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Organizational Stress in Social Care

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Organizational Stress

In

Social Care

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Abstract

The aim of this research project was to develop a model of understanding, coping with and preventing work-related stress in social care organizations. The research was framed conceptually in a model of organizational stress developed and adapted from Beehr's (1998) integrative model of organizational stress.

The first two stages of the research project explored by interview and survey staff and management perceptions of stress in their organizations. It was found that both acute and chronic stressors occurred and were seen to have increased; organizational stressors were also likely to be more persistent and chronic when they occurred. Interviewees were concerned particularly with the psychological and social effects of stress responses; these were seen as often having destructive effects on the work team and the quality of its work. Labour turnover was considered to be less of a problem in the sector than heretofore and stress-related sickness absence was seen as a possible outcome of stress but depended on prevailing attitudes in the specific organization towards taking sick leave.

A survey of a wide range of staff and managers indicated that there was considerable consensus as to what the main stressors were. Client-related situations where violent, abusive behaviour and suicide attempts occur in emotionally-charged atmospheres were seen by all respondents as very stressful. Difficulties relating to teamwork and staff relationships were seen as a serious source of stress. These difficulties interfere with the teamwork and close interaction required by this kind of work.

The final stage of the research used an action-oriented research approach in which a set of workshops was conducted in one of the participating organizations. An in-depth analysis was developed of staff and management perceptions of coping, positive and negative moderators of the stress process, and team and organizational issues. The model of organizational stress was found to be accessible to staff and managers and to be applicable to a range of situations. Understanding and awareness of work stress was enhanced through an emphasis on the organizational aspects of stress. Participants perceived clearly the links between stressors, stress responses and individual and organizational outcomes. They highlighted the importance of stress awareness emphasising the recognition of stress in one's colleagues; supervision was seen as an important vehicle for learning about stress and for enhancing coping strategies. The development of an appropriate level of hardiness was considered an important coping resource which comprised both problem-focused and emotion-focused strategies. Social support was seen as an important coping resource and positive moderator of the stress process; counselling as a support was seen to be under-used and participants thought that it needed to be more accessible. In this respect further investigation of the role of counselling in stress prevention would be useful for social care organizations.

A practical outcome was the identification and planning of preventive measures. The most important interventions for the overall prevention of stress were considered to be team-building, the focused use of supervision, and organizational support for personal development and learning. The importance of including temporary staff in team-building and the need to develop supervision skills to an advanced level in the organization were emphasised by the participants. Interventions were conceptualised within the preventive stress management framework of Quick et al (1997) and seen as having implications for primary and secondary prevention. Thus the main thrust of the interventions selected was towards medium and longer-term change as part of an ongoing stress prevention plan.

Such interventions can be seen as useful recommendations to many social care organizations although the mechanisms by which they might be integrated and enacted would vary from setting to setting. The issue of integration of stress prevention interventions into organizational processes and the maintenance of commitment to them represent a challenge to all organizations in the sector. A systematic monitoring of these processes would be a useful development of this study; it would contribute to learning at an organizational level and would be beneficial to many social care organizations. The type of action-oriented programme conducted in the final stage of this project would seem to offer a useful method of collecting feedback on the practice of stress prevention management.

The model of organizational stress developed in this research can provide a framework within which further research inquiries can be pursued with consequent benefits for the social care sector.

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Document 1

Brian McCarthy

Introduction

This study aims to investigate the relationship between organizational stress, absenteeism and labour turnover in the social care sector with particular reference to how these issues are seen by managers and supervisors. Through my work as a lecturer in social and organizational psychology, I have been involved in the training and education of social care staff for twenty years. As well as teaching and lecturing in a college setting, this work has entailed visits to a very wide range of social care agencies. Through this contact, I have had the opportunity to discuss organizational issues with staff on a regular basis. Discussions about stress and psychosocial hazards, teamwork, difficult group dynamics, anxieties about assaults and fears of allegations are regular topics. Thus I think it will be worthwhile to set about a series of systematic investigations into questions related to organizational stress.

In the next section, I will give a brief outline of the social care sector in Ireland to show the context and nature of the work carried out by social care workers. I will refer to some of the comments and feedback I have gathered from discussions with managers and staff which has led me to the decision that organizational stress, absenteeism and labour turnover are worthwhile topics to research. The next section will present an overview of the relevant literature on organizational stress and absenteeism and a possible conceptual framework within which the research questions can be developed, investigated and analysed. A detailed outline of the research questions will follow, showing how they will be elaborated in Documents3, 4, and 5. I will also make some comments on the construction and content of Document 6.

Ethical issues which might arise in the course of the research will then be considered. An outline will be given of the principles which will guide the research; this will be based predominantly on the guidelines of the Code of Ethics of the Psychological Society of Ireland and the British Psychological Society.

Finally, I will describe some of the personal and organizational outcomes I would like to see achieved by the end of this set of enquiries.

I think this research can make a contribution to:
- Managers and supervisors in the social care sector
- Dublin Institute of Technology in developing management education and training
- Health Boards, statutory and voluntary services especially in relation to staff development and training
- Organizational psychologists
- Academic journals in organizational psychology, management education and social care.

The Social Care Sector

The social care sector has developed in Ireland over the last thirty years and at this stage there are approximately 8,000 people working in the field. Social care services provide care for a range of client groups and are run by a combination of statutory and voluntary bodies.. One major area is the provision of residential care for children and teenagers who can no longer live in their family situations or who are homeless. Care is usually provided in small group homes and hostels with typically eight to twelve clients being cared for by twelve to fifteen staff.

Some children and adolescents are looked after in secure or partially secure units and special schools. Usually these clients have been referred through the juvenile justice system or are placed in centres by court orders. Care is also provided for clients with intellectual disabilities who are now predominantly cared for in community residential houses. There are also services provided in the community ranging from day care,

through 'drop-in' services to home and family support. In all of these cases, the staff who look after the needs of the clients are described as social careworkers and their role is primarily concerned with the physical, social and emotional welfare of the client.

The care system evolved from the Reformatory and Industrial Schools system, the Child Care Act of 1908 and Mental Health Acts. Services were run predominantly by religious orders. A series of important government reports in the 1970s (Kennedy Report, 1970; Task Force on Child Care, 1980) led to major overhaul of the provision of services as well as to significant legislative changes. The Child Care Act of 1991 has had far-reaching consequences for the profession of social careworker and the clients and has provided clear and strict guidelines for the development of services. Many sections of this act have still to be implemented and will lead to further major changes.

At the same time, the influence and involvement of religious orders has diminished. Religious vocations have fallen sharply throughout this period; so in institutions where management was made up almost entirely of religious, there were no longer the personnel to carry out this function. There has also been considerable secularisation of Irish society with a growing separation of church from state; the development of an interventionist state has been central to many social, cultural and economic changes over the last three decades. (Breen et al, 1990). These various factors have resulted in the shaping of new management structures in the social care sector.

Administrative and legal responsibility for most services now lies with the Regional Health Boards with some still managed by individual voluntary bodies. Some other government departments, such as education, and justice also have a role in certain services. Thus, it remains a complex system; and for an emerging profession with newly evolving management structures, this presents a very challenging environment. The new legislation has laid a context in which accountability, client rights and protection are to the fore.

Further emphasis has been placed on these factors by the publication of three reports on major investigations of malpractice. (Report of the Kilkenny Incest Investigation, 1993; Report of the Enquiry into the Operation of Madonna House, 1996; Interim Report of the Joint Committee on the Family, 1996) Their recommendations have very positive implications for the development of services and for the overall professionalisation of social care. For instance, inspectorates have been set up to monitor both the statutory and voluntary sectors. However, some of the effects have been to create a fear of allegations and a sometimes too literal concern with documenting every act and interaction. Developing the appropriate atmosphere and culture of openness, accountability and professionalism becomes an important management responsibility.

It is likely that fears and anxieties about allegations are a source of stress to some employees. The increased sense of legal liability and accountability may well be difficult for inexperienced and sometimes untrained staff. Ward (1997) points to the range of different functions which a care setting may be expected to carry out, from assessment to rehabilitation and from looking after a client during a brief crisis through to the specialized work of the therapeutic communities, where work is geared towards promoting an ethos of psychotherapeutic treatment for emotionally damaged clients.
The complexity of the job has grown and makes demands on workers to be able to use their personality resources and engage in close teamwork in order to cope with sometimes very difficult clients.

In initial discussions with staff attending training courses, many of these difficulties have been mentioned. When I asked some groups to identify risk and stress factors, psychosocial pressures form clients, other staff and management were mentioned frequently as were fear of allegations and fear of assault. Some described problems with constant staff turnover and the consequent difficulties in developing coherent teamwork.

It would seem useful therefore to investigate this empirically in order to establish the extent of such problems and the different attitudes towards them. Discussions with managers and members of the inspectorate suggest that many management teams are

new, often very young and have little or no management training. It would seem useful to find out how managers perceive these problems and how they think management training could contribute.

The next section of this document will introduce models of organizational stress within which research questions relevant to the social care sector can be framed.

Sources for literature review and conceptual framework

Cannon (1935; 1996) first used the term 'stress' to describe individual reactions to extreme physical conditions. Selye refined the concept to refer to both psychological and physical factors and described the response that an organism makes to an environmental demand as the general adaptation syndrome or stress response (Selye, 1936; 1996). Numerous definitions of stress have been advanced and it remains a contested concept. Newell offers a general definition: "the term stress is used to refer to a situation where an individual is faced with something which she perceives as threatening and where she doesn't feel able to cope effectively with this threat" (Newell, 2001, p.45).   This definition highlights the importance of the person's perception and appraisal of the situation. Most models of stress have come to place emphasis on this subjective aspect. Psychologists tend now to refer to stressors as the cues for stress and strain as the individual's experience of difficulties associated with the situation.

Early studies by Lazarus (1984) focused on individual differences and on the impact of psychological stress on task performance. This led to a conceptualization of stress as due to excessive demand on the person. Lazarus also highlighted the cognitive appraisal of situations and its link with processes of coping with stress.
Kahn's (1992) analysis of organizations highlighted the significance of role conflicts and ambiguity as stressors for people at work. This laid the ground for recognition of the

importance of psychosocial factors as sources of stress. As models of stress developed they began increasingly to recognise the interaction between the person and their environment. Thus the study of stress and coping mechanisms had to take into account not only an individual's coping mechanisms but also had to focus on the elements of the organizational environment that needed to be monitored or changed.

French, Caplan and Harrison developed some of the earlier concepts further as the person-environment fit model of organizational stress. Thus the person suffers strain when there is too little or too much demand from the job. "Strain can result from the mismatch between the person and the environment on dimensions important to the well-being of the individual" (French et al, 1982; 1996).

The concept of control also became significant in studies of organizational stress. Karasek (1979; 1996) developed a control/demands model which views lack of control as a central force in giving rise to stress. Studies have pointed to locus of control as having both direct and moderating effects on stress and as having strong links with psychological well-being (Spector,P., 1998).

However, despite the growing emphasis on more holistic approaches, Cooper (1998) argues that organizations have tended to approach stress from the person side of the relationship. He sees this as arising from the medical model of stress and as having led primarily to the development of personal coping skills (such as relaxation techniques, health facilities, time-management practices) to handle stress. However studies by Ivancevich et al (1990) suggest that the effects of this type of individual program can be short-term. Cooper and Cummings (1998) have developed a cybernetic model of organizational stress to address more fully the environmental conditions involved. This model incorporates earlier concepts of control, perception and appraisal of situations and feedback. An individual might take action as a result of their appraisal of a situation and actually affect the environmental sources of strain, thus bringing about change and learning in the overall organization.

In ethological models of stress, the multi-faceted nature of stress is again highlighted. As well as emphasising many aspects of the environment, Schabraq and Winnubst (1996) suggest that underdevelopment and infringements on integrity at work add to other factors to increase stress. These concepts could be relevant to the social care sector. It is a case of a profession which is struggling to establish its identity and, in interdisciplinary work, issues of status can lead to feelings of insecurity.

Quick, Quick and Nelson (1998) have developed a theory of preventive stress management which is based on concepts of public health and preventive medicine. The ideas and principles of this model are intended to achieve good health and high performance in organizations and are in line with some of the aims of particularly the final stage of the present study, that is, the development of management education in handling organizational stress.

These models have led researchers to identify a range of organizational conditions that can become threats to employees. These include aspects of job design, organizational roles, relationships on the job, pay inequality and many other factors. Of particular interest to this study are those factors that are usually referred to as psychosocial.

Cox defines psychosocial hazards as: "those aspects of work design, and the organization and management of work and their social and organizational contexts which have the potential for causing psychological or physical harm" (Cox and Griffiths, 1996, p.129). He points out that exposure to many psychosocial hazards is often chronic with the exception of aggression and violence which classify as acute hazards. The effects of hazards on an individual may be by a direct physico-chemical mechanism or through a psycho-physiological mechanism which affects the person's ability to cope, gives rise to stress and, in turn threatens their well-being. Nine categories of psychosocial hazards have been identified and are classified in terms of work content and work context:

Content of Work

- Job content: lack of variety, fragmented or meaningless work, under-use of skills, high uncertainty
- Workload/work pace: overload, under-load, time pressure

- Work schedule: shifts, inflexible schedules, unpredictable hours, long or unsociable hours
- Interpersonal relationships at work: Isolation, poor relationships with superiors interpersonal conflict, lack of social support
- Control: low participation in decision-making, lack of control over work.

Context of Work
- Organizational culture and function: poor communication, low levels of support for problem-solving and personal development lack of definition of organizational objectives
- Role in Organization: role ambiguity and role conflict, responsibility for people
- Career development: career stagnation and uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value to work
- Home-work interface: conflicting demands of work and home, low support at home

(Cox and Griffiths, 1996).

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The seriousness of such factors in the workplace is highlighted in a case (1994) cited by Cox where a social services worker obtained a judgment against an employer for not protecting him from a health-endangering workload. While no such case has yet occurred in Ireland, it seems reasonable to assume that similar thinking might guide a judgment, given the growing harmonization of European law with relation to health and safety at work. The implication certainly is that employers must increasingly pay attention to both the psychological and physical health of the worker. It becomes increasingly necessary for employers to assess the risk for both physical and psychosocial hazards and to develop policies and strategies to deal with them.

Based on concepts of psychosocial hazards, Cox has developed instruments to assist in measuring and diagnosing such difficulties. It is likely that some of these measures could be helpful in some of the investigations to be undertaken later in this study

One of the reasons for investigating the factors involved in stress at work relates to its links with absenteeism and turnover.

Psychological factors have come to be seen as important components in much reported absence. In a review of studies of absenteeism, Johns (2001) reports that epidemiological studies point to psychological disorder as a common cause of absence. For example, two large-scale studies found that psychological disorders were among the most common causes of long spells of absence (Stansfeld et al,1995; Jenkins,1985 in Johns, 2001). There seems to be a strong relationship between stress and absence. Studies carried out within Karasek's job demand/control model suggest that high demand and low control will predict extreme levels of stress and high absence rates. (Karasek,1990; Dwyer and Ganster,1991 in Johns, 2001). Role conflict and ambiguity have been noted as stress factors that lead to absence but there are also cases where people attend work precisely because there is confusion around their role and they wish to protect their position. These are potentially interesting factors in studying the attendance patterns of social careworkers. Person-environment fit models of stress have also been used to study absenteeism. A study of nurses by Landeweerd and Boumans (1994; in Johns, 2001) found that autonomy was an important mediator of stress and absence. Extreme stress in the form of burnout was found to be related to time lost in nurses and developmental disability workers. (Lawson and OBrien, 1994; in Johns, 2001).

These findings suggest interesting questions that also merit attention in the social care field. It is noteworthy that in studies of stress and absence nursing samples are widely used. There are interesting questions raised concerning norms and occupational cultures where stress is acceptable as a reason for absence. Social psychological concepts of norms and group cohesiveness would be valuable in investigating such issues in the social care sector as there are many similarities between the work of nurses and social care workers (as well as significant differences).

An integration of concepts at both the individual and social levels, paying attention to individual differences and relevant social mechanisms, would seem to be the most

effective framework for the development of a successful survey of stress, absenteeism and related issues in the social care sector.

The models and studies of organizational stress and absence from work outlined in this document point to a range of relevant literature to be investigated. Initial searches of PsychLit and Social Sciences Citation Index further indicate valuable research studies of nurses, teachers, medical staff and other closely related professions. Some consideration would also have to be given to concepts of work and well-being, insofar as perceptions of healthy work environments will be included in the research questions. Warr's (1996) review of this area contains a number of studies that will merit investigation.

In summary, Document 2 will entail a comprehensive review and critical analysis of relevant studies in the context of theoretical frameworks of organizational stress and absence from work. This process will be aided by the more precise formulation of the research questions.

Research Questions

Document 3

The ethnographic study will have as its main focus an investigation of psychosocial hazards in three social care agencies. It is proposed to select centers from across the sector in order to collect a broad range of data. The selection will take into account factors such as size, type of client group and management structure. I have made some initial contact with managers who have students from DIT on placement and they have shown positive interest in the ideas.

While the central question is to establish the extent of psychosocial hazards as perceived by managers and supervisors, this can be divided into a series of further questions, some general and some more specific. It will be important to establish

a) what types of worries and anxieties are most common for staff

b) whether these concerns relate to the content of the work itself or the context of the work

c) the extent to which the relationships with other staff and teamwork are sources of stress

d) the perceived frequency of stressful events

e) the extent to which psychosocial hazards are chronic or acute

f) if such psychosocial hazards give rise to 1) medical problems, 2)psychological problems and 3) absence from work

g) the extent to which stressful events or their consequences are talked about on a regular basis and the language in which stress is discussed

h) what people consider to be the features of a healthy work environment and how training might contribute to creating this.

