context, the discussion on supervision in the literature noted above is important.

5.1.2 Interpretation Of Focus Group Results

Coping Strategies Adopted By Occupational Therapists.

Simply offering stress reduction classes does not negate the production pressures and heavy workload. On the other hand, 50% of the participants feel that offering in-services on stress reduction would be helpful. However, these same participants feel that the employer should heavily promote the in-service.

For example, one occupational therapist suggested that the in-services require mandatory attendance, as well as adequate time be offered to attend the meetings. Finding the time to be present at the classes is a challenge for the occupational therapists due to their heavy workload and unpredictable scheduling. As perceived by the occupational therapists, mandatory in-servicing and extra time would allow
them and their peers the opportunity to learn about coping with job-related stressors.

Rees and Smith (1991) write that the “administrative levels within a hospital should accept some responsibility for providing programs designed to relieve stress” (p. 293).

Employers can assume a proactive approach when addressing the perceived stressors felt by the occupational therapists because “interventions to help nurses identify the appropriate fit between coping strategies and specific sources of stress will likely yield the most favourable results in assisting nurses in the management of occupational stress” (Rees, Smith, 1991, p. 293).

The previously stated occupational therapists recommendations about how employers can address work-related stress seem attainable. There are steps occupational therapists take to manage work-related stress, however, this is highly individual and depends solely upon the occupational therapist.

First, therapists are trained to deal with patient- and administrative-related stressors in a task-focused manner. Staying attentive to the task at hand during times of
pressure is almost second nature to them. There is an expectation among therapists that they should demonstrate controlled responses during stressful times, more so for the benefit of the patient. Thus, maintaining professionalism and focusing on the task at hand, the patient, is a short-term means of coping with stress. Secondly, it seems that participating in outdoor activities helps those therapists who are affected by the environmental stressors of the job. Getting outdoors provides the breathing space that therapists need after being confined to their departments or wards. On the other hand, not all of therapists who have hobbies use them to cope with work-related stress. Two of the therapists participate in hobbies for pure enjoyment, nothing more. When feeling stressed, they prefer to do nothing. So, hobbies may or may not help in strategizing successfully against work-related stress. Besides pastimes, the therapists use other means to cope: internalization and verbalization of concerns, spirituality and prayer, and asking for help from others. The important point is that therapists find what avenue works for them when dealing with occupational stress and then use it to their advantage.

As mentioned previously, the participants were split about their employer offering stress reduction courses, 50% thought it would be useful, while the other 50% did not. If facilities did offer stress reduction classes that worked around the therapists’
schedules, the therapists might see their employers as putting forth a good faith effort in understanding their perceived stressors.

Consequently, hospital management and occupational therapy staff might work together to address the issues the participants mentioned in this study.

5.2 THE MODEL OF STRESS

According to Herzberg’s (1966) two factor theory “hygiene factors” play an important part in job satisfaction. Individual managers may be able to assist with “motivators” and some “hygiene factors” (supervision, relations with supervisor, relations with colleagues as well as relations with subordinates/patients) but not with others organisation administration and regulations, low salary, poor job status, poor working conditions as well as job security. It is these that may be at fault in the hospital.

Occupational Therapists, have high expectations, particularly as a result of their training, which may just be satisfied at the beginning of their careers but as they rise in experience their expectations rise and the compensations (both extrinsic and intrinsic, e.g. financial, patient outcome as well as other psychological factors such
as accomplishment) do not match their increased responsibilities. This crucial dimension of perceptions and expectations was missing from the assessment instruments. Occupational Therapists expect more and are therefore more disappointed because they have invested more. This changes with time as they take on more responsibilities and receive, as they perceive it, relatively less in return.

5.3 IMPLICATIONS TO HEALTH SERVICES MANAGEMENT

5.3.1 A Risk Management Approach To Work-Related Stress

Cox et al. (2000) have described a framework that takes into consideration the problems outlined in the previous sections and aims to overcome the difficulties of adapting the control cycle to the assessment and reduction of psychosocial hazards.

At the heart of the risk management described by Cox et al. (2000) are two distinct but intimately related cycles of activity: risk assessment and risk reduction. These form the basic building blocks for the staged model of risk management. However, in addition to risk assessment and risk management, three other components are specified. These include “evaluation” and “organisational learning and training”. The model also introduces a new linking stage between risk assessment and risk
reduction, that of "the translation process" (Appendix 6, Figure 1). The risk reduction stage, in practice, tends to involve not only prevention but also actions more orientated towards individual health and welfare.

There are parallels between this model and the organisational intervention process being developed by applied researchers in the USA. The "interventions team" working also emphasise the need for evaluation and the feedback of evaluation data to inform earlier stages in the overall analysis-intervention cycle (Goldenhar et al., 1998) (Appendix 6, Figure 2).

Cox et al. (2000) have also described a five-step strategy to carry out a risk assessment process in practice. (Appendix 6, Figure 3). Each step builds on information collected during any preceding step. The initial steps (Steps 1, and 2) are designed to build a model of the work and working conditions of the assessment group that is good enough to support the design and later use of the assessment instrument (Step 3). This instrument is used to quantify the workers' exposure (at group level) to all the significant stressors associated with their work and working conditions, and assess their health. The five steps are largely sequential with one possible exception. The Audit of Existing Management Control and Employee Support Systems (step 4) can be conducted either in parallel
with the Work Analysis Interviews, or following the Analysis and Interpretation of Assessment Data. It is often most convenient to conduct it in parallel with the Work Analysis Interviews. In this case, the information collected can usefully contribute to the working model of the assessment group’s situation that is built up in the early stages of the assessment. Finally, all information is analysed and interpreted (step 5). These five steps can be mapped onto an overall assessment strategy as shown in Appendix 6, Figure 4.

Every organisation should invest in a risk management approach program to work-related stress as this would give great benefits both to the organisation and to its employees hence decrease the adverse effects on the employees and organisations as outlined in the literature review.

5.3.2 Guidance For Employers

Although employers are responsible for the health, safety and welfare of their staff many have chosen not to take the subject of stress seriously. In recent years some employers have decided to deal with organisational stress by offering stress counselling, and/or by running stress seminars and stress management workshops. However, only a minority of organisations have focused their interventions on
removing the primary causes of stress such as role conflict, role overload or poor working conditions. Worst still, downsizing, has led to increased work overload during this decade.

Employers are advised to adopt all reasonable measures to deal with employee stress. The following are simple guidelines that employers may find useful (Palmer, 1995):

- A stress audit to identify all potential workplace stressors can be carried out at the same time the risk assessment is undertaken. Wherever possible employers should implement avoidance and control measures.

- Key personnel such as managers and personnel officers should receive training to recognise stress related problems such as high absenteeism.

- The organisation should have a ‘stress policy’ or guidelines so that staff know what to do if they are suffering from stress e.g. referrals to specialists, elimination of the stressor.
• Attempt to create an atmosphere at work that encourages staff to ask for assistance when they are suffering from stress.

Apart from offering staff stress management workshops, employers could set up stress working parties that would actively involve the staff, trade unions and other representatives who could then develop stress policies and make other useful recommendations. This would also have the benefit of legitimising stress as an issue that the organisation is taking seriously. This could encourage previously reticent staff to seek help when suffering from stress.

The demand for stress counselling services is also increasing. These are services that can be provided in-house or externally to organisations not only helping the organisations but also their employees. The training materials to run workshops and seminars (Clarke and Palmer, 1994; Wycherley, 1990) specialist books on stress counselling and occupational stress (Scott and Stradling, 1992; Palmer and Dryden, 1995; Ross and Altmaier, 1994) and other materials are easily available (Dryden, and Gordon, 1992, 1993; Palmer and Strickland, 1995; 1996). One recent Health and Safety Executive publication (Cox, 1993) covers occupational stress research and stress management and is thoroughly recommended for practitioners interested in how to manage stress.
5.4 LIMITATIONS OF THE STUDY

The assessment forms were too long and might have proved wearisome for the participants. Concern was made about the questionnaires by a number of participants. For people who might be suffering from stress, long assessment forms might add to their stressors.

The study relied on self-reported questionnaires as an indicator of stress. These are easier to administer than other measures such as physiological indicators. However, matching with records of sickness and absence from work (not easily accessible) should have been carried out since one of the consequences of stress is sickness from work.

The data from the focus groups reflect the perspective of 24 practitioners. It is important to keep in mind that the intent of focus groups is not to infer but to understand, not to generalise but to determine the range, not to make statements about the population but to provide insights about how people perceive a situation. There are, however, certain disadvantages to this method as well: the interviewer has less control over a group interview than an individual one, which can result in lost time as dead-end or irrelevant issues are discussed; the data are difficult to analyse, as context is essential to understanding the participants' comments; the
method requires the use of highly trained observer-moderators; the groups can vary a great deal and can be hard to assemble; and, finally, there are logistical problems arising from the need to conduct the discussion as conducive to a conversation.
CONCLUSIONS AND RECOMMENDATIONS
6. CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

This study has indicated that Occupational Therapists suffer from severe stress. The context of the work was found to be more important than its content, in line with other findings. Support is crucial in this field and may need to be enhanced with closer supervision.