Semi-structured interviews seem an appropriate method to collect this kind of data. The research questions and related issues can form a framework for the interviews but it seems important to allow the interviewee space to develop issues and make connections in ways that are meaningful to them. It may also be appropriate to consider the use of the 'critical incident technique' as a method of identifying which factors help or impede in difficult situations (Flanagan, 1954; 2000).

Atkinson et al describe ethnographic traditions as "grounded in a commitment to the first-hand experience and exploration of a particular social and cultural setting on the basis of (though not exclusively) by participant observation". They add, however, that "conversations and interviews are often indistinguishable from other forms of investigation and dialogue in field research settings" (Atkinson et al, 2001, p.4). Thus while I will be able to make some observations, the main data will be dialogue which will be collected in the actual centers form personnel who are important members or 'actors' in the setting.

"Interpretive research entails a concern with meanings, their complexity and ambiguity". (Fisher, Pack 2, p15). The meaning of psychosocial hazards can be very different when

seen by a social careworker as compared with a manager. It will therefore be worthwhile to collect data from some workers in the centers. It may also be possible to have some workers keep a diary over a period of time. This could be accomplished either in written form or by the use of a tape-recorder (at the end of a shift). Coupled with semi-structured interviews this would provide interesting and alternative perspectives.

Content analysis is a possible method of analyzing the data and is concerned with identifying common themes and the divergent opinions and comments. Winter (1989) outlines the principle of dialectical critique as a method of examining the contradictions that arise when data is collected from different perspectives.
This will be helpful in analyzing and interpreting the potentially different attitudes expressed by management and staff. Alternatively, an emphasis could be placed on the constructions that different members of staff put on the issues and on the language used to describe them. This might point to the use of discourse analysis which could examine the language and rules within which experiences of stress are discussed. A further possibility might be to use social psychological concepts of 'norms ' and other social mechanisms to make sense of the data.

A decision on the precise methods of analyzing ethnographic data will have to be made at an early point but it will need to be informed by the more intensive investigation of relevant literature to be completed for document 2.

Watson (1994, cited in Fisher, 2000, Pack 2, p.16) argues that in order to deal with the complexity of human behaviour, it is useful to take a 'processual perspective' and that this leaves open the possibility of interpreting the ambiguity that often becomes apparent in human behaviour. A necessary part of this ethnographic study will be to consider competing interpretations of events. However, some evaluation and judgment will have to be made and justified as the research is designed to provide guidance in *a*) constructing items for the questionnaire which will be developed for the structured research in Document 4 and *b*) providing ideas and material for the action research project in Document 5.

Document 4

The focus of the structured research will be to establish the level of absenteeism and labour turnover and their relationship to stress factors as perceived by managers and supervisors of social care agencies. A questionnaire will be developed and distributed to a sample of managers and supervisors in the Eastern Regional Health Authority area of Ireland. The questionnaire will be based on issues and ideas from the ethnographic research as well as anecdotal data collected in my role as a trainer and educator of social careworkers. Thus issues that have been raised can be expressed in precise form and put to a much larger group, and the responses quantified and analyzed. The purpose of this investigation will be to establish the perceived need for management training in the assessment and management of psychosocial hazards in the workplace.

The research will be constructed within a positivist framework; this entails attempting "to apply the scientific methods of hard sciences such as physics to social and organizational matters" (Fisher, Pack 1, P.14). Positivism takes a realist stance epistemologically, arguing that concepts accurately reflect what is happening in the real world. Thus it is possible to be objective in the methods used and to discover objective knowledge. In this instance, managers would be answering questions about stress, absenteeism and labour turnover as real phenomena with an existence independent of their perceptions of them. Debate about the status of the data collected as evidence can be considered in the discussion of findings.

The central question could be expressed in the following hypotheses:
1) that managers will view a significant proportion of absence and labour turnover as related to stress
2) that managers will view psychosocial hazards as a significant factor in causing stress for staff

Information will also be collected on related issues to help make sense of the results and to contribute to the next stage of the research. The questionnaire will have a number of sections:

estimates of absence and labour turnover

perceptions of absence and labour turnover

perceptions of stress and psychosocial hazards and links with absence and labour turnover

attitudes to risk analysis and risk management

staff training needs in the area of organizational stress

background information

A variety of types of question will be used. Some issues can be investigated by simple dichotomous questions; others will require the use of ranking or rating procedures. Some open-ended questions will also be included where extended comment might be useful.

The population to whom the questionnaires are to be sent is the managers and supervisors of social care agencies. It is estimated that there are about 200 agencies in the eastern region and that this represents just under 50% of the total number in Ireland. This study is concerned with the eastern region and while it might be possible to circulate staff in the entire population, it seem prudent to aim to reach a large sample and to establish an appropriate margin of error.

Every effort will be made to keep the questionnaire as concise as possible in order to maximize the response rate. As many of the issues raised could reflect on a manager's ability and competence, a sensitivity will have to be shown to selection and phrasing of items. In this respect, the fact that I represent a training and education institute could conceivably discourage some staff; on the other hand, most organizations have good working relationships with DIT and this may act as a factor encouraging people to respond in order to uphold a professional image and maintain a cooperative relationship. These factors highlight the importance of the initial approaches and letters of introduction. The confidentiality of data collected would need to be stressed here.

Analysis of the responses will entail categorising and summarising the information. Variables will need to have been defined in the design stage so that analysis can be carried out using SPSS. Correlations will be examined between variables such as 'frequency of absence' and 'number and type of symptoms of stress'. As there will also

be material generated by open-ended questions, this information will need to be analysed in a different way; content analysis to establish key themes would be useful.

The findings will now be used to guide the selection of material and the prioritising of issues for the management education project in the next section.

Document 5

The final stage of this research will be primarily concerned with management education in the area of organizational stress. It will entail the development, implementation and evaluation of a pilot program for unit managers and supervisors in identifying and managing psychosocial hazards. It is proposed to deliver the program to a small number of social care agencies either at the Dublin Institute of Technology or at one of the social care agencies. The decision on the location of the program will be made in consultation with the social care staff concerned. A brochure outlining the program will be circulated around the organizations that have participated in the previous sections of the research inviting managers to enroll. It will be offered as a module by the Dublin Institute of Technology and this means that participants will be eligible for Certificates of Professional Development. As the module is also likely to become part of a taught Masters Program, an exemption will be available to participants on completion of a more extensive written assignment.

The framework for the development of this section of the research will be based on the principles of action research.

> "A primary goal of action research is to involve researchers and organization members in a cooperative, cyclical process of diagnosing and analyzing problems, and planning, implementing and evaluating interventions aimed at meeting identified needs" (Kemmis, 1983 in Bryman and Burgess, 1999, p.221).

Thus the ideas and information collected in the ethnographic and survey stages will become important material for the module. For example, it is likely that participants will

have mentioned specific organizational difficulties, incidents and reactions to them; this material can be used in the form of realistic case studies or exercises. New interpretations and insights may emerge through using the research material. Winter (1989) proposed a series of principles to guide research interpretation. He suggests that the use of collaborative resources maximizes the use of different perspectives. "This may involve actually working with others in collaborative groups; or in some other way feeding back your material to others to gain their insights and readings of it." (Fisher, Pack 5, p.13). This principle could be successfully integrated into this research.

I have already referred to my involvement in social care education and training for many years; one result of this is the existence of values, assumptions and opinions which will influence my selection and interpretation of material. Winter advises the use of a reflexive critique to allow us recognize and explain such concerns While some of the questioning suggested by the use of a reflexive critique may form part of the interpretative work of the ethnographic study, further questions will need to be raised here in the specific context of running the module.

A necessary element of the project will be an evaluation of the program. Thus participants will be asked about their levels of knowledge of the various module elements as well as their attitudes to organizational stress, its sources, consequences and prevention. At the end of the module a similar set of questions will be put. An important aspect of the final evaluation will be a consideration of how participants view any changes that may have occurred in their ideas and approaches. The fact that all participants will be involved in ongoing work in their organizations should allow the research to embrace Winter's principle of 'theory, practice and transformation'; the work experience of participants should provide a constant and constructive challenge to theory.

It is proposed that while the program will have as its main focus the study of organizational stress and psychosocial hazards, a number of other themes will be explored. These will include employee needs, patterns of stress and its consequences, preventive measures used in different sectors, the content and context of work , and

environmental analysis. It is envisaged that Cox's instruments for the measurement of psychosocial hazards which are developed in a risk analysis/risk management paradigm will be useful and appropriate here (Cox and Griffiths, 1995). They can provide participants with a relevant framework for analyzing work situations. Clearly permission would have to be sought for the use of these materials.

Kemmis (1982, in Winter, 1989, p.12) describes the action research cycle as follows:

Initial idea

Reconnaissance

Planning

Implementation

Reconnaissance (further)

Revise general idea

Amend plans for subsequent action steps

Feedback can occur between the different steps. This framework could be applied to the plan for this research.

Initial idea: organizational stress and psychosocial hazards

Reconnaissance: research findings from the ethnographic study and survey carried out for documents 3 and 4.

Planning: planning of the management education module

Implementation: the running of the module

Reconnaissance (further): seek feedback from participants especially after they have carried out analyses of their work environments. Site visits by the researcher would also be useful at this stage.

Revise general idea: adapt, revise or add new material as required.

> Amend plans for subsequent action steps: develop plans for more widespread delivery of the program.

As to the validity of this approach, Winter and Munn-Giddings argue that the validity of action research "resides in the carefulness and rigour of this process" and "the openness of its communicative processes. Thus an action research process must show that differing views have been fully expressed and that the judgments have been open to scrutiny and debate" (2001, p.21). It is argued here that the elements that make up the research in Documents 3, 4, and 5 fulfill these requirements.

Winter proposes that the different accounts collected throughout a research enquiry "need to be heard, as independent interpretations, not merely as evidence supporting the author's interpretation" (Winters, 1989). Fisher suggests, in elaboration of this point, that when research is being written up "the diversity should be recognized in the structure of the report" (Fisher, Pack 5, p14). It is an aspiration of this research enquiry to recognize and learn from the diversity of the findings.

The overall plan of the research is illustrated on page 20.

Document 6

The final document will be a reflective analysis based on my experience of carrying out the entire research enquiry. I have begun keeping a research diary and have taken particular note of learning processes. I am already aware of challenges that have encouraged a change of attitude towards certain research methods and their philosophical underpinnings. The use of computers in writing and as part of an information management strategy are issues that merit reflection and comment.

I would see an important aim of this document as the growth in awareness of transitions in thinking and understanding. Notes will be kept on the processes that lead to

Illustrative plan

Doc.3

Ethnographic Study

Small number of agencies

Main psychosocial hazards as perceived by a selection of managers and unit supervisors

Doc.4

Wider context

Questionnaire to a sample of

social care agencies in the eastern region

Level of absenteeism and labour turnover related to stress factors as perceived by managers and supervisors.

Doc.5

Management education

project

Evaluative questionnaire

before and after

Develop, run and evaluate a pilot programme for unit heads in managing psychosocial hazards

construction and reconstruction of research questions and their investigation. As action research is a central focus in Document 5, consideration of values and concepts of change should be a naturally occurring feature.

The development of writing and research skills is a central reason for undertaking a doctoral dissertation; a reflective approach should enhance and reinforce the processes of learning.

Ethical Issues

Miles and Huberman (1994) suggest that it is necessary to ask at the outset of a project if it is actually worth carrying out; therefore one should ask in a broad way how it will make a contribution and if it is congruent with values that are important to the researcher. I think this research will be worthwhile and of benefit to the managers and workers in the social care sector; feedback on the research will be given through journals relevant to the profession and through presentations to the Managers' Association and the Irish Association of Careworkers. My intention is to try to help in making the delivery of services more effective through reduction of stress in the workplace; in turn I hope that this will have benefit for the clients.

The Psychological Society of Ireland and the British Psychological Society have both developed comprehensive guidelines through their respective codes of ethics. As a registered member of both organizations I am bound professionally by the codes of ethics. There are however a number of guidelines which are specifically relevant to the present study in terms of the collection, processing and analysis of data. I will discuss these with reference to the different stages of the research.

Access will have to be negotiated to commence the ethnographic study. This will require the presentation of a clear statement of the research project to the relevant organizations and where necessary this will have to be passed by an ethics committee. The consent of

participants will then be sought. The BPS guidelines require that the participants should be fully informed about the research and have the right to withdraw at any stage. "Wherever possible, investigators should inform their participants of their objectives and all aspects of the research that might reasonably be expected to influence their willingness to participate, especially any negative consequences" (British Psychological Society, Code of Ethics, p7.). These points are relevant to both the ethnographic research and the action research. The confidentiality of interview material will have to be guaranteed. Where a diary method of recording incidents and comments is used, particular attention will have to be paid to protect the privacy of the material.

Debriefing will also be required as the topic of stress and psychological reactions to it is likely to raise emotional issues. "Participants must be able to contact the researcher after they have participated in a study to report any stress they have experienced. In such cases, the researcher must take steps to avoid causing similar stress to other participants". (BPS, Code of Ethics, p.7) The action research of Document 5 is likely to generate information about specific units as well as material related to people's attitudes and values. A form of contract will need to be drawn up to show a seriousness about this matter.

The selection of a sample for the survey needs to be carried out in a fair and unbiased manner. "It becomes an ethical issue if the sample is manipulated to show a desired result" (Remenyi, P.234). In this project effort will be made to outline explicitly how each step is carried out; in this way the procedures will be verifiable. Where tests or measuring instruments are used, PSI guidelines will be observed. "Psychologists shall take all reasonable steps to ensure that tests and assessment methods are only used by those qualified and trained to do so" (Psychological Society of Ireland, Code of Ethics, 2.6).

The issue of anonymity is important especially where material is to be presented or written up in the public domain. Negotiation with members of the organization concerned will be one safeguard that can be operated. Myles and Huberman make the point: "you may need to err on the side of anonymity, if it has been promised, and to rely

on dialogue and negotiation for corrective action before the report is finalised" (Myles and Huberman, p.293). I have published a journal article in the past describing interventions in a residential hostel; this was carried out with the full cooperation of staff (Duffy and McCarthy, 1993).

It is also the case that action research could lead to intervention in some organizations. Thus the issue of how the results are used is an important one. Two considerations mentioned by Myles and Huberman (1994, p.295) seem relevant here: "clarification of whose interests are to be served in the local setting;" and "the balance of individual and organizational priorities." As the main focus of the research will be on managerial views of organizational stress and absenteeism, other views will also be considered and care will have to be taken that a fair report of the findings is given. The implications of the findings will be considered in detail in each of the relevant documents.

It was pointed out earlier in this document when describing the social care sector that strict legislation now governs practice. The discovery of malpractice would place a duty on a researcher to disclose the information to the appropriate authority. Such an eventuality is more likely to arise in an ethnographic study and it is clear that a researcher should be aware of his or her obligations. All codes of ethics I have consulted are emphatic on this matter; that the primary commitment here is to the wider community and not to the completion of the research or the protection of any organization.

Two recommendations of the Psychological Society of Ireland seem appropriate in completing this discussion of ethics. They recommend that psychologists should "protect the dignity and well-being of the research participants" and "maintain the highest standards f scientific integrity in their research." (PSI, Code of Ethics, 6:1, 6:2)
It is intended to keep these guidelines to the fore when carrying out the research proposed in this document.

Outcomes

Having lectured in social and organizational psychology for over twenty years, I would like this research to provide an opportunity to use ideas, thoughts and insights I have had during this period. I would like to see the set of enquiries as a way of bringing together strands of thinking, academic endeavor, reading, with observations of social care practice and management. I also hope to open new directions and to learn in more depth about a range of topics that have interested me for a long time.

Very early in my lecturing career I came across Studs Terkel's book: "Working" (1977). Its concern with the meaning of work in people's lives has always been an inspirational idea and force in my thinking and lecturing. I would hope that some links will become apparent between the stresses and strains of everyday work in the social care sector and the meanings managers and staff place on their experience of work, its pleasant and unpleasant aspects.

Thus the present endeavors should give rise to further research possibilities. It is a particular personal aim to achieve the level of qualification where I can undertake the supervision of doctoral students. I have been involved in the supervision of master's level work and found this an enriching experience. The next step is to be able to progress further with post-graduate research. This is in line with the current interests of Dublin Institute of Technology which views the development of post-graduate research and its supervision as a major strand of its academic programs in the years ahead. The involvement in this research will entail significant contact with the social care sector which should further develop the strong relationship Dublin Institute of Technology has already built up.

The overall project will constitute for me the most extended and intensive involvement in research to date. Through the experience I hope to increase significantly my research skills especially as applied to analysing and reporting data. This should also lead to new learning in the use of relevant computer applications.

I am keen to produce articles for journals based on the material of the three stages of the project. The review of the literature should provide a useful overview and guide to relevant studies and theories for others in the field; this might also be considered for publication. The topic would be of relevance in different ways to a range of journals. The following list includes journals that might be approached:

Journal of Applied Social Studies

Community Care

The Irish Journal of Psychology

Journal of Occupational and Organizational Psychology

Journal of Applied Psychology

Work and Stress

Journal of Management

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Organizational Stress

in

Social Care

Document 2

A critical literature review

**Submitted in partial fulfillment of the requirements of the
Doctorate in Business Administration
degree**

Brian McCarthy

List of Figures

Introduction

Stress affects people in different ways; it may prompt one person to constructive action and cause another to suffer serious distress. In the context of work, stress may lead an individual to experience dissatisfaction, lack of commitment, anxiety, anger or tension. This individual discontent or unhappiness can lead, in turn, to organizational consequences such as increased absence and labour turnover. An assumption of this research is that is worth giving attention to the identification of factors that lead to emotional distress in people's working lives and, more specifically, in the lives of social care workers.

Models of organizational stress have sought to explain the processes involved in stress and to develop theories that might contribute to its prevention This document will critically review models of organizational stress and related research. The specific aims of the document are :

- to identify and define the key concepts used by the main theorists
- to examine the associated research and methodologies used
- to develop a conceptual framework appropriate to an analysis of stress in the social care sector.