The study suggested that occupational therapists have different expectations of the work in terms of demands as well as rewards (extrinsic and intrinsic) relative to their input (immediate and past in terms of educational effort). Organisational issues need to be addressed as part of any assessment and intervention programme.

Using a particular model as a framework, the study has identified that there is a problem with stress in the population under study with some staff suffering burnout and mental and physical ill health. The many causes or sources of stress have been investigated. Staff use a variety of strategies to deal with the problem, particularly social support. Individual characteristics were not found to account for differences in the levels of stress. The model of stress was considered and suggestions for modifications were made. Methodological issues were also discussed.
6.2 RECOMMENDATIONS

Stress can have a negative impact on the efficient functioning of an organisation due to high levels of sickness absence, high staff turnover, poor productivity and performance. As a result the organisation incurs in extra costs caused by stress. Having said this and assuming that the management is interested in a change strategy that includes structural, or organisational change in order to decrease stress at the place of work. The author suggests the following recommendations:

- Ensure that regular supervision sessions are held with staff. This would emphasise positive feedback, employee growth and development, open lines of communication and build strong levels of support.

- Establish regular staff support groups.

- Regularly assess stress in the workforce especially those undergoing or about to undergo major changes and implement intervention programmes to help with these changes.

- Regularly monitor and act on sickness and absence levels as these are indicators of stress.
• Device training programmes for managers to be aware of individual and organisation indicators of stress.

• Develop Employee Assistance Programmes. Counseling through an Employee Assistance Programme can often be an important first step for many employees seeking advice and support. This support gives individuals the opportunity to discuss and explore their problems in complete confidence. This approach provides short term solution focused counselling to assist employees in identifying the problem and developing a practical plan of action for resolving it.

• Assess and change organisational factors that lead to stress.

Reduction in occupational stress is a worthwhile time investment for managers and supervisors, as it will only stand to improve productivity, morale, and overall organizational climate.
6.3 FURTHER RESEARCH

- Assess the role of expectations and perceptions in stress particularly in relation to benefits against cost.
- Conduct longer-term evaluation of a stress reduction intervention programme.
- Assess and design more effective organisational indicators of stress and intervention designed to reduce them.
REFERENCES
REFERENCE


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APPENDIX
APPENDIX 1.


<table>
<thead>
<tr>
<th>Category</th>
<th>Conditions defining hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational culture and function</td>
<td>Communication, low levels of support for problem-solving, and personal development, lack of definition of organizational structure</td>
</tr>
<tr>
<td>Role in organization</td>
<td>Role ambiguity and lack of clarity, vulnerability of people</td>
</tr>
<tr>
<td>Career development</td>
<td>Career stagnation and uncertainty, underpromotion or overpromotion, poor pay, job insecurity, low status in work</td>
</tr>
<tr>
<td>Decision making and impact</td>
<td>Low participation in decision making, lack of control over work, conflict, particularly in the form of participation, failure to control and wide organization of issues</td>
</tr>
<tr>
<td>Interpersonal relationships at work</td>
<td>Sense of isolation, poor relationships with employees, lack of emotional support</td>
</tr>
<tr>
<td>Home-life interfere</td>
<td>Conflicting demands of work and home, lack of support at home, high stress at home</td>
</tr>
<tr>
<td>Content of work</td>
<td></td>
</tr>
<tr>
<td>Work environment and work equipment</td>
<td>Problems regarding the reliability, availability, suitability, and durability of tact of equipment and fixtures</td>
</tr>
<tr>
<td>Task design</td>
<td>Lack of variety or short work cycles, frustration, meaninglessness, sense of value or skill, high time uncertainty</td>
</tr>
<tr>
<td>Workload workload</td>
<td>Work resulting in underactivity, use of control over pacing, high level of stress pressure</td>
</tr>
<tr>
<td>Work schedule</td>
<td>Stiffness, inflexibility, inflexibility, ápogee of schedule</td>
</tr>
</tbody>
</table>
APPENDIX 2: REQUEST AND LIST OF OCCUPATIONAL THERAPISTS ELIGIBLE FOR STUDY

Edward Cassar Delia
'Mfred House' Vajrita Street,
M'Scala ZBR 10
Tel: 636295,09444567

10 January 2003

Mr. J. Busuttil
Manager Occupational Therapy Services
Occupational Therapy Department
Mount Cannel Hospital
Attard.

Re: MSc. Degree In Health Services Management Dissertation

Titled:

MANAGING OCCUPATIONAL STRESS AMONGST MALTESE OCCUPATIONAL THERAPISTS

Dear Sir,

I am an occupational therapist performing duties as Assistant Principle Occupational Therapist at The Adult Training Centres and I am presently reading for a MSc. in Health Science (Health Services Management).

In order to complete this study I would like to ask for a list of occupational therapists working full-time in the various hospitals.

Thanking you in anticipation and hope that you approve the study, I appreciate an early reply.

Yours Sincerely,

Edward Cassar Delia.
APPENDIX 2. LETTER OF ACCEPTANCE FROM THE MANAGER OCCUPATIONAL THERAPY SERVICES AND LIST OF PRACTISING OCCUPATIONAL THERAPISTS.

To: Mr. E. Cassar Delia, Assistant Principal OT
From: Manager Occupational Therapist
Date: 25th November 2002.

Managing Occupational Stress Amongst Maltese Occupational Therapists

There is no objection to your interviewing practising Occupational Therapists for your research study in the Masters Degree in Health Services Management.

A list of OTs in post is being forwarded.

J. Busuttil
APPENDIX 3. ASSESSMENT FORMS

Biographical Questionnaire
Your habits

Do you maintain a desired body weight?  
Almost all the time/sometimes/almost never

Do you take any planned exercise?  
Always/usually/when possible/occasionally/not usually/rarely

Do you manage an ‘ideal’ exercise programme (for example 15-30 minutes vigorous exercise, 3 times a week?)  
Always/usually/sometimes/not usually/never

Do you smoke?  
yes/no

If yes, how much per day?  
cigarettes 

If you smoke cigarettes, do you calculate your consumption by:  
Number/packets

Have you noticed changes in how much you smoke over the last 3 months?  
More than usual/same as usual/less than usual

Do you drink alcohol?  
yes/no

If yes, how many units per week on average (where 1 unit = ½ pint of beer, or glass of wine or one measure of spirits)?

Have you ever felt the need to cut down your drinking?  
yes/no

Over the last 3 months have you noticed any changes in your drinking habits?  
More than usual/same as usual/less than usual

Your interests

Do you find time to ‘relax and wind down’?  
Always/usually/when possible/not usually

Do you have any interest or hobby?  
yes/no

If yes, is it in some way related to work?  
yes/no

In general do you mix socially with work colleagues?  
yes/no

Recent life history

Have you encountered any major stressful events over the last few months or so, which have had an important effect on you, either of a positive or negative nature?  
yes/no

At the moment, would you say you feel fairly healthy?  
yes/no

Have you had any significant illness over the last few months?  
yes/no
The Indicator
The Occupational Stress Indicator

Background

These questionnaires are designed to measure both the sources and effects of occupational stress; a topic which has been much researched and for which there are many definitions. Generally speaking, occupational stress is regarded as a response to situations and circumstances that place special demands on an individual with negative results; and this is the definition that has been used in the construction of the Indicator.

The sources of stress are multiple, as are the effects. It is not just a function of being 'under pressure'. The sources may be work-related, but home life will also be implicated. The effects in terms of health may not just concern how you feel physically but how you react and behave; again both in your job and at home.

The Indicator, which has been designed to gather information on groups of individuals, has six questionnaires entitled: How you feel about your job; How you assess your current state of health; The way you behave generally; How you interpret events around you; Sources of pressure in your job; and, How you cope with stress you experience. There is also a questionnaire to collect significant background Biographical data.

As the Indicator is being completed in a work context, the results will naturally be used in a work application. The explicit intention of the Indicator is to alleviate the effects of stress to the mutual benefit of the individuals and organisation concerned. Thank you for your cooperation in completing the questionnaires.

What we would like you to do

- Answer all the questions
- Give your first and natural answer; be accurate and honest!
- Work quickly and efficiently through the questionnaires
- Base your answers on how you have felt during the last three months
- If you make a mistake, cross it out and make your new answer
- Check each questionnaire to ensure that you have answered all the items

- Now please wait until the Administrator asks you to proceed.
# How you feel about your job

This questionnaire is concerned with the extent to which you feel satisfied or dissatisfied with your job. Try not to be put off by any other reactions you may have – simply rate the items against the satisfaction/dissatisfaction scale provided.