The document will begin with a brief discussion of the role of emotion in people's work lives drawing attention to the fact that it has not always had prominence or emphasis. The concept of stress will be introduced as sharing ground with other emotions, and as being predominantly within this domain. I will trace the origins of the stress concept, firstly through its general use and then more specifically within the world of work.

I will present a critical review of models of occupational stress and consider the definitions associated with different models. It will be argued that the concepts of certain models are more useful and appropriate for understanding the dynamics of stress in social

care work. I will then outline a conceptual framework and set of definitions which will be developed to guide the research questions in the later stages of this research. Within this framework the relationship between stressors and strains will be examined and some different views of work stressors and the stress response will be presented. Particular attention will be given to a consideration of the factors that moderate the stress response. The effects on individuals who suffer extreme strain as a result of stress will then be discussed. Finally, outcomes for the organization will be considered especially in relation to absence, ill-health and labour turnover, as these are an issues of considerable interest to the managers of social care agencies.

Throughout the review, concepts and theories will be evaluated with reference to the research questions to be investigated in documents 3, 4 and 5.

Emotions and Work

Emotions have not traditionally had a major role in the study of work and organizations. Weber did point to the dangers of creating organizations that might have no place for "love, hatred and all purely personal, irrational and emotional elements which escape calculation" (Watson, 2002). Based on the findings of the Hawthorne studies, Roethlisberger and Dixon (1939, cited in Huczynski and Buchanan, 2001) argued that there was too much emphasis in management on the "formal organization" and not enough on the "informal organization" where people's relationships, feelings and personal interests were more likely to be observed. Similarly, Barnard advised that managers ought to pay more attention to the "sentiments" of workers and give time and effort to shaping the informal organization (Barnard, 1938 cited in Huczynski and Buchanan, 2001).

However, little systematic investigation developed, and where it did, it was with a view to harnessing the emotional energy and commitment that might otherwise be lost to the organization. Thus modernist management viewed emotion and feeling as forces to be

controlled and often as a hindrance to rational and systematic planning. Interest was often aroused only when emotions presented a problem as when individuals suffered breakdowns, became a nuisance or danger, or when groups became unruly in pursuing claims or grievances.

> It has recently been recognised that the bulk of management and organizational texts attend too little to the emotional side of organizational life and work involvement.
>
> <div align="right">(Watson, 2002, p.139)</div>

This may be partly because of its inherent ambiguity or due to caution in breaching public-private boundaries. It could also be argued that a dualism existed conceptually whereby reason and emotion were viewed as polar opposites rather than linked and necessary components of human behaviour resulting in a tendency to conceptualise and study work solely as rational behaviour. Indeed, Barlow points out that dichotomies have been a feature of the study of emotions.

> If the scientific study of human behaviour has been characterized by mind-body dualism, the study of emotion has been the primary battlefield.
>
> <div align="right">(Barlow, 2002, p.37)</div>

He argues that most theorists now agree that emotion consists of many components including the cognitive, the neurobiological, the behavioural aspects of emotion, as well as the subjective experience of affect.

Interest in emotions in the workplace developed in a range of areas and organizational researchers have begun investigating topics such as emotional labour (Hochschild, 1983; Zapf et al., 1999), anger in the workplace (Fitness, 2000), emotional intelligence (Salovey and Mayer, 1990; Goleman, 1995), health and well-being at work (and Warr, 1996), and stress which is the subject of this review. While each of these areas have a specific domain of interest, they are also evidence of a growing effort to understand emotional behaviour.

Origins of the concept of stress

Interest in the study of stress has been fuelled by increasing awareness of the costs of stress to industry and work organizations. Cooper cites evidence estimating that between over 30% of all sickness absence in the U.K. may be attributable to mental and emotional disturbance (Cartwright and Cooper, 1997). This is considered to be the equivalent of 40 million days lost to the national economy. In the U.S. Karasek suggest that losses to the U.S. economy associated with job stress could be as large as $150 billion per year (Karasek and Theorell, 1990). In the Second European Survey on Working Conditions, it was reported that 29% of workers considered that work affects their health (Paoli, 1997). The work-related problems most mentioned were musculo-skeletal complaints (30%) and stress (28%). Thus stress at work appears to be a matter of serious concern in a large number of work sectors. Legal frameworks have been developed in many countries to take account of the fact that employees may make claims based on suffering ill-health through stress. In Ireland the Safety, Health and Welfare at Work Act (1989) specifies that workers must be protected against dangers resulting from stressful situations. Therefore at many levels there is recognition that a need exists to study the factors involved in work stress.

To understand stress in a particular work context it is necessary to understand the psychological and social aspects of the specific type of work. Work in human service organizations has been described by Maslach and Jenkins (1994) as interpersonally and emotionally demanding. Hasenfeld (1983) has argued that work with people is generically different to work with "data" or "things" and has outlined a number of features that characterise work with people within human service organizations; these include ambiguous goals, a weak link between methods and outcomes and difficulty observing results. Social care work is essentially focused on relationships with other people and entails working closely with clients, often in difficult and demanding circumstances. Workers often describe the pressures and strains they experience in day-to-day work. To understand the dynamics of stress in this sector and consider methods of

prevention, it will be useful to review relevant models of occupational stress and select the most appropriate concepts to analyse the psychosocial factors of the work environment. Before reviewing models of stress, I will briefly trace the origins of the concept of stress and then proceed to examine definitions of occupational stress.

As the concept of stress first emerged in the context of emotional reactions, it is worth reflecting on the position it has occupied in the spectrum of emotions. Lazarus (1984) pointed out that the term stress began to replace a wide range of other concepts including anxiety, conflict, frustration, emotional disturbance in both psychological studies and in everyday language. He cites Cofer:

> It is as though, when the word stress came into vogue, each investigator, who had been working with a concept he felt was closely related, substituted the word stress and continued in his same line of investigation.
>
> (Cofer, cited in Lazarus and Folkman, 1984, p.1)

Lazarus argues in particular that there is considerable overlap between the concepts of anxiety and stress. Thus in Freudian and psychoanalytical theory the concept of anxiety often had an explanatory role that might more usually be described today in terms of stress. An example might be some of the modes of coping that an individual develops to handle anxiety-induced symptoms. Similarly learning theory viewed anxiety as a classically conditioned response that led to maladaptive habits of anxiety-reduction. The understanding of stress responses as learned behaviour was important in the development of interventions and treatments such as systematic desensitisation. The behaviourist perspective with its emphasis on stimulus-response psychology influenced the way in which many early concepts and theories of stress were framed and elaborated.

As the concept of stress developed it began to take on some of the meaning traditionally associated with anxiety and other emotions. A common way of investigating emotions is to analyse the basic dimensions shared by all emotions. A dimensional analysis allows a specification of the nature of individual emotions, such as fear, anger or love by contrasting specific affective states with other closely related states. Factor-analytic studies have been used to indicate the most important dimensions of emotions. The

obtained factors are often represented in a cirumplex. In a circumplex model, various emotions are placed circularly in order to reflect their relationship to other dimensions of affect, as well as their opposites to be found on the other side of the circle (Barlow, 2002). Tellegen's circumplex, illustrated in Figure 1, has been widely used in the study of emotions and is helpful in understanding the range of emotions associated with stress (Tellegen 1985 in Barlow, 2002).

Figure 1: Circumplex of emotions. Adapted from Tellegen (1985)

The emotions associated with high negative affect such as 'being distressed, fearful, or nervous' are part of what people report when they consider themselves stressed. The emotions related to strong engagement such as 'being aroused' also feature in descriptions of stress. The opposites of these emotional dimensions can be useful when planning interventions. Some of these ideas will be explored more fully when considering the individual consequences of stress later in this document.

Such factor analytic studies imply that emotions can be studied scientifically. From a constructivist perspective, Hallam (1985 cited in Barlow 2002) has argued that emotions cannot have scientific status as they are multi-referential lay constructs. These constructs may refer to specific events, bodily processes, behaviour and cognitive schemas such as attributions of causality. An individual may experience some or all of these processes and still not report stress or anxiety. Thus Hallam raises the question of whether descriptions of emotions refer to real entities within the person, or denote metaphors used to develop a common language to share information about emotional behaviour. This debate concerning the ontological and scientific status of emotions permeates the development of the stress concept.

The combination of arousal and active engagement or withdrawal was first described by Cannon (1932) as the 'fight or flight' response, the mobilization of the organism to fight or escape in the face of threat. The mobilization occurs through the combined action of the nervous system and the endocrine system and Cannon's contribution was to show the function of the nervous system. He was interested in the relationship between emotional states and physiological responses. Central to his thinking was the principle of homeostasis whereby the body maintains a relatively steady internal state under varying environmental conditions. Wainwright (2001) is critical of Cannon's reliance on this concept as it left little room for the possibility that the stress response might be harmful. He argues that Cannon had little interest in identifying the causes of stress.

> For Cannon, the problem lay not so much in a surfeit of stressors, so much as the limited opportunities for exercising the 'fighting instinct' in modern society.
> (Wainwright and Calnan, 2002, p.38).

Cannon's is a physiological model that does not take account of psychological factors in the mediation of stress.

Selye (1956; 1976) developed the General Adaptation Syndrome (GAS) as an expansion of the fight or flight response and includes in it a description of what happens to an organism if stressful events continue to challenge it. (A more complete description of GAS will be given later in the document). As the body becomes more vulnerable, stress

leads to ill-health. Selye believed that healthy stress or eustress could be an outcome of the stress response in some circumstances, but his association of stress with ill-health has been more influential in the study of stress. While the positive, healthy effects of optimal levels of stress have been researched (Quick, 1984), the main concern of this study will be with the adverse effects of excessive stress. Selye was also responsible for the inclusion of psychological factors as potential causes of stress and so widened the range of application of his theory.

The expansion of Selye's stress theory has been criticised by some writers. Wainwright, in a radical critique, notes the role of World War Two in promoting interest in psychological stress factors.

> It was Selye's ability to forge alliances with the military (and other powerful) groups that played a key role in the promotion of stress theory, rather than the support of his colleagues in academic physiology who were for the most part critical of his work.
>
> (Wainwright, 2002, p.39).

Lazarus, from a different perspective, points out that World War Two, the Korean war and Vietnam war all had a mobilizing effect on stress theory and research. Some of the research was focused on increasing skilled performance and the selection of less vulnerable combat personnel. Also concerned with stresses of war were books on the impact of civilian morale and functioning , manipulation of military prisoners, wartime survival and concentration camps. While military requirements helped to stimulate research, a noticeable increase in articles in newspapers, magazines and scientific journals was evidence of a growing public awareness and interest in the topic of stress (Lazarus and Folkman, 1984).

From a sociological perspective Newton raises the question of how stress became such an accepted part of public discourse. Examining representations of stress, he argues that widespread beliefs developed that stress was 'within the person', and was "an inevitable and ubiquitous condition of modern life" (Newton, 1995, p.9). As part of the evidence for this argument, Newton cites an ethnographic study by Pollock (1988 in Newton,

1995) where she showed that stress was a dominant theme in explaining illness, and was used regularly to explain nervous breakdowns and heart attacks, as well as minor complaints such as headaches and stomach-aches. Both authors refer to the seeming inevitability of stress and the need for a re-evaluation of the way in which stress operates in society. As result more attention might be given to changing the conditions which give rise to stress.

From a psychological perspective, Averill (1989) has criticised a culture where stress has been excessively popularised and has become legitimised as an explanation in almost any situation. He used the term 'neo-romantic' to describe the relevant features of the culture. One feature of romanticism was 'naturalness' which emphasised the distorting effects of all that is non-natural, especially social institutions and technology. A second feature was the elevation of feeling to an equal or higher status than reason; a manifestation of this in the present context was a belief in the ennoblement of suffering. He argues that these beliefs were fostered and promoted in the theories of Maslow (1970) and humanist psychologists on the one hand and existential thinkers such as May (1981) on the other. Thus, he points to

> a cultural milieu in which technological society is itself viewed as a source of danger, and in which suffering (stress) is seen as elevated to the level of a status symbol.
>
> (Averill, 1989, p.23)

Both Averill and Newton draw attention to the increase in professional staffs available to treat and research stress, such as psychologists, psychiatrists and social workers. They argue that while the presence of professional help may not cause an increase in stress, it can strengthen public acceptance of a social phenomenon.

Underlying these views is a concern about attributing reality and value to stress without having questioned how it came into public discourse in the first place. Central to this research is the belief that social care workers often experience strain and distress as a result of certain aspects of work. Critical views of the stress concept would not deny that there may be difficulties; they would advocate caution in accepting over-simplistic

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explanations of causes and consequences. This will remain a consideration as I review definitions and models of stress specifically within the context of work. My aim will be to present a balanced and critical account of relevant theories.

Definitions

Many authors have commented on the debates that have developed over definitions of stress (Beehr,1995; Cooper,2001). Kahn (1997) comments that "the word stress continues to be a creatively ambiguous term in scientific and secular dialogues". Beehr suggests that there is a certain inevitability about this as models of stress and their consequent interventions derive from quite different disciplines:

> Several very different research specializations have a logical interest in stress, albeit for different reasons and from different starting points and assumptions. Because of these various faces of stress, definitions of it vary widely. .....Limiting the topic to work-related or occupational stress does not seem to help reach common definitions.
>
> (Beehr, 1995, p.5).

Beehr offers a classification of approaches which is labelled by the profession in which it has its strongest historical roots.

Focus of Definition	Approach	Outcome	Type of Intervention
Response	Medical	Physical Strain	Individual
Response	Clinical Counselling	Psychological Strain	Individual
Stimulus or Interaction between variables	Engineering Psychology	Job Performance	Organizational
Transactional	Organizational Psychology	Psycological Strain	Organizational

Figure 2: Classification of definitions of stress. (Adapted from Beehr, 1995)

Cooper, Drewe and O'Driscoll (2001) argue that definitions vary by the way in which they place emphasis on different aspects of the overall stress process; some emphasise the stress response, some the environmental stressor, while others focus on the interaction or transaction between various factors. Figure 2 (p.12) uses an amalgamation of these two classifications to help bring some coherence to a discussion of definitions.

In biology and medicine stress is most commonly defined in response terms. Response-based approaches tend to view stress in terms of the outcomes or consequences and have their origins in the work of Cannon and Selye. Thus Selye defined stress as "the non-specific result of any demand upon the body, be the effect mental or somatic" (Selye, 1976, p.66). Following this tradition, medical approaches tended to emphasise physical strains and illness; the objective then was to treat the specific strain. Thus, hypertension could be identified as being caused by particular stressors and require treatment by medication. Selye's concept found its way into psychological approaches but a much wider range of criteria were specified such as emotional upheaval, deterioration of performance as well as physiological changes such as increased skin conductance and increases in the levels of certain hormones. So a clinical approach might identify depression as arising from particular work experiences and require psychotherapy.

A problem with response-based definitions is that they do not pay enough attention to environmental factors in the stress process; if we have to await the reaction, we have no systematic way of identifying in advance what might be a stressor. So a response could be taken to indicate stress where none exists; jogging gives rise to increased heart rate while the person may feel psychologically relaxed.

Stimulus-based definitions, on the other hand, make central the identification of potential sources of stress and are associated with engineering and experimental psychology. Taylor's scientific management (cited in Huczynski and Buchanan, 2001) gave rise to a method of analysing the basic elements of a worker's task and recombining them into new and more efficient task structures. The industrial engineering involved gave rise to major changes in working life. Onerous physical labour was replaced by "very high, but

hard to measure, psychological workloads, the most salient character of our new psychosocial work environment" (Karasek and Theorell, 1990, p.25). Karasek identifies a second major change resulting from the application of the division of labour principle with its impact on skill usage and control. In relation to stress, the psychologist's task became one of identifying stressful factors and either eliminating or reducing them to maintain or increase production and optimise the work environment. Beehr points out that a positive legacy of this approach is a focus on organizational intervention.

Psychological theory during the 1960s and 1970s tended to see humans and animals as reactive to stimulation in line with stimulus-response psychology. Hence the most common definition of stress was that it was a stimulus. Stressful stimuli, referred to as stressors, were seen as events impinging on the person. Typically, Basowitz et al (1955) define stress as stimuli more likely to produce disturbances. Thus a stimulus is a stressor when it produces a stressful response. A particular focus and value of this approach was to create taxonomies of stressors and distinctions in terms of duration and intensity. However, individual difference in vulnerability and tolerance can mean that the same event is stressful for one person and not for another. Therefore, stipulating what is a stressor can be difficult; furthermore, while most stressors are experienced as unpleasant, some are stressful because they require adaptation. A challenge at work may be stressful but ultimately rewarding and enjoyable.

Because it is not possible to define objectively which events or situations qualify as psychological stressors, the concept of appraisal was introduced by Lazarus (Lazarus and Folkman, 1984). How a person perceives or appraise the environment determines whether or not a stressor is present. When a person determines that the demands of a situation exceed his or her resources, the person experiences stress. Both interactive and transactional definitions take the total situation into account. However interactive approaches focus mainly on the statistical relationship between stimulus and response and are thus primarily seen as a quantitative approach. Cooper et al (2001, p.28) comment:

From an interactional perspective, constructs such as causes (stimuli) and consequences (responses) are "detachable entities" capable of being described independently of each other, and when entered into a causal relationship, maintain a conceptual distinctiveness.

Transactional definitions aim to explore more fully the relationships between the various aspects of the stress process. So Cooper et al argue that in transactional definitions, "constructs are defined relationally and ultimately become inseparable from the context within which the stressful encounter takes place" (Cooper et al, p.13). This echoes Lazarus' comments on the development of interdisciplinary scientific thought on stress and disease where he notes the "gradual emphasis on relations among systems and the importance of the context in which phenomena occur" (Lazarus and Folkman, 1984, p.17). Lazarus goes on to define psychological stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being"(Lazarus and Folkman, , p.19). Central to this definition are the processes that mediate the person-environment relationship, namely appraisal and coping. Appraisal is seen as "an evaluative process that determines why and to what extent a particular transaction or series of transactions between the person and the environment is stressful" and coping is defined as "the process through which the individual manages the demands of the person-environment relationship that are appraised as stressful and the emotions they generate" (Lazarus and Folkman, , p.19).