- Please answer by circling the number of your answer on the scale shown:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very much satisfaction</th>
<th>Much satisfaction</th>
<th>Some satisfaction</th>
<th>Some dissatisfaction</th>
<th>Much dissatisfaction</th>
<th>Very much dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and the way information flows around your organisation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The relationships you have with other people at work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The feeling you have about the way you and your efforts are valued</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The actual job itself</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The degree to which you feel 'motivated' by your job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Current career opportunities</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The level of job security in your present job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The extent to which you may identify with the public image or goals of your organisation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The style of supervision that your superiors use</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The way changes and innovations are implemented</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The kind of work or tasks that you are required to perform</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The degree to which you feel that you can personally develop or grow in your job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The way in which conflicts are resolved in your company</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The scope your job provides to help you achieve your aspirations and ambitions</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The amount of participation which you are given in important decision-making</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The degree to which your job taps the range of skills which you feel you possess</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The amount of flexibility and freedom you feel you have in your job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The psychological 'feel' or climate that dominates your organisation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Your level of salary relative to your experience</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The design or shape of your organisation's structure</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The amount of work you are given to do whether too much or too little</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>The degree to which you feel extended in your job</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
How you assess your current state of health

Part A of this questionnaire focuses on feelings and behaviour and how these are affected by the pressure you perceive in your job. Part B is concerned more specifically with the frequency of occurrence of manifestly physical problems.

The questions assume that you can assess your health with a fair degree of accuracy and also that you will be honest in your responses.

Please answer by circling your position on each answering scale. Consider the questions with reference to how you have felt over the last three months.

**Part A How you feel or behave**

1. **Would you say that you tended to be a rather overconscientious person who worries about mistakes or actions that you may have taken in the past, such as decisions?**
   - Very true
   - Frequently
   - Very useful
   - Definitely think
   - Definitely not as clearly
   - Lots of energy
   - Often
   - Noticeable decrease
   - Relaxed
   - Have ‘faced up’ properly
   - Definitely yes
   - Very iritated
   - Definitely yes
   - No regrets
   - Definitely yes

2. **During an ordinary working day are there times when you feel unsettled and upset though the reasons for this might not always be clearly obvious?**
   - Never
   - Not really
   - Definitely think
   - Noticeable decrease
   - Tense
   - Not irritated at all
   - Definitely no
   - Lots of regrets
   - Definitely yes

3. **When you consider your level and quality of job performance recently, do you think that your contribution has been significantly useful?**
   - Definitely no
   - Not as clearly
   - Not much energy
   - Often
   - Noticeable decrease
   - Definitely do not worry
   - Obvious
   - Definitely no
   - Lots of regrets

4. **As difficult problems occur at work that require your attention, do you find that you can think as clearly and as concisely as you used to or do you find your thoughts becoming ‘muddled’?**
   - Definitely think
   - Noticeable decrease
   - Definitely do not worry
   - Often
   - Noticeable decrease
   - Definitely no
   - Lots of regrets

5. **When the pressure starts to mount at work, can you find a sufficient store or reserve of energy which you can call upon at times when you need it that spurs you on into action?**
   - Definitely no
   - Not much energy
   - Noticeable decrease
   - Definitely no
   - Noticeable decrease
   - Definitely no
   - Lots of regrets

6. **Are there times at work when you feel so exasperated that you sit back and think to yourself that ‘life is all really just too much effort’?**
   - Definitely yes
   - Noticeable decrease
   - Definitely no
   - Noticeable decrease
   - Definitely do not worry
   - Definitely no
   - Lots of regrets

7. **As you do your job have you noticed yourself questioning your own ability and judgment and a decrease in the overall confidence you have in yourself?**
   - Noticeable decrease
   - Noticeable decrease
   - Definitely no
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease

8. **Generally and at work, do you usually feel relaxed and at ease or do you tend to feel restless, tense and find it difficult to ‘settle down’?**
   - Not irritated at all
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease

9. **If colleagues and friends behave in an aloof way towards you, do you tend to worry about what you may have done to offend them as opposed to just dismissing it?**
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease
   - Noticeable decrease

10. **If the tasks you have implemented, or jobs you are doing, start to go wrong do you sometimes feel a lack of confidence, and panicky, as though events were getting out of control?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

11. **Do you feel confident that you have properly identified and efficiently tackled your work or domestic problems recently?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

12. **Concerning work and life in general, would you describe yourself as someone who is bothered by their troubles or a ‘worrier’?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

13. **When trying to work do you find yourself disproportionately irritated by relatively minor distractions such as answering the telephone or being interrupted?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

14. **As time goes by, do you find yourself experiencing fairly long periods in which you feel rather miserable or melancholy for reasons that you simply cannot ‘put your finger on’?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

15. **Would you say you had a positive frame of mind in which you feel capable of overcoming your present or any future difficulties and problems you might face such as resolving dilemmas or making difficult decisions?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

16. **When you think about your past events do you feel regretful about what has happened, the way you have acted, decisions you have taken, etc?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

17. **Would you describe yourself as being a rather ‘moody’ sort of person who can become unreasonable and bad tempered quickly?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease

18. **Are there times at work when the things you have got to deal with simply become too much and you feel so overtaxed that you think you are ‘cracking-up’?**
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
    - Noticeable decrease
Part B Your physical health

Examine the list below and indicate the frequency of occurrence of these ailments over the last three months.

- Please answer by circling your answer on the scale shown.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inability to get to sleep or stay asleep</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Headaches and pains in your head</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Indigestion or sickness</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Feeling unaccountably tired or exhausted</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Tendency to eat, drink or smoke more than usual</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Decrease in sexual interest</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Shortness of breath or feeling dizzy</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>Decrease in appetite</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Muscles trembling (e.g. eye twitch)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Pricking sensations or twinges in parts of your body</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Feeling as though you do not want to get up in the morning</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Tendency to sweat or a feeling of your heart beating hard</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

There is no scoring key for this scale
The way you behave generally

Quite apart from feelings and reactions, the way you approach things and your overall style of behaviour are important. In this questionnaire you are required to record the extent to which you agree or disagree with statements about yourself and your behaviour.

Please answer by circling the number which indicates the extent of your agreement/disagreement.

1. Because I am satisfied with life I am not an especially ambitious person who has a need to succeed or progress in their career

2. My impatience with slowness means for example that when talking with other people my mind tends to race ahead and I anticipate what the person is going to say

3. I am a fairly confident and forceful individual who has no qualms about expressing feelings or opinions in an authoritative and assertive manner

4. I am not an especially achievement-oriented person who continually behaves in a competitive way or who has a need to win or excel in whatever I do

5. When I am doing something, I concentrate on only one activity at a time and am fully committed in giving it 100% of my effort

6. I would describe the manner of my behaviour as being quite challenging and vigorous

7. When I compare myself with others I know, I would say that I was more responsible, serious, conscientious and competitive than they are

8. I am usually quite concerned to learn about other people’s opinions of me particularly recognition others give me

9. Even though I take my job seriously, I could not be described as being completely and absolutely dedicated to it

10. I have a heightened pace of living in that I do things quickly such as eating, talking, walking and so on

11. When I am establishing priorities, work does not always come first because although it is important, I have other outside interests which I also regard as important

12. I am a fairly easy going individual, who takes life as it comes and who is not especially ‘action oriented’

13. I am a very impatient sort of person who finds waiting around difficult especially for other people

14. I am time conscious and lead my life on a ‘time is money and can’t be wasted’ principle
How you interpret events around you

The object of this questionnaire is to record how much you feel you can or cannot influence the things that go on around you. You are asked to indicate your level of agreement to the following statements.

Please answer by circling the number which best represents your answer on the following scale.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very strongly agree</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Very strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trouble with workers nowadays is that they are subject to too many constraints and punishments.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessments of performance do not reflect the way and how hard individuals work.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With enough effort it is possible for employees generally, to have some influence over top management and the way they behave.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is not possible to draw up plans too far ahead because so many things can occur that make the plans unworkable.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socialising is an excellent way to develop oneself and an emphasis on such things in organisations is important.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Even though some people try to control company events by taking part in social affairs or office politics, most of us are subject to influences we cannot comprehend or control.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being successful and getting to be ‘boss’ depends on ability – being in the right place at the right time or luck have little to do with it.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management can be unfair when appraising subordinates since their performance is often influenced by accidental events.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being an effective leader is more often a function of personal skills than it is of taking advantage of every available opportunity.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is upper management rather than ordinary employees who are responsible for poor company performance at an overall level.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The things that happen to people are more under their control than a function of luck or chance.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In organisations that are run by a few people who hold the power, the average individual can have little influence over organisational decisions.</td>
<td>6 5 4 3 2 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Sources of pressure in your job

Almost anything can be a source of pressure (to someone) at a given time, and individuals perceive potential sources of pressure differently. The person who says they are 'under a tremendous amount of pressure at work at the moment' usually means that they have too much work to do. But that is only half the picture.

The items below are all potential sources of pressure. You are required to rate them in terms of the degree of pressure you perceive each may place on you.

» Please answer by circling the number of your answer against the scale shown.