These definitions are relevant to the models of occupational stress that will now be explored; furthermore they seem to have sufficient adaptability for use in a variety of work settings. Cooper et al claim that this kind of definition points to three important themes - "a dynamic cognitive state, a disruption or imbalance in normal functioning, and the resolution of that disruption or imbalance" (Cooper et al., , p.12). These themes will permeate the stages of this research insofar as it will be important to identify cognitive states in specific contexts and to investigate how imbalance affects the competence of social care workers and the consequences for clients and other staff. The resolution of

such conflict or imbalance may be achieved in maladaptive or adaptive ways; knowledge developed about these processes will be of both practical and theoretical importance.

Context has been emphasised in transactional definitions. Sparks and Cooper have reinforced this more recently in showing the value of using situation-specific models to understand fully the work-strain relationship; they advise that "research should incorporate a greater range of variables which are specific to a particular workplace" (Sparks and Cooper, 1999, p.219). They argue that this would be more effective for interventions to improve worker health and well-being.

The concept of stress has therefore a tradition of being defined in many different ways; Lazarus suggests that it should not be used as a variable but as a rubric consisting of many variables and processes. Similarly, Beehr recommends that the word stress should refer to an area of interest. More specifically, "it is recommended that the term occupational stress can be used in organizational psychology to refer to a situation in which elements of the job, by themselves or in combination with elements of the job incumbent , lead to poor individual health and/or welfare" (Beehr, 1995, p.10). It seems important also to include the idea of appraisal; so, in line with transactional definitions, I will define stress as a particular relationship between the person and his or her work environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.

Within this framework 'stressor' will refer to a condition or situation that elicits a negative emotional response, such as anger, frustration or anxiety. Strains will refer to "the individual's aversive health or welfare reaction to stressors. The strains could be physical or psychological" (Beehr, 1995, p.10). These definitions will be used in developing this research and, more immediately, in identifying and reviewing the central concepts that have evolved in models of occupational and organizational stress.

Models

Most models of occupational stress are developed within the context of the relationship between the person and the environment; they differ in the priority given to particular concepts as explanatory devices, the relative weightings given to moderating effects and the interactions between the different elements. These differences influence the type and orientation of research undertaken, the ways in which measurements of strains and outcomes are carried out and the likely interventions.

The Michigan person-environment fit model has been described as the most widely used and comprehensive model of occupational stress (Landsbergis and Vivona-Vaughan, 1995). Indeed, many other models rely on it as a basic model and refine aspects of it. The core premise of this theory, is that stress is defined as the degree of misfit between the person and their environment (Edwards et al., 1998) A distinction is made between objective and subjective representations of the environment. In the context of the person, objective refers to the their attributes as they actually exist, whereas the subjective refers to the individual's perception of attributes; this could be his or her self-identity. In the case of the environment, objective refers to physical and social situations as they exist whereas the subjective environment refers to the person's perception of these events and situations. Citing research by Lazarus and Folkman (1984) and Caplan (1983), Edwards et al claim that "current treatments of P-E theory emphasise subjective P-E fit as the critical pathway to mental health and other dimensions of well-being" (Caplan, 1983, p.30).

The model distinguishes between demands of the environment and abilities of the person. Demands include the requirements of the job, role expectations, and organizational standards; abilities include a person's aptitudes, skills, training and energy. A further distinction is made between the needs of the person and the supplies of the work environment. Needs encompass a person's psychological requirements, values and motives; supplies refer to the resources available to fulfil the person's needs such as social relationships, financial rewards and opportunities for advancement. The

discrepancies between needs and abilities on the one hand and demands and supplies on the other lead to pressure to cope and adapt, protect oneself defensively or suffer strain and perhaps illness. A simplified version of this model is illustrated in Figure 3.
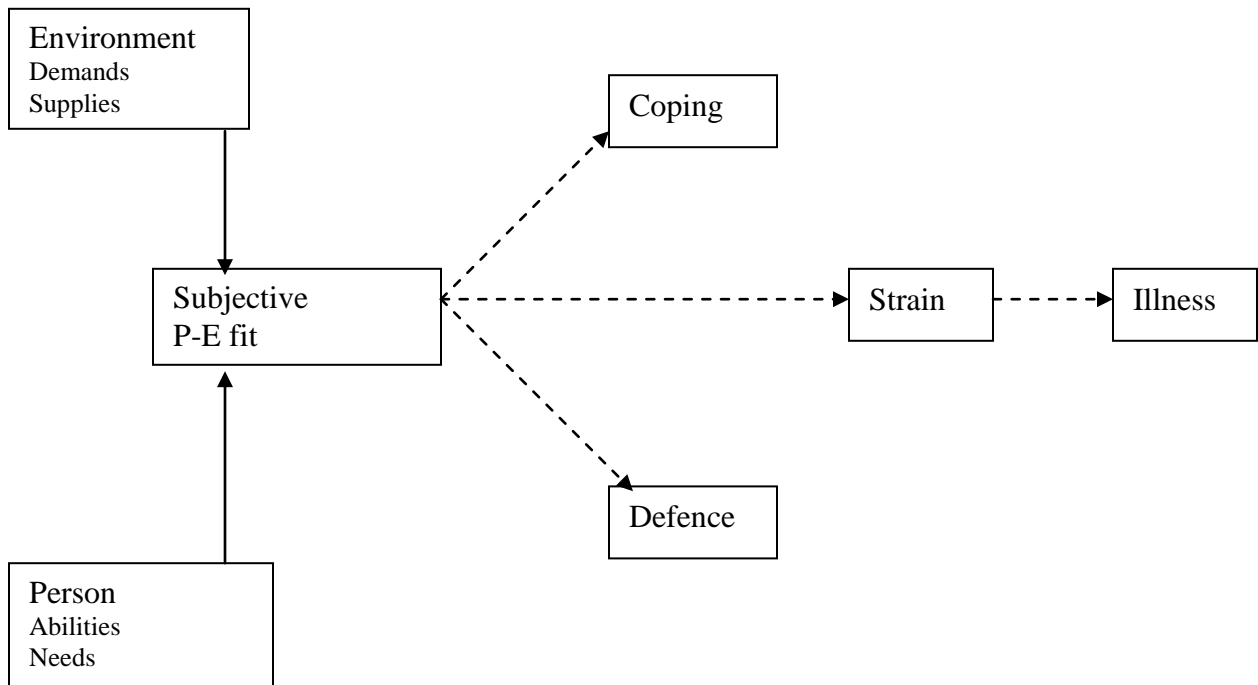
Figure 3. Person-Environment model of occupational stress (Adapted from Edwards, 1998)

Research support for this model comes from studies such as Caplan's large-scale study of twenty three occupations (Caplan, 1983). Person-environment fit was found to be related to psychological strains, and to a lesser extent, physiological and behavioural strains. The authors point out that these relationships were strongest in the case of job complexity, role ambiguity, responsibility for persons and workload. Role conflict and ambiguity have been an important aspect of the way in which this model construes the environment (Kahn et al., 1964). These findings are of interest to this research as role ambiguity and responsibility for other people are common feature of health care work. Landsbergis (1995) criticises some aspects of the model in that it is difficult to specify at what point demands exceed abilities or needs exceed supplies, i.e. when does fit become misfit. Criteria to identify this transition would be very useful.

It will be argued in this document that job-specific models are necessary to help achieve this. Landsbergis also notes that this model does not take enough account of employee influence or control over the environment. (Landsbergis and Vivona-Vaughan, 1995)

The concept of control has received more priority in some other models. (Cummings and Cooper, 1979) and (Edwards, 1992) use the concepts of cybernetics to develop person-environment fit theories. The core concepts are derived from systems thinking as developed by von Bertalanffy (1968) and, as applied to biological, physical and social sciences, were used to explain how systems adapt their actions to cope with disturbance. Cybernetics is concerned with the use of information and feedback to control behaviour, so the idea of control is part of this model from the outset and information is seen as mediating the person-environment relationship. The cybernetic model incorporates feedback relationships linking coping to the sources of stress, in particular linking stress, coping and well-being as critical elements in a negative feedback loop. The theory posits that while stress has an affect on an individual's well-being, it also stimulates coping responses which will in turn affect the original source of stress. So an employee might approach a supervisor because he or she feels uncertain about their role; this might both alleviate anxiety and bring about change in the supervisor in the future.

The concept of feedback suggests that coping behaviour is purposeful and directed by knowledge of its previous effects. The person-environment relationship is seen as a self-regulating system and its purpose is to minimize discrepancies between environmental inputs and internal standards or expectations; this is achieved through a negative feedback loop which assesses discrepancies and minimizes these by a combination of changing the environment and adjusting standards. What this means for a person is that their adjustment processes are guided by information feedback; this helps them to detect strain by comparing preferred and actual states. This process is similar to cognitive appraisal as proposed by Lazarus (1984).

Central to the model is a comparison between an individual's preferred and actual states and, in turn, estimating what might be the preferences of a whole group of employees. Preferred states refer to employee's work preferences and it is proposed that higher

ranked preferences are more likely to have potential for stress arousal. Actual state refers to a person's perception of their present situation, which is difficult to assess. Information about actual conditions at work is rarely complete, exact or exact and individuals are able to attend to only limited parts of the work environment at a time. So, both preferred and actual states are based to quite an extent on subjective assessment. To develop information that will have commonality, cybernetic theorists see research on individual differences as important. An example of this can be seen in work by Cummings and Worley (1997) on work design. As part of this research, they show that people with high growth needs prefer enriched forms of work, whereas people with high social needs prefer team-based work. Thus such employees would suffer strain if required to work in either very routinised or isolated work. This line of enquiry is a useful one and has potential for research in the social care sector. The establishing of work preferences of social care workers could form a useful part of an organizational analysis and contribute to more successful preventive stress management.

A strength of this model is its focus on adjustment processes and the linkages between work stressors and employee coping behaviours. The theory argues that an employee can cope only with the number of different work stresses for which he or she has relevant responses. Developing the response repertoire or range of coping mechanisms has an importance along with bringing about changes in the environment. Cybernetic theory highlights the use of information to detect strain in the workplace and to devise and implement effective coping strategies. While this model has developed concepts that prioritise the use of information and feedback, it would require a sophisticated information-gathering system operating on a continuous basis to detect strain on an ongoing basis.

The cybernetic model provides a framework within which many elements of an organization can be analysed and conceptualised; applied to social care organizations, it may help to identify critical elements in the harnessing of information to create healthy organizations. Systems thinking could also help in the construction of appropriate

questions for an ethnographic investigation of stress and well-being in social care organizations.

The concept of control has been central to the development of some models of occupational stress. Karasek's (1990) Job Demand-Control model focuses on two dimensions of the work environment: job demands and job control. Job demands refer to environmental stressors such as workload, time pressure or role ambiguity. Job control (decision latitude) is described by Karasek as influence by employees in the work process decision and is made up of two components, skill discretion and decision authority. Karasek and Theorell (1990) argue that that the risk of psychological strain and physical illness increases in a demanding job only when the demands are combined with low job control. The model has been elaborated to include the concept of social support; thus "jobs characterized by high demands, low control and low support from supervisors or co-workers are at the highest risk for psychological or physical disorders" (Dollard et al., 2000, p.501). This model has been used especially in the study of coronary heart disease and associated risk factors; but it has also been used

> to address other ill-health measures, such as, depression, fatigue, insomnia, psychiatric illness, suicide and total mortality. These studies all highlight the negative influence of high job strain on health and quality of life.
>
> (Sparks and Cooper, 1999, p.220)

Karasek's is primarily a stimulus approach, rather than a relational approach, in that it assumes that behaviour is, to a significant extent, generated by social environments and their constraints. Karasek sees the solutions to many problems of stress in the development of new models of the psychosocial work environment. He argues that the conditions of work that cause illness are not inevitable; they are often long-term chronic stressors. He claims that his research in the United States and Theorell's research in Sweden show that social and psychological aspects of work situations are significant risk factors for coronary heart disease and that the primary work-related risk factor appears to be lack of control over how one meets the job's demands and how one uses one's skills. According to Karasek, it is not the demands of the work itself but the organizational

structure of work that plays the most significant role in the development of stress-related illness (Karasek and Theorell, 1990).

The emphasis on psychosocial hazards such as loss of control, high levels of psychological demand, social isolation is a strength of this model and will provide useful tools for an analysis of psychosocial factors. The interest in the redesign and reconstruction of the work environment is potentially a valuable source for the development of ideas on preventive stress management at organizational level. The link between control, competence and ability to cope with stressful situations seems an important one in the social care sector. Karasek classified jobs in terms of which ones featured high control or decision latitude and high demands (active) and which featured low control and low demands (passive). Combining this model with the concept of competence might help further elaborate research questions in the following way:

	Low Control	*High Control*
High Competence	Survive stress	Survive stress
Low Competence	Experience some difficulty	Experience Strain

Figure 4: The relationship between control and competence

The various combinations here could help structure questions to be put to managers based on hypotheses built around the concept of control.

There are however alternative interpretations of the concept of control and its place in models of the stress process. Control can be seen to moderate the potentially negative effects of high demands on health and well-being. Ganster and Fusilier (1989) and

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Spector (1998) share this view that it is the interactive effects of demand and control that are crucial; these views adopt the transactional approach and are open to considering a wider range of explanatory variables. Control is being cast explicitly here in the role of moderator rather than having a more central causal role.

Spector sees control as the ability to make a choice but he distinguishes between environmental and perceived control; the former is the degree of choice an individual is given, the latter the amount of choice the individual believes he or she has. He elaborates control to include the concept of self-efficacy and locus of control (Bandura, 1997). Low self-efficacy is a form of low perceived control; an employee may have little trust in superiors and as a result not believe or take seriously the control he or she has actually been given. Locus of control is the tendency to believe that one can control rewards, successes and failures in life. Someone with a strong internal locus of control is likely to believe they can do something about potentially stressful events. Spector believes that the complexity of the control concepts have not been adequately taken into account by the more direct job demand-control model; and points also to the failure to distinguish between objective environmental demands and their perception. He further argues that there is inconsistent support for the model in research and that a more complex model involving a greater range of variables would be more profitable.

While debate exists on the precise meaning of control in these theories, there are useful concepts outlined in Spector's model to help analyse moderators and in Karasek's model to identify stressors.

The idea of a misfit or mismatch between a person and their work environment has become part of Maslach's multidimensional theory of burnout. Burnout can be seen as a special form of stress and has been described as "a prolonged response to chronic interpersonal stressors on the job" (Maslach, 1998, p.68). It is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment and is linked to absenteeism, labour turnover, and poor mental health.

Burnout has been considered an occupational hazard for people-oriented professions such as human services, education and health care. Social care work can be classified as a human service and as such interpersonal demands are a feature of the job; the work is often carried out in emotionally-charged situations where an ethos of selflessness and dedication is often strong. The organizational environment can also be influenced by political and economic changes and restrictions. Lee and Ashforth (1990) suggest that the burnout process can be understood in terms of the stress-strain- coping framework developed by Lazarus and Folkman (1984). The initial stress arises from role ambiguity, high levels of personal conflict and workload. Emotional exhaustion refers to feelings of being emotionally over-extended and depleted of one's emotional resources and corresponds to the notion of strain. It is linked to feelings of tension, fatigue, depression insomnia and other mental and behavioural symptoms and leads to negative attitudes and behaviours.. Maslach and Schaufeli (1993) report from research that such emotional symptoms are more common than physical symptoms.

Depersonalisation can be seen as a form of coping and refers to a negative, cynical, detached response to other people. It can lead to treating others as objects or numbers rather than people, with consequent detrimental effects on clients and colleagues. As a defensive form of coping, it is maladaptive and leads easily to a stage of reduced personal accomplishment. This implies a decline in feelings of competence and effectiveness at work. The developing sense of inadequacy leads to an inability to help clients and may result in judging oneself a failure. Lee and Ashforth (1990) see this as similar to an outcome of the stress-strain-coping sequence. It can also be related to Bandura's (1997) concept of self-efficacy which describes one's feelings of competence in a particular domain and is important in adjusting to demanding situations. In conceptualising burnout as a dimension, Maslach and Leiter (1997) have developed the opposite pole, namely, engagement which consists of high energy as opposed to exhaustion, involvement as opposed to cynicism, a sense of efficacy as opposed to a reduced sense of personal accomplishment.

The Maslach Burnout Inventory has been developed to operationalise and assess the three dimensions (Maslach et al., 1996). While evidence has been accumulated on all three, the most consistent findings relate to the dimension of emotional exhaustion. In one representative study of nursing staff, it was found that, for those suffering burnout, their scores on exhaustion were much higher than average, whereas their scores were only moderately higher on the other dimensions (Pick and Leiter, 1991). As emotional exhaustion is seen as close to the concept of strain, the items from this part of the inventory could provide useful leads in constructing interview questions in the social care field.

As burnout is seen as primarily a product of the organizational context (although it is expressed by the individual), Maslach argues that the notion of person-environment fit is relevant to a theory of burnout. It is proposed that the greater the mismatch between the person and the job, the greater the likelihood of burnout. The theory specifies six areas in which misfit can occur: workload, control, reward, community, fairness and values. It is also suggested that values referring to a mismatch between the job requirements and a person's principles may be an important mediator of the other mismatches. Discussions with social care workers would lead me to believe that this is indeed an important area. Also the breakdown of community, which is exhibited in the loss of a sense of connection with others in the workplace is a significant one in social care. These areas of mismatch suggest important issues to be considered in research interviews.

The value of this model lies in the centrality given to relationships, its focus on identifying chronic stressors in workplaces that are interpersonally demanding, and in its particular interest in healthcare and health services. Most research on burnout has looked at the long-term experience of healthcare workers; Cherniss (1995) has however shown that burnout can occur also in early career. Young professionals may find that the work situations and conditions turn out to be very different to the more idealistic expectations developed while training (Cherniss, 1995). The theory has also arisen from the realities of people's experiences in the workplace; this means it is more likely to suggest questions

that are meaningful for practitioners than more pure theory-driven questions; thus it may act as a useful counterbalance at different stages of this research.

A model which seeks to integrate many concepts featured in other models is that of Beehr and Newman (Beehr and Newman, 1979 cited in Beehr, 1998). They developed a facet model that has more recently been proposed by Beehr (1998) as a meta-model of occupational stress. Each facet contains a range of variables relevant to different aspects of the overall stress process. Thus, in this stress model, occupational stressors are located in the environmental facet, and the individual's strains are part of the human consequences facet. These are the basic ingredients of a stress situation. Other facets may be present and affect the way in which stress is experienced and affects others A number of moderators of the stressor-response relationship are outlined; the personal facet contains relatively stable characteristics of the person such as personality and abilities and the situational facet workplace factors.

The main stress response is encompassed by the process facet which refers to psychological and physiological responses of the person. This can include cognitive appraisal processes, emotional arousal responses such as catecholamine secretion, or psychological responses such as uncertainty. The organizational consequences facet refers to employee behaviours that have direct implications for the organization; this includes absenteeism, labour turnover and reduced performance. Coping and adaptation refers to any actions taken to deal with the stressors, the strains or the organizational outcomes. A diagram outlining an adapted version of this model appears in figure 5 (p.28).

The psychological response of uncertainty has central importance in this model. Stress is seen as a function of the uncertainty experienced, the value or importance attached and the duration of the events. This is related to the concept of control in other models; here it is the feeling of lack of control which increases the threat to the individual. Beehr has used the expectancy theory of motivation which links effort to performance and valued outcomes to elaborate the idea of uncertainty. The theory focuses on the certainty with

which employees can expect valued outcomes; in certain circumstances it becomes increasingly difficult to gauge what kind or level of effort is required and in extreme cases an employee may find him or herself in a very helpless situation. Stressors which can lead to this kind of uncertainty are role conflict, role ambiguity, and under-utilization of skills.

Uncertainty can occur at individual level and may be defined as a condition in which the employee is required to make a response but is not sure about important outcomes that might follow as a consequence (Beehr, 1995). It can also occur at organizational level, reducing overall predictability for members of the organization, or outside the organization where it may be part of a rapidly changing environment.

The concept of uncertainty seems to me a useful and appropriate one for examining stress in the social care sector. Working with difficult and sometimes volatile clients can create serious uncertainty and unpredictability in the environment. Many workers describe situations where clients exhibit bizarre, inappropriate or aggressive behaviour without forewarning. Events in a client's family or background quite unconnected with the residential centre can lead to unexpected emotional outbursts. Competent social care workers can cope with such uncertainty; less competent, inexperienced, untrained staff or, indeed experienced staff who are tired or overworked will experience difficulty.

I have adapted Beehr's model of occupational stress because it is a model that encompasses many concepts from other models. He describes it as

> the most basic model that seems to be consistent with nearly all stress research hypotheses and theories of occupational stress from the organizational psychology approach. Rarely does any one study examine all these facets, but the assumptions and results from most studies usually fit into sections of the model quite well.
>
> (Beehr, 1998, p.7)

I have chosen not to use the term facet but to follow broadly the sequence of the model from stressor through response to outcomes. Figure 5 illustrates the conceptual

framework. I will briefly describe the concepts and their interrelationships and then elaborate the main sections.

| Moderators |
| Personality Factors |
| Control |
| Self-esteem |
| Social Support |

Stressors in the Workplace

Stress Response

Psychological and Physical Processes

Appraisal and Coping
Uncertainty

Strain to the person

Individual Outcomes: Psychological Behavioural

Organizational Outcomes:
Absence
Turnover
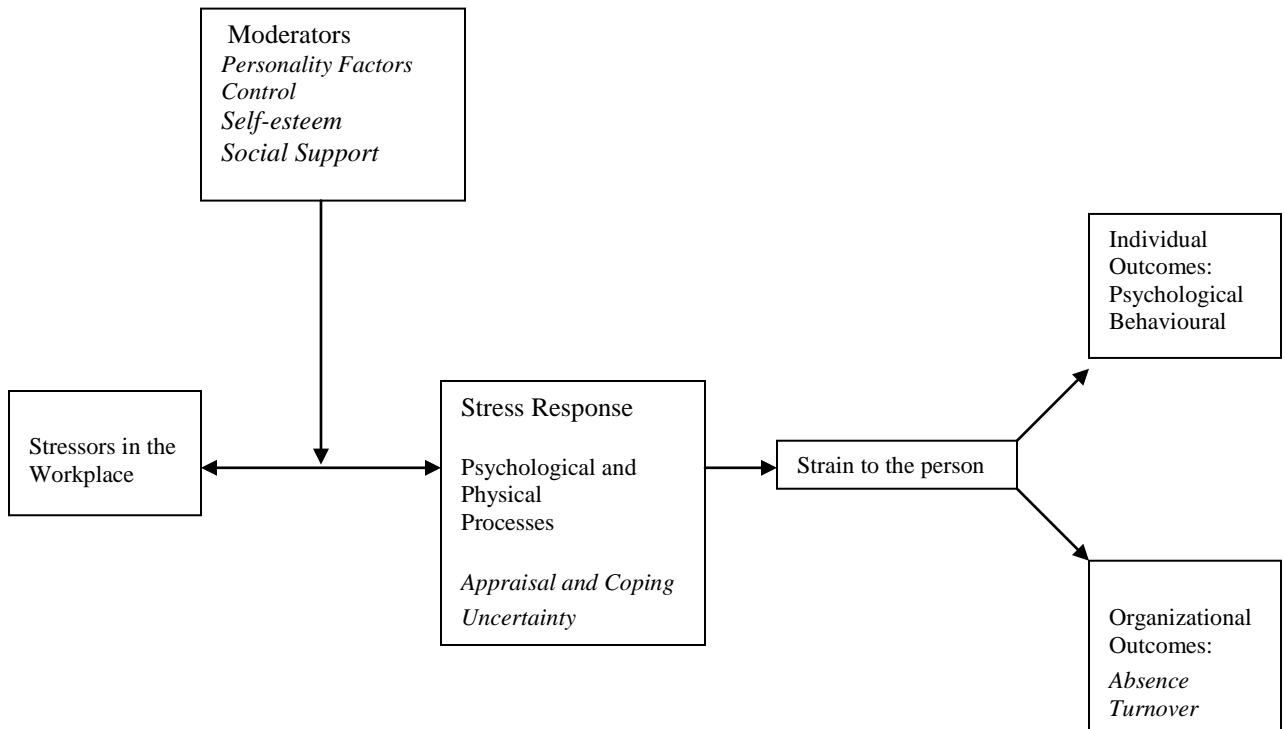
Figure 5: Framework outlining the key processes in occupational stress (Adapted from Beehr, 1998)

The first focus is on stressors in the workplace and it is implied that they have a causal role in leading to stress responses. In this research, the identification of stressors will be in the first instance by managers and supervisors. The difficulty of assessing objective stressors from those events that are perceived to be stressors by some and not by others will have to be considered. The two-way arrow between stressor and stress response implies a transactional definition of stress whereby an individual's perception and appraisal is necessary before an event actually becomes stressful. The extent to which stressors lead to the experience of stress is influenced significantly by moderators. Personality and disposition include factors such as hardiness and vulnerability, optimism and negative affectivity. Self-esteem, self-efficacy and perceived control have already

been mentioned as central concepts in some models of occupational stress; here they will be examined as moderators, particularly in terms of their relationship with competence in the workplace. Social support from colleagues or supervisors is considered an important organizational moderator and particularly in an area of work where social interaction and teamwork are an essential feature of everyday life.

Stress responses can be described at physiological, cognitive and emotional levels. There has been much speculation about what exactly happens within the person at this point. The professional backgrounds and assumptions of theorists influence whether they describe responses in predominantly biological or psychological terms. However it is at this stage that the individual handles or copes with the stressful events or begins to suffer strain and show this in emotional problems such as, anxiety depression or burnout or behavioural problems such as alcohol or drug abuse, violence or eating disorders. The consequences of strain also affect the organization and may result in increased absenteeism, poor performance, being present at work while unfit to carry out duties (presenteeism) or leaving the area of work, often after costly training investment. A particular interest of this study will be to examine patterns of absenteeism and labour turnover in the social care area.

Each of the focal points of this outline of the stress process will now be discussed in more detail and attention will be drawn to the ways in which related research questions can be elaborated and operationalised.

Stressors

It has already been suggested that a stressor refer to a condition or situation that elicits a negative emotional response, such as anger, frustration or anxiety. A debate exists as to whether such conditions can be identified and defined without reference to an individual's perception. Lazarus argues that it is not be possible to define objectively what events are situations qualify as psychological stressors without reference to the

characteristics of the person (Lazarus and Folkman, 1984). They emphasise the cognitive aspects claiming that how we appraise or perceive the environment determines whether or not a stressor is present. Bussing and Glaser (1999, p.407) argue against the transactional position that work stressors can be "conceptualised and operationalised as objective conditions of the organizational environment" and that their effects can then be measured by observing behaviour. Newton et al (1995) argue that there are often objective stressors in the social structure of the work situation and that transactional views can draw attention away from factors that ought to be changed. Commenting on the cognitive appraisal model in a review of studies of work stressors, Ganster and Schaubroek (1991, p.251) conclude:

> Even to the extent the extent that this position is valid, we still need to focus on the objective conditions that give rise to the appraisals and learn what accounts for the linkage or lack of linkage between these factors.

While it is important to identify work stressors in as objective a manner as possible it seems to me that the perceptions of the specific group of workers, social care workers in this study, will have to be taken into account.

In the case of acute stressors, such as life-threatening accidents or physical violence, there is little difficulty in agreeing that the event has an effect on people. However in the case of chronic stressors, the situation is more ambiguous and what may be stressful for some people is not for others. The impact of a stressor depends on many factors besides duration and its importance to the person; it also depends on the cumulative effect of stressors in a person's life and whether or not the stressor is seen as within his or her control.

> The accumulation of daily hassles contributes more to illness than do major life events with interpersonal conflicts being the most upsetting of our daily stressors and having a longer-lasting impact than most others.
> (Kohn, 1990 cited in Brehm et al., 2002)

This is relevant as interpersonal relationships are a central feature of the daily work of social care workers. The interaction of different stressors has also to be considered. Lepore and Evans (1996, p.360) point out that:

when people cope with a focal stressor, they are often coping with the focal stressor and a cascade of other stressors triggered by the focal stressor. In addition, some people are more prone to be exposed to multiple stressors because of their personal characteristics or social roles.

Cox's (1996) research on psychosocial hazards in the workplace helps to elaborate the earlier definition of a stressor. He distinguishes between physical and psychosocial hazards or stressors; the latter are the main concern of this study. Psychosocial hazards are defined as the aspects of work design and its organizational context that have potential for causing psychological or physical harm (Cox and Griffiths, 1996). He identifies a total of nine categories of such stressors under the headings of work content and work context.

Work content includes: job content; workload; work schedule; interpersonal
      relationships at work; control.

Work context includes: organizational culture and function; role in the organization;
      career development; home-work interface.

Several other researchers have categorised stressors (Cartwright and Cooper, 1997; Beehr, 1995); some categorise in terms of level of enquiry such as individual, group and organizational levels, others focus more narrowly in terms of role theory. Cox's relatively comprehensive classification will be adapted to guide the research in this project.

Stressors related to role and relationships seem particularly relevant to an analysis of the social care sector.

> Social workers experience both role conflict and role ambiguity in the nature of their work. Both these aspects of role structure have been correlated with stress reactions in studies of the caring professions.
>
> (Rushton, 1987, p.169)

Cherniss (1995) reported links between role problems and emotional exhaustion in health care professionals. Role ambiguity refers to the state of being unable to predict the outcomes of one's role performance; this is often exacerbated by a lack of information

necessary to perform the role. Role conflict indicates impossible demands made on an individual either within a role or between different roles occupied. Anecdotal evidence suggests that social care workers often find themselves in situations where crucial information is lacking or where their role overlaps with other professionals and responsibilities are unclear. Sometimes this can result in role overload where the worker is expected to fulfil too many different roles. Thus a care worker might occupy therapeutic, custodial and educational roles with the same clients as well as front-line and middle management roles within the organization. Thus Baglioni, Cooper and Hingley (1990) reported conflict between patient care goals and managerial goals in a group of nurse managers. Social care workers have to work in close, intimate circumstances with superiors, colleagues, and subordinates. Tensions can easily arise in these relationships. As reported by Cartwright and Cooper (1994), mistrust of co-workers is related to high role ambiguity and poor psychological well-being. Both the quality of interpersonal relationships and the lack of social support have been examined as stressors; reviewing this research, Beehr (1995) concludes that empirical results are consistent with the idea that lack of social support is related to increased employee strains.

Job demands and task characteristics include such factors as complexity, the variety of tasks, work schedules, and the control a person has over their work. Kahn and Byosiere (1992) report that lack of variety, monotonous work and lack of control are consistent predictors of job-related strain. In the social care sector, shift work is a necessary part of the way in which work is scheduled. "Non-standard working schedules in general seem to be correlated with some indicators of poor adjustment in family roles" (Staines and Pleck in Beehr, 1995, p.90). They argue further that shift work is related to many kinds of physical and psychological problems. It would seem important to investigate how organizations help staff to adapt to different systems of scheduling work.

Rushton (1987, p.168) notes that most types of social work are "problem centred and often involve choosing between unsatisfactory alternatives". As a result social care workers often find themselves lacking control over outcomes; this may arise because of inadequate resources or competing demands for funds within the organization. The task

factors and organizational factors are thus highly inter-related and an analysis of stressors needs to examine the relationship between and accumulation of different stressors. Other stressors at organizational level include problems in the overall organizational climate, management style, and changes in governmental laws and regulations.

The assessment and measurement of stressors is predominantly based on self-report questionnaires which might include workers' perceptions of demands, their frequency and duration. Cox et al (1996) argue that a measurement strategy should also include a way of observing objective antecedents of these perceptions. This is not always easy to achieve especially in situations where the main work is centred around interactions with clients and other staff. Cox et al (1996) recommend assessing changes in employee behaviour, physiology and health status, which may be correlated with perceptions and their antecedents. These criteria may be fulfilled in comprehensive assessments of specific organizations; but not all research projects manage to cover all aspects. Cooper et al (2001) assert that it is important to distinguish between perceived and actual or objective demands but point out that

> the transactional model of stress-coping emphasises that the individual's perception of his or her environment is critical for the experience of strain and the activation of coping responses.
>
> (Cooper et al, 2001, p.33)

It may therefore be difficult to specify which objective conditions constitute a stressor.

> It is relevant to determine whether certain environmental factors are consistently reported by a large population of the workforce as being stressful, for such consensus would indicate that the effects of these factors could not be explained by differential perceptions.
>
> (Cooper et al, 2001, p.33)

The relationship between factors can be investigated by noting the correlations between different factors. Qualitative methods are useful in investigating the inter-relationships between stressors. In a study of nurses perceptions of workplace stress, Muncer et al (2001) used a network drawing approach to measure links between perceived causes of stress. "The networks illustrate how direct and mediating causes of stress are connected

and lie largely outside nurses' control" (Muncer et al., 2001, p.40). This type of methodology presents an interesting approach to understanding stressors and may be useful in constructing the ethnographic investigation of stress in this research project.

Understanding the links between certain stressors, and individual and organizational outcomes is central to this project. It will be necessary to prioritise certain groups of stressors as most relevant to the social care sector. Based on this review, stressors related to role ambiguity and conflict, control, work schedules and organizational characteristics need to be included.

Stress response: Psychological and Physiological Processes

The stress response consists of a well-organized series of events involving the sympathetic nervous system and the endocrine (hormonal) system. Stressors challenge a person's adaptive resources; according to Selye (1956; 1976), the body responds to stress in a three-staged process he called the general adaptation syndrome. The alarm phase is the immediate psychophysiological response where the autonomic nervous system is activated by the stressful event; adrenaline and other hormones enter the bloodstream, creating physiological arousal. Heart rate, blood pressure and breathing rates increase while certain other functions such as digestion and the operation of the immune system are inhibited. This is the body mobilising its resources to ward off threat. Behaviourally, a person exhibits increased tension, alertness and efforts at self-control. and may undertake various coping measures.

Next is the resistance stage, during which the body remains aroused and on the alert and there is continued secretion of hormones. As the person feels more threatened, defence-oriented responses become more predominant; these responses are more concerned with protecting the self than overcoming the stressor. If the stress continues for a long period of time, the body will fall into an exhaustion stage where the body's adaptive resources are depleted. This stage can lead in extreme cases to serious illness, or complete

psychological disintegration. In less extreme cases, where the responses persist over a prolonged period, they become highly maladaptive.

> Chronic stressors and psychosocial demands can affect the sympathetic nervous system and endocrine system, in turn influencing the immune system, thereby providing shared mechanisms that may affect disease susceptibility and progression across a broad spectrum of disorders.
>
> (Quick et al, p.43)

Lazarus developed the concept of cognitive appraisal as a psychological process that occurs as part of the stress response. If a person evaluates a situation as threatening and uncertain, high levels of physiological activity will continue; however, if the situation is evaluated as one that can be mastered, physiological processes diminish. Lazarus defines cognitive appraisal as "the process of categorising an encounter, and its various facets, with respect to its significance for well-being" (Lazarus, 1994, p. 31). He distinguishes further between primary and secondary appraisal. In the primary appraisal, a person realises something is at stake and gives meaning to the situation in terms of threat or challenge. The secondary appraisal process is concerned with the identification of the coping resources available. This elaborated account of the stress response, including both the physiological and psychological processes fits a transactional model of the overall stress process.