<table>
<thead>
<tr>
<th>Source</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having far too much work to do</td>
<td>6</td>
</tr>
<tr>
<td>Lack of power and influence</td>
<td>5</td>
</tr>
<tr>
<td>Overpromotion – being promoted beyond my level of ability</td>
<td>4</td>
</tr>
<tr>
<td>Not having enough work to do</td>
<td>3</td>
</tr>
<tr>
<td>Managing or supervising the work of other people</td>
<td>2</td>
</tr>
<tr>
<td>Coping with office politics</td>
<td>1</td>
</tr>
<tr>
<td>Taking my work home</td>
<td>6</td>
</tr>
<tr>
<td>Rate of pay (including perks and fringe benefits)</td>
<td>5</td>
</tr>
<tr>
<td>Personal beliefs conflicting with those of the organisation</td>
<td>4</td>
</tr>
<tr>
<td>Underpromotion – working at a level below my level of ability</td>
<td>3</td>
</tr>
<tr>
<td>Inadequate guidance and back up from superiors</td>
<td>2</td>
</tr>
<tr>
<td>Lack of consultation and communication</td>
<td>1</td>
</tr>
<tr>
<td>Not being able to 'switch off' at home</td>
<td>6</td>
</tr>
<tr>
<td>Keeping up with new techniques, ideas, technology or innovations or new challenges</td>
<td>5</td>
</tr>
<tr>
<td>Ambiguity in the nature of job role</td>
<td>4</td>
</tr>
<tr>
<td>Inadequate or poor quality of training/management development</td>
<td>3</td>
</tr>
<tr>
<td>Attending meetings</td>
<td>2</td>
</tr>
<tr>
<td>Lack of social support by people at work</td>
<td>1</td>
</tr>
<tr>
<td>My spouse's attitude towards my job and career</td>
<td>6</td>
</tr>
<tr>
<td>Having to work very long hours</td>
<td>5</td>
</tr>
<tr>
<td>Conflicting job tasks and demands in the role I play</td>
<td>4</td>
</tr>
<tr>
<td>Covert discrimination and favouritism</td>
<td>3</td>
</tr>
<tr>
<td>Mundane administrative tasks or 'paperwork'</td>
<td>2</td>
</tr>
<tr>
<td>Inability to delegate</td>
<td>1</td>
</tr>
<tr>
<td>Threat of impending redundandcy or early retirement</td>
<td>6</td>
</tr>
<tr>
<td>Feeling isolated</td>
<td>5</td>
</tr>
<tr>
<td>A lack of encouragement from superiors</td>
<td>4</td>
</tr>
<tr>
<td>Staff shortages and unsettling turnover rates</td>
<td>3</td>
</tr>
<tr>
<td>Demands my work makes on my relationship with my spouse/children</td>
<td>2</td>
</tr>
<tr>
<td>Being undervalued</td>
<td>1</td>
</tr>
</tbody>
</table>

Continued on next page
## Sources of pressure in your job (continued)

<table>
<thead>
<tr>
<th>Source</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Having to take risks</td>
<td>6</td>
</tr>
<tr>
<td>32 Changing jobs to progress with career</td>
<td>5</td>
</tr>
<tr>
<td>33 Too much or too little variety in work</td>
<td>4</td>
</tr>
<tr>
<td>34 Working with those of the opposite sex</td>
<td>3</td>
</tr>
<tr>
<td>35 Inadequate feedback about my own performance</td>
<td>2</td>
</tr>
<tr>
<td>36 Business travel and having to live in hotels</td>
<td>1</td>
</tr>
<tr>
<td>37 Misuse of time by other people</td>
<td></td>
</tr>
<tr>
<td>38 Simply being seen as a ‘boss’</td>
<td></td>
</tr>
<tr>
<td>39 Unclear promotion prospects</td>
<td></td>
</tr>
<tr>
<td>40 The accumulative effects of minor tasks</td>
<td></td>
</tr>
<tr>
<td>41 Absence of emotional support from others outside work</td>
<td></td>
</tr>
<tr>
<td>42 Insufficient finance or resources to work</td>
<td></td>
</tr>
<tr>
<td>43 Demands that work makes on my private/social life</td>
<td></td>
</tr>
<tr>
<td>44 Changes in the way you are asked to do your job</td>
<td></td>
</tr>
<tr>
<td>45 Simply being ‘visible’ or ‘available’</td>
<td></td>
</tr>
<tr>
<td>46 Lack of practical support from others outside work</td>
<td></td>
</tr>
<tr>
<td>47 Factors not under your direct control</td>
<td></td>
</tr>
<tr>
<td>48 Sharing of work and responsibility evenly</td>
<td></td>
</tr>
<tr>
<td>49 Home life with a partner who is also pursuing a career</td>
<td></td>
</tr>
<tr>
<td>50 Dealing with ambiguous or ‘delicate’ situations</td>
<td></td>
</tr>
<tr>
<td>51 Having to adopt a negative role (such as sacking someone)</td>
<td></td>
</tr>
<tr>
<td>52 An absence of any potential career advancement</td>
<td></td>
</tr>
<tr>
<td>53 Morale and organisational climate</td>
<td></td>
</tr>
<tr>
<td>54 Attaining your own personal levels of performance</td>
<td></td>
</tr>
<tr>
<td>55 Making important decisions</td>
<td></td>
</tr>
<tr>
<td>56 ‘Personality’ clashes with others</td>
<td></td>
</tr>
<tr>
<td>57 Implications of mistakes you make</td>
<td></td>
</tr>
<tr>
<td>58 Opportunities for personal development</td>
<td></td>
</tr>
<tr>
<td>59 Absence of stability or dependability in home life</td>
<td></td>
</tr>
<tr>
<td>60 Pursuing a career at the expense of home life</td>
<td></td>
</tr>
<tr>
<td>61 Characteristics of the organisation’s structure and design</td>
<td></td>
</tr>
</tbody>
</table>

Very definitely is a source 6
Definitely is a source 5
Generally is a source 4
Generally is not a source 3
Definitely is not a source 2
Very definitely is not a source 1
# How you cope with stress you experience

Whilst there are variations in the ways individuals react to sources of pressure and the effects of stress, generally speaking we all make some attempt at coping with these difficulties – consciously or subconsciously.

This final questionnaire lists a number of potential coping strategies which you are required to rate in terms of the extent to which you actually use them as ways of coping with stress.

> Please answer by circling the number of your answer on the scale shown.

<table>
<thead>
<tr>
<th></th>
<th>Very extensively used by me</th>
<th>Extensively used by me</th>
<th>On balance used by me</th>
<th>On balance not used by me</th>
<th>Seldom used by me</th>
<th>Never used by me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deal with the problems immediately as they occur</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Try to recognise my own limitations</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>‘Buy time’ and stall the issue</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Look for ways to make the work more interesting</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Reorganise my work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Seek support and advice from my superiors</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Resort to hobbies and pastimes</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Try to deal with the situation objectively in an unemotional way</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Effective time management</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Suppress emotions and try not to let the stress show</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Having a home that is a ‘refuge’</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>‘Stay busy’</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>Plan ahead</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>Not ‘bottling things up’ and being able to release energy</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>Expand interests and activities outside work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>Have stable relationships</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>Use selective attention (concentrating on specific problems)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>18</td>
<td>Use distractions (to take your mind off things)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>19</td>
<td>Set priorities and deal with problems accordingly</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>Try to ‘stand aside’ and think through the situation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>Resort to rules and regulations</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>22</td>
<td>Delegation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>Force one’s behaviour and lifestyle to slow down</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>Accept the situation and learn to live with it</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>Try to avoid the situation</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>Seek as much social support as possible</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
The purpose of this survey is to discover how various persons in the human services or helping professions view their jobs and the people with whom they work closely. Because persons in a wide variety of occupations will answer this survey, it uses the term recipients to refer to the people for whom you provide your service, care, treatment, or instruction. When answering this survey please think of these people as recipients of the service you provide, even though you may use another term in your work.

On the following page there are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

<table>
<thead>
<tr>
<th>HOW OFTEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |

Statement:
I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "HOW OFTEN." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5."
74. Employees function fairly independently of supervisors.
75. People seem to be quite inefficient.
76. There are always deadlines to be met.
77. Rules and policies are constantly changing.
78. Employees are expected to conform rather strictly to the rules and customs.
79. There is a fresh, novel atmosphere about the place.
80. The furniture is usually well-arranged
81. The work is usually very interesting.
82. Often people make trouble by talking behind others' backs.
83. Supervisors really stand up for their people.
84. Supervisors meet with employees regularly to discuss their future work goals.
85. There's a tendency for people to come to work late.
86. People often have to work overtime to get their work done.
87. Supervisors encourage employees to be neat and orderly.
88. If an employee comes in late, he can make it up by staying late.
89. Things always seem to be changing.
90. The rooms are well ventilated.

**WORK ENVIRONMENT SCALE**

**FORM R**

Rudolf H. Moos and Paul N. Insel

Instructions

There are 90 statements in this booklet. They are statements about the place in which you work. The statements are intended to apply to all work environments. However, some words may not be quite suitable for your work environment. For example, the term supervisor is meant to refer to the boss, manager, department head, or the person or persons to whom an employee reports.