Stress theories generally argue that there are processes that are common to all stress responses. Thus Selye argued that certain physiological processes were the initial common responses; Lazarus argued that cognitive appraisal processes were the common factor. From the organizational psychology perspective, Beehr concluded that uncertainty is likely to be a common initial response in stressful situations at work.

It is suggested that the stress response is best interpreted as including both the physiological and psychological processes described. Evidence of stress will be analysed with these different levels of explanation in mind.

Moderators

Some individuals react to stressors with an initial stress response, then proceed to cope adequately. Others become overwhelmed and suffer various forms of strain. Biologically and psychologically, people vary in overall vulnerability to stressors and are influenced also in different ways by factors in the environment. Part of the reason for individual differences lie with factors that moderate the stress process. Moderators can be considered under two headings: personal factors and situational factors. While Quick et al (1997) list a range of factors including ethnicity, age and diet, the focus of this discussion will be on those factors that seem most relevant to health care professionals – personality factors, situational control and social support.

Several personality dimensions appear to influence the impact of stressful events on the individual. Type A behaviour pattern was first reported by Friedman and Rosenman (1956 cited in Brehm at al, 2002) in the 1950s and was described as a pattern of behaviour that was highly correlated with a risk of coronary heart disease. The behaviour pattern is made up of a cluster of traits including competitive drive, a sense of time urgency, anger and hostility. It is the interaction of personality characteristics with an environmental challenge that triggers the behaviour pattern. Reviewing the research on Type A behaviour pattern, Quick et al (1997) conclude that it does constitute an important cardiac risk factor but add that recent research suggests that the component increasingly considered to be the most dangerous is the combination of anger, hostility and cynicism.

At first glance social care workers may not appear to be the most competitive, driven occupational group. Indeed research cited by Rushton showed that social work students scored highly for warmth and sympathy, but did badly when it came to decisive thought and action and were also slightly submissive. (Rushton, 1987). However, the traits of anger and hostility are potentially present in workers of any occupational group, so it cannot be ruled out as a moderator. Furthermore employees who are ambitious and want

to become managers in health and social services may also be competitive (Quick et al., 1997).

A personality factor which may also be a moderator of the relationship between stress and strain is a person's perceived locus of control; this differentiates between people who believe they are responsible for what happens to them from those who believe events in their lives are mainly determined by factors beyond their control. Thus people whose locus of control is internal will respond to stress by taking action whereas those whose locus of control is external are more likely to see effective action as beyond their power. In this sense the concept of locus of control is similar to the concept of coping which is sometimes described as a moderator. Lazarus et al (1984) have described coping as a part of the stress response but it can also be seen as a factor moderating the stress process. Two types of coping strategy are usually described: problem-focused coping which aims to reduce stress by overcoming the source of the problem and emotion-focused coping which consists of efforts to manage our emotional reactions to stressors rather than trying to change them. Kahn and Byosiere (1992) have reviewed research on the moderating effects of locus of control and found that an internal locus of control associated with problem-focused strategies was a significant asset for healthcare personnel. This would seem to be an important factor to investigate in the present study.

Self-esteem is another self-related concept which has been considered as a moderator. Self-esteem refers to an individual's positive and negative self-evaluations. It has been shown that individuals with low self-esteem tend to use more passive forms of coping which makes them more vulnerable to the effects of stressors (Kanicki and Latack cited in Jex and Elacqua, 1999). Kahn and Byosiere (1992) reported that in studies of various occupational groups coronary heart disease risk factors increase as self-esteem declines. Pierce et al (1989) developed a measure of organization-based self-esteem based on employee's perceived level of competence across a variety of organizational tasks. They showed that organization-based self-esteem moderated the impact of role stressors on job performance and job satisfaction. Jex and Elacqua (1999) found that organization-based self-esteem moderated the effects of role stressors on physical and psychological strains.

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While neither of these studies were carried out with health service personnel, they have suggested that this measure of self-esteem would be useful in many organizational contexts.

Kobasa (1982 cited in Landsbergis, 1988) identified a personality style she called hardiness made up of three components, commitment, an openness to new experiences and a belief in personal control over life events. She suggested that hardiness was evidence of a resilience in an individual that protected him or her from the impact of stressful experiences. Taken together, locus of control, self-esteem and hardiness represent a related set of personality dimensions and sets of beliefs that seem to be important in various ways to handling stress. However, Cooper et al (2001) point out that there has been limited research on some of these constructs. Self-esteem, in particular, is an important factor in staff working with vulnerable clients and merits attention as a moderator of potential strain in social care workers.

A factor in the work situation which has been considered an important moderator is situational control which denotes the extent to which an individual believes he or she can exert control over specific aspects of the job. This is viewed as different to the concepts of personal control already referred to in that it has more to do with the way the job is designed and organized. Karasek et al (1990) describe situational control as decision latitude and argue that it is a significant moderator of the impact of job demands on psychological strain. In national surveys of American and Swedish workers they found that heavy job demands showed signs of physiological and psychological strain if they also had low decision latitude (Karasek and Theorell, 1990). It is likely that a level of control over such features of work as schedules of tasks, procedures, and decisions about clients would serve as important moderators of the relationship between stressors and strain for social care workers; information about this will be sought through interviews.

Social support from those in one's organization or immediate environment is considered to be an important factor in lessening the effects of stress. Karasek (1990, p.69) describes social support at work as the "overall levels of helpful social interaction available on the

job from both co-workers and supervisors". Cohen and Wills (1985 cited in Davison and Neale, 1998) divided social support into two categories , structural and functional. Structural social support refers to a person's basic network of social relationships and emphasises the availability of help; functional social support is concerned more with the quality of a person's relationships, such as whether the person believes he or she has friends to call on in a time of need. Beehr (1995) points out that most studies of social support in relation to work-related stress have used functional measures of social support. Emotional support represents one type of functional social support and is characterised by caring and listening sympathetically to another person; instrumental support is another and is characterised by giving practical assistance such as advice or knowledge to complete a task. These types of support are often closely intertwined especially when they are provided from the same source (Fenlason and Beehr, 1994). The sources of social support are usually an employee's co-workers, supervisors, and friends and family. It is generally considered that work-related stress is most effectively dealt with by work-related sources (i.e. supervisor and co-workers (Beehr 1995).

In the model of occupational stress proposed in this document, social support is seen as interacting with stressors to affect individual strains. It has also been described as a factor directly influencing strain as a main effect rather than as a moderating effect (Kahn and Byosiere, 1992). Research by Karasek and Theorell (1990) on its moderating effects suggests that social support is strongly associated with lower levels of depression. In a study of stress in nursing staff Tyler and Cushway (1995) reported that where lack of social support existed, it was seen as very disruptive for mental health. In their review of research Kahn and Byosiere (1992) reported that social support moderated the relationship between various job stressors and indicators of mental and physical health. They also point out however that there were instances where the presence of social support seemed to heighten the stress-strain relationship. This is an important finding as it indicates that talking to a stressed person about the bad, unpleasant, or negative things in the workplace will not be supportive and may well make matters worse. In a study by Fenlason and Beehr (1994) where social support was conceptualised as the contents of

communication, it was found that negative job-related communication had the effect of making stressed people feel even worse.

Summarising research on social support as a moderator, Beehr (1995) concludes that the results are inconsistent and do not show clear, universal effects. Reasons for this may be that relationships found are specific to particular occupations and may not lend to generalization. Social support is also acknowledged to be difficult to measure; in this regard Beehr argues that multiple measures of social support need to be developed that are operationalised in specific terms. As mentioned, Fenlason and Beehr classified and measured the specific contents of communication between supportive sources and the stressed individual. Talbot et al (1991) have suggested that the dependency grid, as developed originally by Kelly (1955), has specific potential for measuring social support. They used it to study the extent to which a person's distributions of dependencies were related to his or her ability to cope with stressful situations. They found differences between a hypertensive and a normal sample in their uses of social support and argued that the dependency grid was particularly suited to investigating social support systems. Henderson and Argyle (cited in Beehr, 1995) developed a method of investigating the nature of social support from colleagues by measuring the perceived degree of intimacy with potential sources of support, and the frequency and location of interactions. In this way they collected information on the specific types of support valued by different groups of employees.

These different approaches to measuring social support will provide useful guidelines in elaborating methods of investigating social support in the social care sector. Social interaction is embedded in both the content and context of social care work; therefore it is likely that social support will emerge as a significant factor in a study of stress in this sector. A concern of this study will be to find out which are the most important sources of social support and the most appropriate ways of delivering support when needed. Indeed, there is considerable scope for managerial intervention in this regard. Quick et al (1997, p.59) comment:

Unlike some of the other moderators that influence individual responses to stress, additional social support may be engendered by management, and to the extent that this is possible, it can serve as an important preventive intervention.

Strains: Individual and Organizational Outcomes

Having considered some of the factors that moderate the relationship between stress and strain, I will now discuss the consequences of stress for the individual and consider some of the organizational outcomes. I have defined strains as the individual's aversive health or welfare reactions to stressors. This can be elaborated to include three types of individual strain: psychological strain, physiological strain and behavioural strain.

Psychological strain can take the form of specific psychological problems including sleep disturbance, depression, anxiety and tension, constant fatigue, eating disorders and burnout. Reviews of research have shown that role conflict and role ambiguity are correlated with psychological strains, in particular, anxiety and depression (Jackson and Schuler, 1985; Kahn and Byosiere, 1992). From their review, Kahn and Byosiere concluded that the psychological effects of work stress had been plausibly established. They drew attention however to the very wide range of measures of stress used; some were global measures of job dissatisfaction, whereas others were measures of specific emotions.

Because many psychological strains are interrelated, Watson et al (1987)have argued that there may be a single underlying construct of negative affectivity and that it may make more sense to find a measure for this construct. Tellegen's circumplex of emotions (see Fig.1, p. 8) indicates some of the interrelationships between emotions and relates these to more basic dimensions such as negative affectivity and engagement. However, it is also used to set a context for the study of specific emotions or clusters of emotions. Anxiety and depression are two manifestations of strain that are of considerable interest in the social care sector. It is an area of work which is emotionally demanding and employees often report feelings of anxiety, mild depression, or more broadly of being "under stress".

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Of relevance here is the syndrome of burnout which is an indicator of extreme strain and has both psychological and behavioural manifestations. A review of research on burnout by Lee and Ashforth (1996) indicated that these feelings and behaviours are prevalent among workers in health services and usually lead to a deterioration in the quality of care or service provided to clients. They are therefore important issues for this research.

Kahn and Byosiere (1992) found that there were fewer investigations of physiological strain. The most frequently cited physical illness considered to be related to occupational stress is cardiovascular disease. Factors which are known to increase the risk of coronary heart disease are hypertension, blood lipids and smoking. There is evidence relating each of these factors to stress, in general, and in many cases to work stress (Beehr, 1995). A review of research by (Quick and Horn, 1987) indicated that several physical illness symptoms could be related to stressors although they point out that the stressors in many cases are not work-related. The illnesses included cancer, chronic lung disease, pneumonia and influenza, chronic back pain and diabetes. It is argued that a key link in the causal chain is the way in which the stress response can compromise the body's immune system. Stress triggers the release of adrenaline and other stress hormones in the bloodstream which have the effect of suppressing immune cell activity. In the context of work stress, Beehr (1995) is critical of much of the research involved here, partly on methodological grounds but also because the relationships between physical illness or physiological responses and organizational stressors tend to be weak. He argues that generally physical strains tend to be correlated more weakly than psychological strains and that "there is a lack of research on sets of responses in the alimentary system, the respiratory system, and nervous system (Beehr, 1995, p.131).

Behavioural changes are often the earliest and most overt signs of rising levels of strain. Kahn and Byosiere (1992) point out that behavioural strains are the least studied; in their review of research, behavioural strain was most commonly exhibited through aggression and violence, self-damaging behaviour and behaviour that led to disruption of interpersonal relationships. Self-damaging behaviour included greater alcohol and drug abuse, increased smoking, and accident proneness. Disruption to relationships included

social withdrawal and family tensions and difficulties directly related to events at work, insofar as this could be ascertained. These behavioural strains can occur in many occupational settings; it would be important to find out to what extent they happen in social care settings. However it is also information that might not be easily accessible as evidence of high levels of strain might not reflect well on a particular organization.

Both psychological and behavioural strains have been measured predominantly by self-reports. This means that the evidence is largely based on subjective perceptions and as a result the validity is reduced. Beehr (1995) argues that more use could be made of more objective measures such as diagnoses by psychiatrists or health workers, or observations by other people in the workplace. Cooper et al (2001) points out that self-reports on their own fail to capture the complexity of the stressor-strain relationship and that there is a need to find indicators that are more sensitive to the context in which the relationship unfolds.

> Researchers must conceptualise the types of strain that are anticipated to occur in the particular context and select measure of strain that better match the type of work event under consideration.
>
> (Cooper et al, 2001, p.68)

So far this section has considered how stressors may lead to individual strains or outcomes; they may or may not in turn lead to organizational outcomes. If job stress is linked to organizational outcomes, it is important for organizations to be concerned about the relationships. The two most frequently studied organizational consequences of stress are job performance and employee withdrawal. Individual distress has been shown to lead to poor quality performance, lowered productivity, increased grievances and accidents (Quick et al, 1997). Cordes and Dougherty (1993) suggested that there is considerable empirical evidence that extreme strain in the form of job burnout, carries significant costs for organizational functioning including absenteeism, labour turnover and reduced productivity. With reference to absenteeism, the European Foundation for the Improvement of Living and Working Conditions (1997) found that absenteeism due to work-related problems affected 23% of workers each year. While this represents very high costs to organizations, Hackett and Bycio (1996) have pointed out that if absence

helps individuals cope with work-related stress, then the financial gains of high attendance have to be balanced against the costs of higher stress levels. They argue that the balance might be particularly important in professions like nursing. One of the main concerns of this research is to investigate the relationship between work stress, absence and labour turnover in the social care sector.

While there are many reasons why people stay away from work, psychological factors are increasingly considered a significant factor. (Johns, 2001) has reviewed studies of psychological disorders, stress and absence. He cites considerable epidemiological evidence implicating psychological disorder as a cause of work absence. One large-scale study of white-collar workers found that psychological disorders were the third most common cause of long sickness spells among women and the fourth among men (Stansfield et al., 1995). Johns also notes that psychological disorders were likely to be underreported as a cause of absence due to poor recognition or stigma. In a study of hospital workers Arsenault et al (1987 cited in Johns, 2001) investigated the role of various stressors in absence behaviour. They found that a combination of stressors described as contextual or extrinsic (e.g., role conflict and ambiguity, career difficulties) were correlated with absence frequency, while stressors described as extrinsic to the job (e.g., responsibility, urgent decisions) were negatively correlated. Dwyer and Ganster (1991) reported that high psychological demands on the job were associated with absence only when coupled with low control. Both of these studies were framed within Karasek's 'job demand - control' model and appear to support the idea that lack of control is linked to stress and absence.

The person-environment fit approach has been used to examine the question of whether certain personality characteristics moderate the relationship between stressors and absence. In an example of this kind of research study, Arsenault (1983 cited in Johns, 2001) reported that, when confronted with contextual stressors, high strivers with internal locus of control and low strivers with external locus of control were likely to absent themselves. They interpreted these types as engaging in active or passive avoidance.

Such behaviour patterns are interesting and could be considered when developing questions for a survey on absence and stress.

Research on absence in health service staff are of particular interest to this project. In a study of nurses, Jamal (1984 cited in Johns, 2001) found correlations of 0.34 between role ambiguity and absence and 0.23 for role conflict. With respect to the lower correlation for conflict, Johns comments that role conflict stems from work overload and may sometimes discourage absence as things may get worse if time off is taken. The correlations seem to be reasonably significant; Beehr argues that it is unrealistic to expect employee withdrawal to be strongly predicted from stressors as absenteeism and labour turnover have multiple causes, of which job stress is only one (Beehr, 1995).

In a recent study of health service staff, Hardy et al (2003) examined the impact of psychological distress on absence from work and compared the relative effects of depression and anxiety. They found that depression in particular predicted both a greater number of days and number of times absent. An issue that arises from studies of psychological distress is the extent to which absence is used as a coping mechanism to reduce stress-related symptoms. Hackett and Bycio (1996) found little support for the idea that absence reduced stress-related symptoms; they did find however that absence could help maintain stress at manageable levels. They also argued that personality variables such as hardiness and negative affectivity could help explain differences between absent and non-absent nurses. Their methodology was also of interest. They asked nurses to keep diaries and ratings of the degree to which certain events relevant to absence were present during shifts of attendance and on sick days. This helped to shed light on the meaning of absence for different workers. Johns (1994) has asserted the importance of investigating how people make sense of absence in a social context. For example, managers and employees often construe absence in different ways and have different standards about how much absence is acceptable.

The significance of the specific context has also been highlighted by Pousette and Hanse (2002) in a study where they examined the relationship between job characteristics,

health outcomes and absenteeism in groups of elderly-care workers, child-care workers and white and blue-collar workers. They concluded that occupation-specific models were more helpful in understanding how certain psychosocial factors influenced strain and absence. The development of an occupation-specific model would be useful on elaborating the social construction of absence in social care.

Labour turnover tends to be a problem for a limited number of social care agencies and job stress may be a contributory factor. In an overview of research on labour turnover, Beehr (1995) concludes that there is some evidence that job stressors are related to turnover. Most studies focus on employee intentions to quit. Where an individual expresses a strong intention to leave the job, it tends to be associated also with reduced job involvement and reduced organizational commitment. Generally turnover is seen as a negative organizational outcome, although there are occasions when it can benefit an organization such as when an organization needs to reduce staff, or a particular employee is very inefficient.

Both forms of employee withdrawal, absenteeism and labour turnover, are relevant issues for this research project and questions will be developed in the ethnographic study and the survey to gather information related to them.

Summary

In this document the concept of stress has been examined with particular reference to the world of work. The aim of the review was to develop a conceptual framework within which a set of research questions relevant to the social care sector could be elaborated. The biological, psychological and social influences on the development of the concept of stress were explored.

As a contested concept, there is considerable debate about definitions of stress. Some have emphasised the stress response, some the stimulus and others the interaction

between stimulus and response. Views critical of the popularisation of 'stress' in society have questioned the assumption that stress resides within the person and have drawn attention to the social structure of society and organizations which may give rise to stressors. In this review it was argued that a transactional definition (Cooper et al., 2001; Lazarus and Folkman, 1984) was the most appropriate for the present research project as it places the emphasis on the overall stress process. This should be compatible with the precautionary principle advised by Fisher (2000) in dealing with universals such as emotion and stress. The application of this principle implies a nominalist stance and suggests an understanding of stress as socially constructed. Research on occupational stress in this project will be concerned less with undisputed facts and more with people's accounts, interpretations and perceptions of stressful situations.

Having reviewed models of occupational stress, certain concepts emerged as being particularly relevant to an analysis of stress in the social care sector. The concept of control was seen to be a key factor in many theories of stress, in particular, through its relationship with demands of the job and the perception of those demands. Choice, decision latitude and feedback were seen as important elements in contributing to a sense of control at work and in reducing the potential for strain. The relationship between control and competence was considered to be a potentially interesting line of enquiry in social care.

A basic premise of person-environment fit theory was that stress arises from the misfit between the person and the job. The theory elaborates constructs related to the person such as personality traits and coping styles and constructs related to the environment such as role conflict and role overload. An extreme example of the problematic relationship between the individual and the situation was highlighted in the case of burnout at work. Theories of burnout have suggested that the greater the mismatch between the person and the job, the greater the likelihood of emotional exhaustion, depersonalisation and reduced personal competence. Work in human service organizations has been described by Maslach and Jenkins (1994) as interpersonally and emotionally demanding and likely to lead to such states in certain circumstances. From the six types of mismatch outlined by

Maslach (1998), the areas of mismatch that seemed particularly relevant to the social care sector were value conflicts and the breakdown of positive connections with others in the workplace.

The meta-model of stress proposed by Beehr (1998) described a number of 'facets' relevant to stressful situations and outlined the relationships between the different 'facets'. It highlighted the concept of uncertainty as an important element in the stress response. An adapted version of this model has been presented as the main conceptual framework for this research (See Figure 5, p.28). This framework points to the potential relationships between stressors and strains and the factors that may moderate the effects of stressors. It draws attention to the possibility that some stress responses will result in strain, with both individual and organizational outcomes. It includes Beehr's concept of uncertainty and Lazarus' concept of appraisal as essential processes in the stress response.

This framework will be used to set a theoretical context firstly for the ethnographic research in document 2, which will focus on managerial and staff perceptions of the stressors in social care work. It is also planned to collect information about the consequent strains and potential moderators. The issue of organizational outcomes will be taken up, in particular, in document 4 where a survey of absenteeism and labour turnover will be carried out. The purpose of this survey will be to investigate the role of stress in absence and labour turnover in social care agencies. The findings from these stages of the research will then be used to develop a set of preventive stress management strategies appropriate to the social care sector.

The models of occupational stress reviewed in this document, along with the framework developed, will provide the conceptual tools to analyse and interpret the data in the three stages of the research.

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Organizational Stress

in

Social Care

Document 3

An Interpretative Report on a

Piece of Ethnographic Research

**Submitted in partial fulfilment of the requirements of the
Doctorate in Business Administration
degree**

Brian McCarthy

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Introduction

This document is a report on a study carried out with a group of managers in social care sector. The aim was to collect views of organizational stress in accordance with research questions developed in document 1. The research questions relate to managers' perceptions of stress in the organizations in which they work:

    a) what types of worries and anxieties are most common for staff

    b) whether these concerns relate to the content of the work itself or the context of the work

    c) the extent to which the relationships with other staff and teamwork are sources of stress

    d) the perceived frequency of stressful events

    e) the extent to which psychosocial hazards are chronic or acute

    f) if such psychosocial hazards give rise to 1) medical problems, 2)psychological problems and 3) absence from work

    g) the extent to which stressful events or their consequences are talked about on a regular basis and the language in which stress is discussed

    h) what people consider to be the features of a healthy work environment and how training might contribute to creating this.

The concepts which underlie the enquiry were developed in document 2 and are illustrated in Figure 1 (p.4). The focus in this model is on the stress process as it occurs in the workplace and it is implied that stressors have a causal role in leading to stress responses. Within this framework 'stressor' will refer to a condition or situation that elicits a negative emotional response, such as anger, frustration or anxiety. The difficulty of assessing objective stressors from those events that are perceived to be stressors by some and not by others will be a consideration in devising interview questions. Strains will refer to aversive physical, psychological or behavioural reactions to stressors. The extent to which stressors lead to the experience of stress is influenced significantly by moderators. Moderators can influence stressors positively or negatively and they will be an important aspect of this investigation. The consequences of strain also affect the

organization and may result in increased absenteeism, poor performance, being present at work while unfit to carry out duties, or leaving the area of work, often after costly training investment.
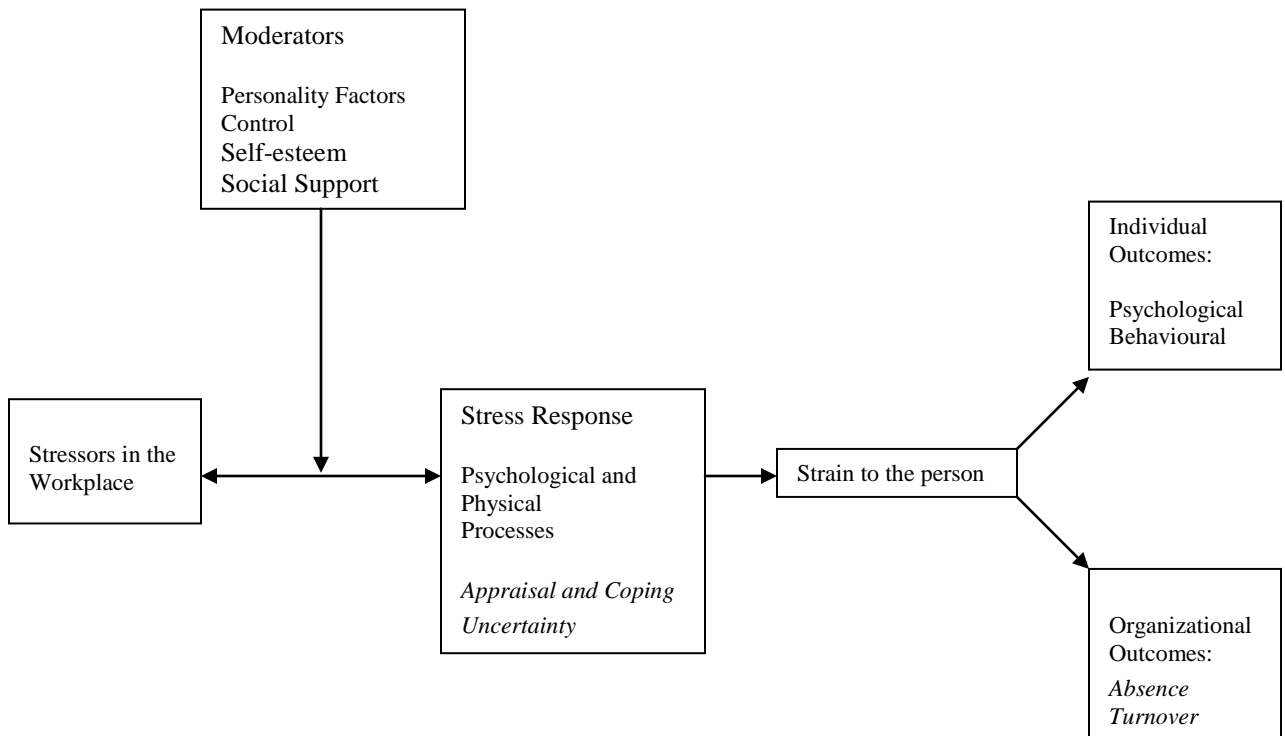
Figure 1: Framework outlining the key elements of the organizational stress process. Adapted from Beehr (1998).

In this document I will first review some of the underlying assumptions of interpretive research. The background to ethnographic interviewing will then be outlined as a context for the specific approach to interviewing adopted in the present study. The development of the research questions through contacts with various representatives of the social care sector will be explained. The selection of interviewees will be described and an outline of the main areas to be covered in interviews given. The analysis of informants' accounts will be presented under three headings:

1. the relationship between stressors, responses and organizational outcomes
2. control
3. moderators of the stress process

In the discussion these factors will be considered in the context of stress prevention and questions identified for the next stages of the research.

Ethnographic interviewing

Views on how social science knowledge develops are based on assumptions about what social reality is, how researchers come to know reality, and how they verify that knowledge. The positivist approach of the physical sciences tended to dominate early psychology and sociology in this regard (Giddens, 2001; Smith et al., 2002) and set a context in which the ideal methods of inquiry were based on objectivity, acquired and maintained by a detachment from the objects or people under investigation. Its methods were based on the application of rational or scientific analysis to social and psychological issues. From the positivist standpoint

> a researcher can be a neutral collector of data who can objectively access the facts of an *a priori* reality.
>
> (Johnson and Cassell, 2001, p.128)

Thus all claims to truth can be objectively assessed and verified by reference to empirical facts. This implies a social reality which exists independently of how people make sense of it (Watson, 2003) and a "commitment to epistemological realism" (Johnson and Cassell, 2001, p.128). From a positivist perspective, the subject of this project, organizational stress could be seen to have an existence "out there", as a condition which exists independent of our conceptualization of it. It could therefore be measured and the differential effects on individuals might be explained by reference to work contexts and personality traits.

In contrast, interpretivist approaches see social reality as the outcome of people's interpretive activities and are concerned with ways in which they construct meanings to help them cope with the world (Watson, 2003). Whereas the goal of positivist science is to predict and control the world, the goal of interpretivist approaches is to understand the

world of lived experience from the point of view of those who live it. This world of lived reality is constructed by social actors in specific situations; to understand this world, it must be interpreted. There are therefore many social realities and the question arises as to whether there is a "real" world to which these realities refer or that these social realities are the only ones that we can know.

One view of this is that language is the only reality we can know and that the purpose of social science is to study the linguistic representations (Gergen cited in Schwandt, 1998) 1995). Von Glaserfeld (cited in Schwandt, 1998), on the other hand, does not deny that there is an ontological reality but argues that we simply cannot know a real world. This view has appeal in the present context. The study of organizational stress will be carried out through the perceptions of people in organizations. It might be the case that stress has an independent existence, but it can only be studied through the reports and accounts of the people in the situation.

> The enquirer must elucidate the process of meaning construction and clarify what and how meanings are embodied in the language of social actors.
>
> (Schwandt, 1998, p.222).

Interpretive approaches are less about the discovery of laws that explain or govern human behaviour and more about developing understanding of people's experience. While the understanding achieved has value in itself, it is more likely to be used to inform social action or to bring about social change. The truth or validity of knowledge claims is therefore not in the extent of their correspondence to an independently existing world but to the extent that they fit functionally to achieve a goal.

> The relationship between knowledge and reality is instrumental, not verificative. To know is to possess ways and means of acting and thinking that allow us to gain the goals we happen to have chosen.
>
> (Schwandt, 1998, p.240).

This pragmatist view will provide guiding criteria for knowledge claims in this document; will the knowledge of organizational stress developed from this research be

helpful in making intelligible aspects of the world of social care in such a way that managers and social care workers can make better use of resources available?

Ethnography is one important way of carrying out research according to interpretivist principles. It embraces a range of perspectives and traditions and is generally associated with anthropology, sociology and symbolic interactionism (Atkinson et al., 2001). Ethnographic research is grounded in a commitment to the first-hand exploration of research settings. While participant observation is its most commonly used method, in-depth interviewing in specific social contexts is also widely used (Atkinson et al., 2001).

Ethnographic interviewing allows on to collect rich, detailed data directly from participants in the social worlds under investigation. According to (Heyl, 2001, p.370), the definition of ethnographic interviewing should include

> projects in which researchers have established respectful, ongoing relationships with the interviewees, including enough rapport for there to be a genuine exchange of views and enough time and openness in the interviews for the interviewees to explore purposefully with the researcher the meanings they place on the events in their world.

Present models of ethnographic interviewing have their origins in the work of the Chicago School sociologists of the 1920s (Heyl, 2001) who developed informal interviewing techniques that were very different form the large-scale, standardized surveys associated with positivist approaches. This informal style of interviewing emphasised the importance of using language in a form similar to the people one wanted to understand and of seeking informants' own interpretation of the events they described (Fontana and Frey, 1998). described. During the second world war there was a marked increase in survey research where the armed forces hired sociologists to carry out systematic surveys and this tended to overshadow ethnographic styles. Since the 1970s, however, ethnographic methods re-emerged as a way of

> shedding light on the personal experiences, interpersonal dynamics and cultural meanings of participants in their social worlds
>
> (Heyl, 2001, p.372).

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Post-modern writers emphasised the constructivist nature of fieldwork in that there are multiple realities which are open to multiple, often contradictory constructions. There is thus a need for the researcher to take account of alternative constructions and to be aware of the "tacit political meanings" (Heyl, p.372) embedded in social situations.

Post-modern ethnographers also drew attention to the assumptions inherent in the interviewer-respondent relationship with particular regard to the controlling role to the interviewer and the need to attend to the voices and feelings of the respondents (Fontana and Frey, 1998).

In the light of different traditions of interviewing, Mason (2002) identifies two issues which will significantly influence how the interview will be conducted and interpreted. The first refers to the location of the social phenomenon to be investigated. Is stress a fixed and static entity to be studied through the microscope of the interview. Kvale (1996) uses a metaphor of interviewer as "miner" to illustrate this approach. The interviewers aim is to collect the facts and details of social experience from informants who are essentially passive and not engaged in the construction of knowledge. In contrast, to emphasise the features of ethnographic interviewing, Kvale uses a metaphor of the research interviewer as "traveller", viewing the interviewer as on a journey where he or she will engage in conversations with relevant people. Both the traveller and those met undergo change as a result of the encounters, generating new vies of the topic being investigated. So the interviewee helps to construct and transform the information giving it new meaning. In this study organizational stress would be seen to refer to processes that are socially constructed, "fluid, flexible and contextual" (Mason, 2002, p.227). The interview questions need to be grounded in relevant situations and contexts. In this way the interview becomes a "site of knowledge construction" (Mason, 2002, p.227), with the interviewer and interviewee as co-participants and collaborators in the process.

In the present study it is intended that the interviews will be conducted more according to the traveller metaphor and its associated principles of flexibility and engagement. Thus a

conversational style of interviewing will be employed with a minimum of structure imposed by the research questions and conceptual framework

Development of research questions

Background and initial contacts

In the course of the last fifteen months a series of contacts were made with stakeholders in the social care sector. These meetings were used to help make decisions about questions to be raised at interview, which managers to select for the interview stage of the project and to consider issues that might be relevant to the analysis.

> Interpretive analysis is a reflexive, triangulated process that begins when the research process begins.
>
> (Tansley, 2003).

It was considered useful to consult with members of the inspectorates of statutory and voluntary care services. The inspectors have all worked as social care workers and usually as managers as well. Coupled with their experience as inspectors this gives them an overview of social care services throughout Ireland. I had meetings with two inspectors, one with responsibility for the voluntary sector, the other form the statutory service. The discussions were relatively informal and were not taped; they focused broadly on social care work with some time devoted specifically to workers' difficulties and reported stress.

It was clear that they frequently found evidence of stress in units they had visited. In particular, they found that fears and anxieties related to violence and vulnerability were common. They found that perceived stress probably was related to absence and labour turnover but only in certain pockets of the sector. In their experience, this occurred more often in centres where management and staff lacked experience. It was noteworthy that they found quite a high proportion of managers to be relatively young (i.e. between 25 and 30 years of age). They also suggested that there might be interesting differences

between voluntary and statutory services in terms of the back-up and support available to management and staff. In general they felt the research questions I described were worthwhile and that it would be worth investigating them across a range of centres.

A site visit to a residential secure unit established that there were a number of factors leading to increases in stress levels in the units. Some of these related to fears of violence, some to team and organizational difficulties. It also emerged that stress-related absence occurred frequently. The unit managers I spoke with expressed interest in investigating organizational aspects of stress. I had considered the possibility of centring the present stage of the research project on observation and in-depth interviewing at this agency; this would have met the criteria of ethnographic research particularly well. However numerous efforts to contact the director to gain permission to pursue the project failed. In the end, I concluded that it would be more viable to gain access of a more limited kind to a range of centres. As the inspectors I had spoken to also suggested investigating a wider range of settings, I decided to follow that path.

In order to identify some of the typical factors giving rise to stress for social care workers, I conducted informal surveys of trainee social care workers attending courses at Dublin Institute of Technology.

Violent behaviour	Working with inexperienced staff
Assault	Power struggles
Allegations	Cliques
Conflict with management	Staff shortages
Conflict with other staff	Difficult client groups
Isolations	Bullying
Clash with personal life	Unsociable hours
Difficult decisions	Lack of confidentiality
Fear of injury	Burn-out

Table 1: Stressors identified by trainee social care workers

They were asked to write down what they considered to be the factors that most give rise to stress at work. Eighty written answers were collected. The most frequently mentioned factors are listed in Table 1.