You are to decide which statements are true of your work environment and which are false. Make all your marks on the separate answer sheet.

If you think the statement is **true** or mostly **true** of your work environment, make an X in the box labeled T (true).

If you think the statement is **false** or mostly **false** of your work environment, make an X in the box labeled F (false).

Please be sure to answer every statement.

This instrument assesses sources, coping styles, individual characteristics and consequences of stress with 177 questions divided into the following sub-scales.

Sources of pressure in your job (91 Questions)
- Factors intrinsic to the job itself
- The managerial role
- Relationship with other people
- Career and achievement
- Organisational structure and climate
- Home/work interface

Individual characteristics (14 Questions)
- Attitude to living
- Style of behaviour
- Ambition
- Total Type A

Locus of control (12 Questions)
- Organisational forces
- Management processes
- Individual Influence
- Total control

How you cope with the stress you experience (28 Questions)
- Social support
- Task strategies
- Logic
- Home and work relationships
- Time
- Involvement

The effects (22 Questions)
- Satisfaction with achievement, value and growth
- Satisfaction with the job itself
- Satisfaction with organisational design and structure
- Satisfaction with organisational processes
- Satisfaction with personal relationships
- Total job satisfaction

Health
- Mental health (18 Questions)
- Physical health (12 Questions)
MASLACH BURNOUT INVENTORY


This instrument assesses burn-out and in particular:

- Emotional Exhaustion
- Depersonalisation
- Personal Accomplishment

Maslach & Jackson (1993) proposed three aspects of this syndrome:

a. Emotional exhaustion

"as emotional resources are depleted, workers feel they are no longer able to give of themselves at a psychological level." (p.1).

b. Depersonalisation

"negative, cynical attitudes and feelings about one's clients. This callous or even dehumanized perception of other can lead staff members to view their clients as somehow deserving of their troubles" (p.1).

c. Low sense of personal accomplishment

"The tendency to evaluate oneself negatively, particularly with regard to one's work with clients. Workers may feel unhappy about themselves and dissatisfied with their accomplishments on the job." (p.1).

There are twenty-two items and respondents are required to enter a number for each from one to six on a Likert type scale which range from 0 never to 6 every day.

The manual provides details of high reliability and validity. The instrument is deemed to be a reliable, valid and useful assessment tool in this field (Carson & Hardy, 1998) who describe it as "the gold standard measure in this field" (p. 80).
WORK ENVIRONMENT SCALE


This is a long-established instrument. It assesses attitude to the work environment and in particular the ten sub-scales, divided into three dimensions:

Relationship Dimensions

1. Involvement: the extent to which employees are concerned about and committed to their jobs
2. Peer Cohesion: the extent to which employees are friendly and supportive of one another
3. Supervisor: the extent to which management is supportive of employees and encourages employees to be supportive of one another

Personal Growth Dimensions

4. Autonomy: the extent to which employees are encouraged to be self-sufficient and to make their own decisions
5. Task Orientation: the degree of emphasis on good planning, efficiency, and getting the job done
6. Work Pressure: the degree to which the press of work and time urgency dominate the job milieu

System Maintenance and System Change Dimensions

7. Clarity: the extent to which employees know what to expect in their daily routine and how explicitly rules and policies are communicated
8. Control: the extent to which management uses rules and pressures to keep employees under control
9. Innovation: the degree of emphasis on variety, change, and new approaches
10. Physical Comfort: the extent to which the physical surroundings contribute to a pleasant work environment

There are ninety questions for which respondents must check against TRUE or FALSE.

Scoring is by use of a template and scores are assessed against norms provided in the manual which give standardised scores.

The manual provides information on high reliability and validity. Carson and Hardy (1998) mention it as a measure of work environment.
APPENDIX 4: LETTER OF INFORMED CONSENT

MANAGING OCCUPATIONAL STRESS AMONGST MALTESE OCCUPATIONAL THERAPISTS

Informed Consent

To Whom It May Concern

My name is Edward Cassar Delia, and I am currently following the Masters Degree in Health Services Management at the Institute of Health Care, University of Malta. As part fullfillment of this course's requirements, I am carrying out a research project with the above title. I would appreciate if you could spare some of your precious time to fill out the questionnaires.

Rest assured that all information would be kept in strictest confidence and that it will only be presented in my project in unlinked, aggregate form.

Your participation is on a strictly voluntary basis.

If you agree to these conditions, please sign below.

I declare that I have understood the conditions of this interview as outlined above, and accept them on a voluntary basis.

Name: ___________________________ Position: ___________________________

Date: ___________________________

Signature: ___________________________
APPENDIX 5. EXPLANATION OF KEY

Tables Presenting Individual Results

Results presented in CAPITALS indicate potential problems.

Maslach Burnout Inventory

Scored according to the categorisation of the manual (Maslach, & Jackson, 1993).

- Emotional Exhaustion
  HIGH=27 or over : Moderate=17-26 : Low = 0-16
- Depersonalisation
  HIGH 13 or over : Moderate =7-12 : Low = 0-6
- Personal Accomplishment
  High=0-31 : Moderate=32-38 : LOW=39 or over

Work Environment Scale

Scores are categorised in the lower, middle and upper ranges (Moos, 1981).

- Involvement
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Peer Cohesion
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Supervisor Support
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Autonomy
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Task Orientation
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Work Pressure
  Low = 0-33 : Mod = 34-66 : High = 67 and above
- Clarity
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Control
  Low = 0-33 : Mod = 34-66 : High = 67 and above
- Innovation
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
- Physical Comfort
  LOW = 0-33 : Mod = 34-66 : High = 67 and above
### Occupational Stress Indicator (Cooper, Sloan, & Williams, 1998)

#### Sources of pressure in your job

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors intrinsic to the job itself</td>
<td>Less</td>
<td>0-23</td>
<td>24-36</td>
<td>MORE</td>
</tr>
<tr>
<td>The managerial role</td>
<td>Less</td>
<td>0-25</td>
<td>26-42</td>
<td>MORE</td>
</tr>
<tr>
<td>Relationship with other people</td>
<td>Less</td>
<td>0-16</td>
<td>17-27</td>
<td>MORE</td>
</tr>
<tr>
<td>Career and achievement</td>
<td>Less</td>
<td>0-18</td>
<td>10-35</td>
<td>MORE</td>
</tr>
<tr>
<td>Organisational structure and climate</td>
<td>Less</td>
<td>0-25</td>
<td>26-44</td>
<td>MORE</td>
</tr>
<tr>
<td>Home/work interface</td>
<td>Less</td>
<td>0-18</td>
<td>17-33</td>
<td>MORE</td>
</tr>
</tbody>
</table>

#### Individual characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude to living</td>
<td>LowA</td>
<td>0-16</td>
<td>17-22</td>
<td>HIGHA</td>
</tr>
<tr>
<td>Style of behaviour</td>
<td>LowA</td>
<td>0-14</td>
<td>15-21</td>
<td>HIGHA</td>
</tr>
<tr>
<td>Ambition</td>
<td>LowA</td>
<td>0-6</td>
<td>7-11</td>
<td>HIGHA</td>
</tr>
<tr>
<td>Total Type A</td>
<td>LowA</td>
<td>0-46</td>
<td>47-53</td>
<td>HIGHA</td>
</tr>
</tbody>
</table>

#### Locus of Control

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational forces</td>
<td>Inter</td>
<td>0-10</td>
<td>11-16</td>
<td>EXTER</td>
</tr>
<tr>
<td>Management processes</td>
<td>Inter</td>
<td>0-8</td>
<td>9-13</td>
<td>EXTER</td>
</tr>
<tr>
<td>Individual Influence</td>
<td>Inter</td>
<td>0-7</td>
<td>8-11</td>
<td>EXTER</td>
</tr>
<tr>
<td>Total control</td>
<td>Inter</td>
<td>0-37</td>
<td>38-44</td>
<td>EXTER</td>
</tr>
</tbody>
</table>

#### How you cope with stress

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support</td>
<td>LESS</td>
<td>0-9</td>
<td>10-11</td>
<td>more</td>
</tr>
<tr>
<td>Task strategies</td>
<td>LESS</td>
<td>0-19</td>
<td>20-23</td>
<td>more</td>
</tr>
<tr>
<td>Logic</td>
<td>LESS</td>
<td>0-9</td>
<td>10-13</td>
<td>more</td>
</tr>
<tr>
<td>home and work relationships</td>
<td>LESS</td>
<td>0-11</td>
<td>12-18</td>
<td>more</td>
</tr>
<tr>
<td>Time</td>
<td>LESS</td>
<td>0-12</td>
<td>i3-16</td>
<td>more</td>
</tr>
<tr>
<td>Involvement</td>
<td>LESS</td>
<td>0-15</td>
<td>16-21</td>
<td>more</td>
</tr>
</tbody>
</table>

#### The effects

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement, value and growth</td>
<td>LESS</td>
<td>0-19</td>
<td>20-29</td>
<td>more</td>
</tr>
<tr>
<td>Job itself</td>
<td>LESS</td>
<td>0-14</td>
<td>15-20</td>
<td>more</td>
</tr>
<tr>
<td>Organisational design and structure</td>
<td>LESS</td>
<td>0-13</td>
<td>14-21</td>
<td>more</td>
</tr>
<tr>
<td>Organisational processes</td>
<td>LESS</td>
<td>0-14</td>
<td>15-20</td>
<td>more</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>LESS</td>
<td>0-9</td>
<td>10-14</td>
<td>more</td>
</tr>
<tr>
<td>Total job satisfaction</td>
<td>LESS</td>
<td>0-72</td>
<td>73-97</td>
<td>more</td>
</tr>
</tbody>
</table>

#### Health

<table>
<thead>
<tr>
<th>Category</th>
<th>RANGE</th>
<th>LOWER</th>
<th>MID</th>
<th>UPPER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>well</td>
<td>0-33</td>
<td>34-59</td>
<td>PROB</td>
</tr>
<tr>
<td>Physical Health</td>
<td>well</td>
<td>0-15</td>
<td>16-29</td>
<td>PROB</td>
</tr>
</tbody>
</table>
APPENDIX 6.

FIGURE 1. A FRAMEWORK MODEL OF RISK MANAGEMENT FOR WORK STRESS (Cox et al, 2000).
FIGURE 2. INTERVENTION RESEARCH IN OCCUPATIONAL SAFETY AND HEALTH: A CONCEPTUAL MODEL (Goldenhar et al, 1998).
FIGURE 3. THE FIVE STEPS FOR RISK ASSESSMENT FOR WORK STRESS (Cox et al, 2000).

The five steps for the risk assessment for work stress:

- Step 1: Familiarisation
- Step 2: Work Analysis Interviews
- Step 3: Assessment Survey
- Step 4: Audit of Existing Management Control and Employee Support Systems
- Step 5: Analysis and Interpretation of Assessment Data

FIGURE 4. RISK ASSESSMENT STRATEGY AND PROCEDURES (Cox et al, 2000).
APPENDIX 7.

TABLES
### TABLE 1: SOURCES OF PRESSURE IN YOUR JOB

| CODES | OT | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RAW SCORES |    | 36 | 30 | 29 | 36 | 30 | 36 | 30 | 36 | 28 | 24 | 36 | 23 | 23 | 36 | 29 | 30 | 30 | 28 | 36 | 30 | 36 | 36 | 28 | 24 |
| Factors intrinsic in the job |    | 36 | 35 | 40 | 37 | 31 | 42 | 41 | 36 | 40 | 31 | 46 | 26 | 36 | 35 | 42 | 41 | 40 | 31 | 46 | 36 | 31 | 40 | 37 | 26 |
| The managerial Role |    | 35 | 35 | 31 | 39 | 23 | 38 | 37 | 36 | 39 | 33 | 39 | 24 | 35 | 35 | 31 | 39 | 38 | 37 | 36 | 39 | 33 | 39 | 23 | 24 |
| Rel.with other people |    | 30 | 26 | 32 | 27 | 37 | 35 | 32 | 42 | 31 | 25 | 35 | 26 | 26 | 35 | 25 | 32 | 27 | 32 | 26 | 30 | 37 | 42 | 31 | 35 |
| Career and achievement |    | 23 | 36 | 37 | 42 | 41 | 40 | 40 | 43 | 33 | 33 | 46 | 18 | 23 | 18 | 36 | 46 | 37 | 33 | 42 | 41 | 33 | 40 | 43 | 40 |
| Org. structure and climate |    | 27 | 24 | 27 | 33 | 26 | 36 | 47 | 40 | 34 | 18 | 37 | 24 | 27 | 24 | 27 | 24 | 37 | 18 | 36 | 26 | 47 | 34 | 33 | 40 |
| Home/work interface |    | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |

**CATEGORIES**

- Factors intrinsic in the job
- The managerial Role
- Rel.with other people
- Career and achievement
- Org. structure and climate
- Home/work interface

- Less: Less score (less stress)
- M: High score (More stress)
- --: Medium score (medium stress)

---

**Notes:**
- M: High score (More stress)
- Less: Less score (less stress)
- --: Medium score (medium stress)
### TABLE 2: SOURCES OF PRESSURE

<table>
<thead>
<tr>
<th>Source of Pressure</th>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>Rating</th>
<th>S.D.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors intrinsic in the job itself</td>
<td>748</td>
<td>24</td>
<td>31.17</td>
<td>3.46</td>
<td>4.80</td>
<td>-0.528</td>
<td>0.616</td>
</tr>
<tr>
<td>The managerial role</td>
<td>882</td>
<td>24</td>
<td>36.75</td>
<td>3.34</td>
<td>5.55</td>
<td>-0.685</td>
<td>0.524</td>
</tr>
<tr>
<td>Relationships with other people</td>
<td>818</td>
<td>24</td>
<td>34.08</td>
<td>3.41</td>
<td>5.53</td>
<td>-0.036</td>
<td>0.973</td>
</tr>
<tr>
<td>Career and achievement</td>
<td>756</td>
<td>24</td>
<td>31.50</td>
<td>3.50</td>
<td>5.14</td>
<td>-1.325</td>
<td>0.233</td>
</tr>
<tr>
<td>Organisational structure and climate</td>
<td>864</td>
<td>24</td>
<td>36.00</td>
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(Key: See Explanation in Appendix 5). *Statistically significant at the p<0.05 level.

### TABLE 3: SOURCES OF PRESSURE (DETAILS)

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<th>Source of Pressure</th>
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<td>28: staff shortages and unsettling turnover</td>
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*Statistically significant at the p<0.05 level. (Key: See Explanation in Appendix 5).
TABLE 4: INDIVIDUAL CHARACTERISTICS

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<td>Style Of Behaviour</td>
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<td>Ambition</td>
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<td>45</td>
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</table>

CATEGORIES

| Attitude to living | HA | -- | -- | -- | -- | -- | HA | HA | -- | HA | HA | -- | -- | HA | -- | -- | -- | HA | -- | -- | -- | HA |
| Style Of Behaviour | HA | -- | -- | -- | HA | -- | -- | HA | HA | -- | -- | HA | HA | -- | -- | HA | -- | -- | -- | -- | -- | HA |
| Ambition | HA | -- | -- | HA | -- | -- | HA | HA | -- | -- | HA | HA | -- | -- | HA | -- | -- | -- | -- | -- | -- | HA | HA |
| Total Type A | HA | LA | LA | -- | HA | -- | -- | HA | HA | -- | -- | HA | HA | -- | -- | HA | -- | -- | -- | LA | LA | -- | HA |

TYPE A behaviour tends to be characterised by a rushed, hard driven, competitive, ambitious, time directed lifestyle

HA : HIGH A, High Type A behaviour
LA : LOW A, Low Type A behaviour
-- : Medium score
### TABLE 5: INDIVIDUAL CHARACTERISTICS

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<tr>
<th></th>
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<th>No.</th>
<th>Mean</th>
<th>Rating</th>
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(Key: See Explanation in Appendix 5).

*Statistically significant at the p<0.05 level.
### TABLE 6: LOCUS OF CONTROL

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### TABLE 7: LOCUS OF CONTROL

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<th>Rating</th>
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(Key: See Explanation in Appendix 5).

*Statistically significant at the p<0.05 level.*
### TABLE 8: COPING STRATEGIES

| CODES OT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RAW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Support | 16 | 23 | 22 | 19 | 16 | 18 | 21 | 21 | 20 | 15 | 24 | 19 | **11** | 21 | 20 | 15 | 24 | 19 | 16 | 23 | 22 | 19 | 16 | 18 |
| Task Strategies | 19 | 30 | 33 | 27 | 29 | 28 | 28 | 36 | 24 | 25 | 34 | 28 | **18** | 24 | 29 | 28 | 28 | 25 | 34 | 28 | 19 | 30 | 33 | 27 |
| Logic | 6 | 11 | 8 | 8 | 16 | 10 | 12 | 17 | 14 | 12 | 13 | 13 | 8 | 14 | 16 | 10 | 12 | 12 | 13 | 13 | 6 | 11 | 8 | 8 |
| Home/work relationships | 6 | 24 | 19 | 18 | 22 | 17 | 15 | 24 | 14 | 16 | 19 | 13 | **6** | 24 | 19 | 18 | 22 | 17 | 15 | 24 | 14 | 16 | 19 | 13 |
| Time | 15 | 17 | 17 | 12 | 13 | 15 | 21 | 13 | 13 | 17 | 17 | **15** | 17 | 17 | 12 | 13 | 15 | 15 | 21 | 13 | 13 | 17 | 17 |
| CATEGORIES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Support | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| Task Strategies | L | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | L | M | M | M | M | M | M | M | M |
| Logic | L | -- | L | L | M | -- | -- | M | M | -- | -- | -- | L | M | M | -- | -- | -- | -- | -- | -- | L | -- | L | L |
| Home/work relationships | L | M | M | -- | M | -- | -- | M | -- | L | M | M | -- | M | -- | -- | M | -- | -- | M | -- | -- | M | M |
| Time | -- | M | M | L | -- | -- | M | -- | M | -- | M | M | -- | M | L | -- | -- | M | -- | -- | M | M |
| Involvement | L | M | M | M | M | M | M | M | M | M | M | L | M | M | M | M | M | M | M | M | M | M | M | M | M |

M: More : High score  
L: Less : Low score  
--: Medium score
**TABLE 9: COPING STRATEGIES**

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<th>Rating</th>
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*(Key: See Explanation in Appendix 5).*

*Statistically significant at the p<0.05 level.*
### TABLE 10: EFFECTS OF STRESS

| CODES OT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

#### RAW SCORES

| Category                          | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 14 | 13 | 12 | 11 | 10 | 09 | 08 | 07 | 06 | 05 | 04 | 03 | 02 | 01 |
|-----------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Achievement, value and growth     | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| The Job itself                    | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| Organisational Design And Structure | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Organisational Processes          | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| Personal Relationships             | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Total Job Satisfaction             | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 |

#### CATEGORIES

| Category                          | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 15 | 14 | 13 | 12 | 11 | 10 | 09 | 08 | 07 | 06 | 05 | 04 | 03 | 02 | 01 |
|-----------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Achievement, value and growth     | L  | L  | L  | L  | L  | L  | L  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |
| The Job itself                    | L  | L  | M  | M  | M  | M  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |
| Organisational Design And Structure | L  | L  | L  | L  | L  | L  | L  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |
| Organisational Processes          | L  | L  | M  | M  | M  | M  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |
| Personal Relationships             | L  | L  | L  | L  | L  | L  | L  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |
| Total Job Satisfaction             | L  | L  | M  | M  | M  | M  | M  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  | L  |

L: Less (high levels of stress)
M: More (lower levels of stress)
--: Medium score (medium levels of stress)
TABLE 11. THE EFFECTS OF STRESS

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>S.D.</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement, value and growth</td>
<td>412</td>
<td>24</td>
<td>17.17</td>
<td>5.10</td>
<td>0.729</td>
<td>0.247</td>
</tr>
<tr>
<td>The Job itself</td>
<td>382</td>
<td>24</td>
<td>15.92</td>
<td>3.37</td>
<td>1.882</td>
<td>0.051</td>
</tr>
<tr>
<td>Organisational design and structure</td>
<td>324</td>
<td>24</td>
<td>13.50</td>
<td>3.83</td>
<td>0.840</td>
<td>0.214</td>
</tr>
<tr>
<td>Organisational processes</td>
<td>342</td>
<td>24</td>
<td>14.25</td>
<td>4.52</td>
<td>1.064</td>
<td>0.154</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>252</td>
<td>24</td>
<td>10.50</td>
<td>2.02</td>
<td>1.006</td>
<td>0.174</td>
</tr>
<tr>
<td>Total job satisfaction</td>
<td>1712</td>
<td>120</td>
<td>14.27</td>
<td>16.28</td>
<td>0.549</td>
<td>0.293</td>
</tr>
</tbody>
</table>

(Key: See Explanation in Appendix 5). *Statistically significant at the p<0.05 level.


**TABLE 12: MENTAL AND PHYSICAL HEALTH**

| CODES | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RAW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health | 66 | 51 | 55 | 69 | 57 | 66 | 51 | 59 | 53 | 45 | 54 | 48 | 48 | 45 | 59 | 66 | 69 | 51 | 66 | 55 | 57 | 51 | 53 | 54 |
| Physical Health | 48 | 19 | 18 | 31 | 41 | 36 | 33 | 31 | 28 | 22 | 47 | 22 | 48 | 19 | 18 | 41 | 33 | 31 | 28 | 22 | 31 | 31 | 36 | 47 |

**CATEGORIES**

| Mental Health | P | M | M | P | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |

P: PROBLEM
M: MEDIUM SCORE
W: WELL
**TABLE 13. MENTAL AND PHYSICAL HEALTH**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>S.D.</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>1348</td>
<td>24</td>
<td>56.17</td>
<td>7.55</td>
<td>0.329</td>
<td>0.377</td>
</tr>
<tr>
<td>Physical Health</td>
<td>752</td>
<td>24</td>
<td>31.33</td>
<td>10.25</td>
<td>3.130</td>
<td>0.004**</td>
</tr>
</tbody>
</table>

** Statistically significant at the p<0.01 level.

(Key: See Explanation in Appendix 5).
# TABLE 14: MASLACH BURNOUT INVENTORY

| CODE | O1 | O2 | O3 | O4 | O5 | O6 | O7 | O8 | O9 | O10 | O11 | O12 | O13 | O14 | O15 | O16 | O17 | O18 | O19 | O20 | O21 | O22 | O23 | O24 |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RAW SCORES |
| Emotional Exhaustion | 36 | 15 | 15 | 28 | 36 | 26 | 35 | 26 | 17 | 12 | 17 | 8 | 12 | 26 | 15 | 8 | 17 | 17 | 35 | 26 | 28 | 15 | 36 | 36 |
| Depersonalisation | 16 | 0 | 0 | 18 | 12 | 4 | 5 | 10 | 4 | 8 | 7 | 12 | 5 | 8 | 4 | 10 | 4 | 5 | 0 | 0 | 16 | 18 |
| Personal Accomplishment | 44 | 44 | 17 | 28 | 24 | 30 | 34 | 47 | 40 | 28 | 30 | 35 | 28 | 30 | 35 | 30 | 40 | 34 | 47 | 28 | 44 | 44 | 24 |

| CATEGORIES |
| Emotional Exhaustion | HIGH | Low | Low | HIGH | HIGH | Mod | HIGH | Mod | Mod | Low | Mod | Low | Low | Mod | Low | Mod | HIGH | Mod | HIGH | Low | HIGH | HIGH |
| Depersonalisation | HIGH | Low | Low | LOW | Mod | Low | Mod | Low | Mod | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Low | HIGH | HIGH |
| Personal Accomplishment | high | high | LOW | LOW | LOW | Mod | High | High | LOW | LOW | Mod | LOW | LOW | LOW | Mod | LOW | High | Mod | High | LOW | High | HIGH |

A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalisation subscales and in low scores on the Personal Accomplishment subscale.
TABLE 15. MASLACH BURNOUT INVENTORY

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>242</td>
<td>24</td>
<td>22.58</td>
<td>9.86</td>
<td>2.905</td>
<td>0.005**</td>
</tr>
<tr>
<td>Depersonalisation</td>
<td>178</td>
<td>24</td>
<td>7.42</td>
<td>5.71</td>
<td>1.325</td>
<td>0.105</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>802</td>
<td>24</td>
<td>33.42</td>
<td>9.02</td>
<td>1.273</td>
<td>0.116</td>
</tr>
</tbody>
</table>

** Statistically significant at the p<0.01 level
<table>
<thead>
<tr>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>S.D.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: I feel emotionally drained from my work</td>
<td>68</td>
<td>24</td>
<td>2.83</td>
<td>1.99</td>
<td>2.556</td>
</tr>
<tr>
<td>8: I feel burned out from my work</td>
<td>72</td>
<td>24</td>
<td>3.00</td>
<td>2.00</td>
<td>3.606</td>
</tr>
<tr>
<td>11: I worry this job is hardening me emotionally</td>
<td>29</td>
<td>24</td>
<td>2.42</td>
<td>2.15</td>
<td>2.483</td>
</tr>
<tr>
<td>19: I feel exhilarated after working closely with my recipients</td>
<td>92</td>
<td>24</td>
<td>4.00</td>
<td>1.91</td>
<td>2.641</td>
</tr>
</tbody>
</table>

* Statistically significant at the p<0.05 level
** Statistically significant at the p<0.01 level
TABLE 17: WORK ENVIRONMENT SCALE

| CODES | 0T | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| RAW SCORES |
| Involvement | 2 | 5 | 4 | 0 | 2 | 7 | 9 | 4 | 6 | 2 | 4 | 2 | 2 | 4 | 2 | 2 | 4 | 2 | 2 | 5 | 4 | 7 | 9 | 4 | 6 | 0 | 2 |
| Peer Cohesion | 5 | 5 | 2 | 5 | 6 | 4 | 8 | 3 | 7 | 4 | 6 | 5 | 5 | 6 | 4 | 5 | 5 | 2 | 4 | 6 | 5 | 8 | 3 | 7 |
| Supervision | 6 | 2 | 1 | 2 | 1 | 4 | 7 | 3 | 5 | 5 | 7 | 3 | 7 | 3 | 5 | 6 | 2 | 1 | 5 | 7 | 3 | 2 | 1 | 4 |
| Support | 8 | 4 | 7 | 2 | 4 | 7 | 5 | 3 | 7 | 7 | 6 | 2 | 5 | 3 | 7 | 8 | 4 | 7 | 7 | 6 | 2 | 2 | 4 | 7 |
| Autonomy | 0 | 0 | 5 | 2 | 3 | 1 | 6 | 7 | 5 | 3 | 6 | 2 | 6 | 7 | 5 | 0 | 0 | 5 | 3 | 6 | 2 | 2 | 4 | 3 |
| Task Orientation | 1 | 1 | 4 | 1 | 3 | 1 | 5 | 6 | 2 | 0 | 6 | 1 | 1 | 5 | 6 | 2 | 0 | 6 | 1 | 1 | 4 | 1 | 4 |
| Work Pressure | 5 | 3 | 1 | 2 | 1 | 5 | 5 | 5 | 1 | 7 | 5 | 4 | 1 | 2 | 5 | 3 | 5 | 1 | 7 | 5 | 4 | 1 | 5 | 5 |
| Clarity | 4 | 5 | 8 | 4 | 6 | 4 | 3 | 3 | 1 | 3 | 7 | 6 | 8 | 4 | 4 | 5 | 3 | 1 | 3 | 7 | 6 | 6 | 4 | 3 |
| Control | 3 | 0 | 1 | 0 | 0 | 2 | 3 | 3 | 5 | 4 | 6 | 1 | 1 | 0 | 3 | 0 | 3 | 5 | 4 | 6 | 1 | 0 | 2 | 3 |
| Innovation | 1 | 1 | 3 | 1 | 1 | 0 | 1 | 1 | 4 | 3 | 2 | 2 | 3 | 1 | 1 | 1 | 4 | 3 | 2 | 2 | 1 | 0 | 1 | 1 |
| Physical Comfort | LOW | Mod | Mod | LOW | LOW | Mod | High | Mod | Mod | LOW | Mod | LOW | LOW | Mod | LOW | Mod | Mod | High | Mod | Mod | LOW | LOW | LOW | LOW | LOW |
| CATEGORIES |
| Involvement | LOW | Mod | Mod | LOW | LOW | Mod | High | Mod | Mod | LOW | Mod | LOW | LOW | Mod | LOW | Mod | Mod | High | Mod | Mod | LOW | LOW | LOW | LOW |
| Peer Cohesion | Mod | Mod | LOW | Mod | Mod | Mod | High | Mod | Mod | Mod | Mod | Mod | Mod | Mod | LOW | Mod | Mod | Mod | LOW | LOW | LOW | LOW | LOW |
| Supervision | Mod | LOW | LOW | LOW | LOW | Mod | Mod | Mod | Mod | Mod | Mod | Mod | Mod | Mod | LOW | LOW | LOW | LOW | LOW | LOW | LOW | LOW | LOW |
| Support | Mod | LOW | LOW | LOW | LOW | Mod | Mod | Mod | Mod | Mod | Mod | Mod | Mod | LOW | LOW | LOW | LOW | LOW | LOW | LOW | LOW | LOW | LOW |
| Autonomy | Low | LOW | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low |
| Task Orientation | Mod | LOW | Mod | LOW | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low |
| Work Pressure | Mod | LOW | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low | Low | Mod | Low |
| Clarity | Low | LOW | Low | LOW | Mod | Mod | Mod | Low | Mod | Mod | Low | Mod | Mod | Mod | LOW | Mod | Mod | Mod | LOW | Low | Low | Mod | Mod |
| Control | Mod | LOW | Mod | LOW | LOW | Mod | Low | Low | Low | Low | Mod | Mod | Mod | High | Mod | Mod | Mod | Low | Low | Low | Mod | Mod | Mod |
| Innovation | Mod | LOW | Low | LOW | Mod | High | Mod | Mod | Mod | Low | LOW | LOW | Low | Mod | Mod | Mod | Mod | LOW | LOW | LOW | Mod | Mod | High |
| Physical Comfort | LOW | LOW | Mod | LOW | LOW | Low | HIGH | Mod | Mod | Mod | LOW | LOW | LOW | LOW | Mod | Mod | Mod | LOW | LOW | LOW | LOW | LOW | HIGH |
### TABLE 18. WORK CLIMATE SCALE

<table>
<thead>
<tr>
<th>Raw Scores</th>
<th>TOTAL</th>
<th>No.</th>
<th>Mean</th>
<th>S.D.</th>
<th>T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>94</td>
<td>24</td>
<td>3.92</td>
<td>2.54</td>
<td>1.150</td>
<td>0.2726</td>
</tr>
<tr>
<td>Peer Cohesion</td>
<td>120</td>
<td>24</td>
<td>5.00</td>
<td>1.65</td>
<td>3.199</td>
<td>0.0095**</td>
</tr>
<tr>
<td>Supervisor support</td>
<td>92</td>
<td>24</td>
<td>3.83</td>
<td>2.17</td>
<td>-0.491</td>
<td>0.6329</td>
</tr>
<tr>
<td>Autonomy</td>
<td>124</td>
<td>24</td>
<td>5.17</td>
<td>2.12</td>
<td>1.289</td>
<td>0.2334</td>
</tr>
<tr>
<td>Task orientation</td>
<td>80</td>
<td>24</td>
<td>3.33</td>
<td>2.42</td>
<td>1.074</td>
<td>0.3012</td>
</tr>
<tr>
<td>Work pressure</td>
<td>62</td>
<td>24</td>
<td>2.58</td>
<td>2.15</td>
<td>0.264</td>
<td>0.7963</td>
</tr>
<tr>
<td>Clarity</td>
<td>88</td>
<td>24</td>
<td>3.67</td>
<td>2.02</td>
<td>0.598</td>
<td>0.5602</td>
</tr>
<tr>
<td>Control</td>
<td>108</td>
<td>24</td>
<td>4.50</td>
<td>1.98</td>
<td>0.159</td>
<td>0.8774</td>
</tr>
<tr>
<td>Innovation</td>
<td>68</td>
<td>24</td>
<td>2.83</td>
<td>2.79</td>
<td>0.352</td>
<td>0.7301</td>
</tr>
<tr>
<td>Physical comfort</td>
<td>52</td>
<td>24</td>
<td>2.17</td>
<td>1.90</td>
<td>-0.479</td>
<td>0.6387</td>
</tr>
<tr>
<td>TOTAL</td>
<td>888</td>
<td>240</td>
<td>3.78</td>
<td>12.71</td>
<td>0.448</td>
<td>0.6545</td>
</tr>
</tbody>
</table>

** Statistically significant at the p<0.01 level
### TABLE 19. CONVERSION TABLE OF WORK GROUP MEAN TO STANDARD SCORES

<table>
<thead>
<tr>
<th>Raw Scores</th>
<th>TOTAL</th>
<th>Mean</th>
<th>Standard scores</th>
<th>Mean scores for Health Care Work Employees (normative sample n=4,879)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>94</td>
<td>3.92</td>
<td>33</td>
<td>5.43</td>
</tr>
<tr>
<td>Peer Cohesion</td>
<td>120</td>
<td>5.00</td>
<td>45</td>
<td>5.24</td>
</tr>
<tr>
<td>Supervisor support</td>
<td>92</td>
<td>3.83</td>
<td>36</td>
<td>4.82</td>
</tr>
<tr>
<td>Autonomy</td>
<td>124</td>
<td>5.17</td>
<td>44</td>
<td>5.20</td>
</tr>
<tr>
<td>Task orientation</td>
<td>80</td>
<td>3.33</td>
<td>27</td>
<td>5.70</td>
</tr>
<tr>
<td>Work pressure</td>
<td>62</td>
<td>2.58</td>
<td>23</td>
<td>5.65</td>
</tr>
<tr>
<td>Clarity</td>
<td>88</td>
<td>3.67</td>
<td>30</td>
<td>4.5</td>
</tr>
<tr>
<td>Control</td>
<td>108</td>
<td>4.50</td>
<td>42</td>
<td>5.57</td>
</tr>
<tr>
<td>Innovation</td>
<td>68</td>
<td>2.83</td>
<td>39</td>
<td>3.90</td>
</tr>
<tr>
<td>Physical comfort</td>
<td>52</td>
<td>2.17</td>
<td>29</td>
<td>3.77</td>
</tr>
</tbody>
</table>
APPENDIX 8. GLOSSARY OF TERMS

*Burnout* is defined as a chronic affective response pattern to stressful work conditions that feature high levels of interpersonal contact.

*Depersonalisation* refers to negative, callous or detached responses to other people.

*Exhaustion* refers to feelings of being emotionally over-extended.

*Mental ill health* a lessened sense of general emotional well-being.

*Physical ill health* relates to physical symptoms of stress.

*Reduced personal accomplishment* is described as a negative sense of one’s own job performance.

*Stress* An interaction between the person and their (work) environment and is the awareness of not being able to cope with the demands of one’s environment, when this realisation is of concern to the person, in that both are associated with a negative emotional response.