Fear of assault and injury and fear of allegations were the most commonly identified stressors. Conflicts among staff members and difficulties with management were also frequently mentioned. The wide range of factors suggested that it would be important in interviews to have an openness to exploring the many facets of the social care work situation.

I also asked two managers of social care agencies to list for me what they saw as the most likely causes of stress for staff. Table 2 summarises the main stressors. A wide range of events and situations are mentioned suggesting again the need in interview to be receptive to many different interpretations of situations.

Admissions	Life events: funerals, birthdays, bedtimes
Staff lose control of the unit	Christmas, first week of school holidays
Aggressive behaviour form clients	Parents promising things and not delivering
Assaults	Parents not turning up
Decisions and line management support	Dealing with "suppressed feelings"
Dealing with situations outside your control	Antisocial behaviour in public places
Allegations	Times: mealtimes, mornings, bed times
Unpredictable situations	Suicide

Table 2: Stressors identified by two managers

This data was accumulated over a period in which the research questions were being finalised and the literature developed. The information was helpful in validating the usefulness of the research and in clarifying its purpose. It also provided a reference point to evaluate the relevance of literature being reviewed. Kvale (1996, p.94) describes these initial entries into the field as "thematizing" the research project in ways in which subsequent research decisions can be effectively made. He sees preliminary fieldwork as providing a "pre-knowledge" of the subject matter of interest. The information from the inspectors, trainee social care workers and managers provided significant pre-knowledge. A chronological sequence of the collection of the data appears in Table 3.

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Collection of data over the last year.
Inspectorate /statutory services
Feb 03
Exploratory interview with member of the inspectorate of statutory services. (Not recorded)
Trainee Social Care Workers
March 03
General piece of information gathering. Responses of 2 groups of 45 in-service students to general questions: what do they consider to be the risk and stress factors in their jobs and placements.
November 03
Managers/Secure residential unit
Informal discussions with senior members of staff of a secure residential unit
Inspectorate / voluntary services
March 03
Interview with member of inspectorate of voluntary services (not recorded)
July 03
Two managers of Residential group homes
Oct 03
Initial identification of situations which cause stress. Yielded a useful list of potentially stressful situations

Table 3: Initial meetings and collection of data

Interview strategies and techniques

A set of in-depth interviews was carried out over a two month period. An interview guide was constructed to ensure that all the relevant issues were explored, although no specific order was followed. The structure was based on the main concepts of the conceptual framework, the research questions of the overall project and on the information collected through contacts with the sector. The main headings for the interview schedule were as follows:

- Stressors

- Stress responses

- Strains

- Organizational Outcomes

- Moderators

- Prevention

(The complete interview schedule appears in Appendix 1.)

Questions about stressors were elaborated through categories suggested by the earlier informal surveys and interviews. Thus a differentiation was sought between routine, chronic, crisis and client-related stressors. While these are not precise distinctions they were useful in establishing the meaning of different kinds of stressors. To understand stress responses an effort was made to distinguish constructive and destructive responses. In practice, interviewees tended to talk more about destructive responses and strains since the general context of the interviews centred on difficulties associated with stressful events at work. Information was sought on both positive and negative moderators. Again negative moderating factors came up in discussion more regularly. However it was considered important to focus also on positive moderators and constructive responses because of their potential value as preventive measures.

The sequence of questions was used as an interview guide but it was also intended to allow flexibility such that the interview would be as much as possible a collaboration. Fontana and Frey (1998, p. 67) suggest that the interviewer

> should maintain a tone of friendly conversation while trying to remain close to the guidelines of the topic of inquiry.

Some strategies and techniques were incorporated into the interviewer's approach. The critical incident technique of Flanagan (cited in Fisher, 2000) was used to help explore stressful situations; often these were provided unprompted by informants as examples and illustrations of points they were making. On other occasions the technique of "laddering", a strategy associated with the personal construct psychology of Kelly (1955)

was used to help explore descriptions or constructs. Laddering down a set of constructs leads to more concrete examples whereas laddering up leads to more general and abstract principles related to the topic being discussed. This process was useful in clarifying descriptions of stress responses and moderators. Opportunities were also used to summarise and reflect back material at appropriate points of the interviews to ensure that I understood correctly what was being said. De-framing was used a few times to allow interviewees to distance themselves and view a situation in a different light. For instance, I asked how they thought a team of management consultants might view a particular practice.

At the outset, it was the interviewer's intention to make more deliberate use of these strategies. As the relatively unstructured approach to the interviews unfolded and with that an increasing awareness of how a more ethnographic style of interviewing operates, they were used sparingly. In fact, a conflict developed between "going with the flow" of the interview and availing of ways of directing or controlling the interview. Early training as a clinical psychologist tended to emphasise control and direction in an interview with a view to accurate diagnosis of a problem, whereas the present series of interviews clearly have a different purpose and the collaborative approach more and more resembled conversation. However, training as a psychologist conferred some advantages. Bourdieu (cited in Heyl, 2001, p. 378) advocates active and methodical listening as important ingredients of ethnographic interviewing. Active listening consists of giving total attention to the interviewee and avoiding premature categorization. It is an important part of a clinical psychologist's training to listen in this way and care was taken to use these skills in this series of interviews. Methodical listening refers to the researcher's use of knowledge of the topic and the awareness and insight that this brings to the interview situation. The literature research and conceptual framework provided knowledge of the topic but care had to be taken not to allow this to prejudge views and information given by informants.

Thus the interviews were conducted in a relatively unstructured style. A pilot interview was carried out with an assistant manager of a community residential home at the end of

which feedback was sought on both the style of interviewing and content of questions. The feedback encouraged a style of letting the discussion flow and gave confidence to proceed in this manner in the subsequent interviews. The interviewee also suggested emphasis on questions investigating the fears and anxieties of care workers and the effects of perceived stress on work teams.

Selection of Interviewees

No. of Interview	Interviewee	Sex	Years Experience as Manager	Type of Centre
Interview 1	Manager	Male	5 years	Community-based residential home
Interview 2	Social Care Worker	Male	8 years	Secure residential unit
Interview 3	Manager	Female	4 years	Community based emergency hostel
Interview 4	Manager	Female	3 years	Community-based residential unit
Interview 5	Manager	Male	2 years	Secure residential unit
Interview 6	Assistant Manager	Female	2 years	Secure residential unit
Interview 7	Manager	Male	8 years	Learning disability: Training centre for clients from residential units
Interview 8	Manager	Female	4 years	Community-based residential home
Interview 9	Manager	Male	14 years	Community-based residential home
Interview 10	Social Care Worker	Female	5 years	Secure residential unit

Table 4: List of Interviewees

According to Gerson and Horowitz (2002):

> a theoretically focused study needs to choose a carefully targeted sample that is well situated to illumine the issues under analysis.

A database of social care agencies is held in the department of social science in Dublin Institute of Technology. From this I was able to select managers from a variety of centres. The aim was to make a selection carefully and with as little bias as possible. A colleague helped in making the selection having been asked to aid in finding a group of respondents who would be strategically placed to give a realistic and wide-ranging set of views on organizational stress. Table 4 provides a list of the informants. Of the eight managers , five had little previous contact with the researcher; three were known through students' placement supervision and three had attended course in the college some years ago. Two social care workers were also interviewed in order to have some alternative

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perspectives on the issues. The analysis of data however focuses primarily on the data collected from managers. The aim of the researcher was to use any previous contact as a bridge to creating meaningful discussion; in line with ethnographic research, this might be seen as a valuable way of developing engagement with interviewees (Heyl, 2001). There is a possibility that a manager might want to portray their particular centre in a strong positive light to someone representing a public body such as Dublin Institute of Technology and thus under-report incidents and events related to perceived stress. While this potential bias has to be taken into account, the interview data tends to show little effort to deny perceived stress; differences of view emerged more about the kinds of stress than the existence of stress.

The interviews were carried out over a two month period. Thus there was development over time resulting in a refinement of some questions and elaboration and clarification sought on certain issues. The interviews were taped and were all carried out at the sites where the managers worked. The interviews usually continued after the tape recorder was switched off mainly to allow debriefing and feedback where relevant. Notes were kept of this information along with observational notes based on my impressions during visits.

Ethical considerations

Interviewees were carefully informed about the purpose of the research prior to seeking their consent to participate and were also reminded of their right to withdraw at any stage. A letter outlining the research project and guaranteeing confidentiality of the material discussed was provided. (A copy of this letter appears in Appendix 1.) In some cases the proposal had to be passed by the management board of the agency concerned. In any written material to be produced, it was agreed that the identity of the participants and agencies would be protected.

Protection from harm is an important ethical concern. Emotional harm is a relevant issue when discussing topics such as stress, fear and anxiety. A debriefing period was built in

to the closing stages of the interviews and participants were encouraged to contact the researcher, if issues arose concerning any of the events or topics discussed.

> Participants must be able to contact the researcher after they have participated in a study to report any stress they have experienced. In such cases, the researcher must take steps to avoid causing similar stress to other participants.
>
> (British Psychological Society, 2000, p.7).

In embarking on this research it was the understanding of the researcher that the discovery of malpractice would place a duty on the researcher to disclose the information to the appropriate authority. In such an eventuality the primary responsibility would be to the wider community and not to the completion of the research or the protection of the organization. At this stage of the research, no such issue has arisen.

The ethical codes of the British and Irish Psychological Societies are the guiding principles of this research; all ethical considerations mentioned above are in line with those guidelines.

Reflexivity

Post-modern ethnographers recommend the "careful public scrutiny of the inquirer's history, values and assumptions" (Schwandt, p.242). Considerable exposure to positivist, scientific psychology during my formative years of training inclined me towards more structured methods of inquiry and analysis. However the completion of a clinical research study in the 1980s using Kelly's (1955) personal construct theory brought me into contact with qualitative approaches. This, coupled with working in an interdisciplinary social science department for many years, has created an openness to working with unstructured methods. The challenge in entering this phase of the research project was to use all the knowledge and skills over years as a psychologist but not to let that impose meaning on interview data without considering the views of participants. Watson (2003) asserts that interpretive research

can be made relatively objective if the researcher gives an account of their research and their own involvement in the research process.

Such involvement is reflected in the professional values arising from the discipline of psychology and from involvement as an educator and trainer of social care workers. The intention is to use these perspectives in collaboration with the views and perspectives of the informants to construct an understanding of organizational stress in the social care sector. It is also intended to add reflexive comments as appropriate throughout the reporting of the findings.

Interviews and Analysis

At each site observational notes were taken immediately after the visit. The notes were helpful in registering the type of environment in which the manager was speaking and operating. Thus entering a secure unit registers a very different impression on the visitor to arrival at a community-based residential home by its more explicit formality, by the fact that keys have to be used to move from one section another. However in the secure centre where I spent time, an atmosphere of business and friendliness was predominant. Interactions with clients were informal and managers and staff could easily integrate a stranger such as myself into conversation.

Interaction in community-based and emergency residential homes that I visited was easygoing; there was an ongoing flow of communication which "put it up to" the outsider to fit in. Staff I met were skilled at including me in ongoing conversation adequately but not intrusively. In all visits I would have had a cup of coffee informally before going to a quiet room for the taped interview. As many of the centres have regular visits from health board personnel and social workers, the presence of a stranger is not an unusual event, but there is a quizzical "who is he" that must be answered. Again I was facilitated easily in this by staff and managers. This would suggest that I was not a threat to staff for clients and is probably based on t he fact that I have a role in visiting centres as a college tutor for many years, although not necessarily to each of these specific centres. However it provided a simple explanation for my presence if one were required.

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It is to be hoped that the relatively relaxed atmosphere led to interviews that were genuine and dealt fairly, in-depth and authentically with the issues and that the data collected could be considered rich information that will be useful to the sector. This would help meet the criteria of a pragmatist view of truth and mean that knowledge claims based on informants' accounts could be evaluated in terms of their relevance and value in developing training modules on the theme of organizational stress.

Analysis

A thematic analysis was carried out on the data following broadly the methods suggested by Miles and Huberman (1994). The tapes were listened to a number of times and then transcribed. In order to develop the analysis a start code was constructed based on the conceptual framework; this was added to as the analysis proceeded. The main coding categories were as illustrated in Table 5:

Stressors	Positive Moderators
Destructive Responses	Negative Moderators
Constructive Responses	Organizational Outcomes
Strain	Prevention
Management	

Table 5: Main Coding Categories

A full list of coding categories and relevant definitions appears in Appendix 2. This set of descriptive codes was applied to each of the interview transcripts; where relevant general and reflexive notes were added in margins. An example of an analysed interview appears in Appendix 2. Miles and Huberman (1994) suggest the development of memos and the construction of propositions as the analysis develops. A number of memos and propositions were developed and used to create interpretive codes and extract meaningful

patterns from the informants' accounts. Three main themes were established and the analysis is now presented based on these themes.

The relationship between stressors, destructive responses and organizational outcomes

While questions about stressors were introduced early in the interviews they were rarely listed by managers in a systematic way. A stressor was mentioned and the meaning was then elaborated through examples, showing the effects on staff, often accompanied by accounts of the processes that modify the stressors. Some stressors were common to most of the organizations, in particular client-related stressors where there was extreme behaviour.

Stressors - Organizational	Stressors Client	Stressors – client routine
lack of resources	not having control	flashpoint times
job insecurity	threat of violence	some mealtimes
power struggles and dynamics	allegations	night/bedtime
Constant change (for some)	threat of getting hurt	mornings fraught/start of a 12 hr. shift live nights, waking nights, sometimes 4 in a row
lack of places to move kids on to	clients under the influence	
inappropriate placement here	murder in family of 1 client	access and family difficulties
lack of psychiatric service/backup	suicides and death	verbal and physical abuse from clients
lack of resources, placements	self-mutilating behaviour client who has become resentful	child runs away
intensive periods, highs and lows	and angry	children are more abusive phone calls; don't know what has
inexperienced staff f together	Difficult older children	happened in the phone call
changes in health boards	destructive towards staff, the unit	
don't know who is doing what		
authorisation for everything		
shortage of social workers		
have to make decisions		

Table 6: Summary of different kinds of stressors mentioned by informants.

Table 6 illustrates the stressors categorised according to the coding scheme developed during the analysis of the data. One category denotes stressors that arise through work with a group of clients. Some of these stressors arise out of particular crisis situations and are thus difficult to predict; others arise on a more regular basis, may be more connected to particular times or events and in turn may be more predictable. A second category denotes those stressors that emanate from relationships with colleagues, with management, and with administrative services such as health and social welfare departments.

Stressors that occur on a regular basis were referred to as "flashpoints" by one informant.

> There are the times each day, the flashpoint times. Getting up in the morning, a lot of bad humour. You are talking about trying to split them up especially ones who don't get on together. Sometimes when the clients get phone calls either from a parent or social worker where a possible fostering plan has fallen through, then there can be very emotional times for everyone, especially key workers or those who happen to be on at the particular time; the trouble here is that you don't always know what has happened in the phone call but their bad humour, or nonverbal behaviour might indicate something. It's just that you have to be alert all the time or else you lose control and feel bad at the time and guilty or ineffective afterwards.
>
> (Interview 4)

Another informant describes a typical morning in a unit for adolescents:

> Mornings are very fraught too. Getting teenagers out of bed is always a problem. A lot of abuse thrown at you "get out of my room, you f'ing ---t"; that's your start for the day and I'm only starting a 12 hour shift. This is my greeting. That is hard for staff. For some of these kids the incentive to get up is very little—they are out of home, nobody really wants them. So, it's night-times and mornings are the most difficult.
>
> (Interview 3)

Thus everyday events can easily become contentious, emotional affairs. Disappointments, resentment, anger are frequent occurrences and often follow access visits and family contacts. These situations can become quite difficult but the extent to which they are stressful has a lot to do with the level of alertness and the experience of

the team. When a team is strong, it will act positively to moderate the level of stress (Interview 4). If a team develops flexibility, autonomy and mechanisms for mutual support, day-to-day problems are handled well (Interview 9). Often the atmosphere can change rapidly and an outburst or crisis can occur with little warning. Interviewee 6 described graphically one incident where a client's next placement was cancelled and an otherwise average morning became very difficult:

> She flared up. She started going for people with anything she could lay her hands on. She got herself so entrenched; how someone was not seriously hurt I don't know; it just bubbled and bubbled. When I came in, she was just screaming, from her toes. I went down to her room and said , I will come in to you when you calm yourself down. Usually, you can with a calm voice eventually get her to calm down.. It was like nothing before –there was no way of getting through to her and you just couldn't open that door.

This incident occurred in a secure unit; however similar events can also occur in other units. Interviewee 1 described a difficult period of time for staff:

> At one point here, there were three very difficult young people in the house. They were close to out of control, and they did assault and would physically hurt people — digs and blows. It had an awful affect on people working here. But people lived with it despite the problems and things eventually got better.

This manager attributed the constructive response of the staff to the presence of a strong team at a time where they had little reliance on agency or relief staff. In an agency dealing with learning disability, the range of problems existing in one group of clients can in itself be challenging:

> across 11 people there can be such a diversity, different profiles, age profiles, medical issues, psychiatric issues, learning disability issues, speech even. Just like we had coming in the door to the centre today, no speech. That can be very difficult for a worker, they don't know what a client wants.
>
> (Interview 7)

Very traumatised children and adolescents affect the social interaction between people at many levels in a particular setting. Two managers from community residential homes mentioned ways in which staff internalise problems encountered with clients:

Young people are a source of stress and anxiety in that they literally transfer some of their moods and aggressive demands on to staff. So you can see when a particular difficulty with a young person mirrors through in the way the staff deal with each other and deal with me and deal with the director, how young people's anxieties and behaviours transfer on to staff ..and up through the organization.

(Interview 8)

This type of work demands personal involvement. It can also awaken all sorts of stuff in yourself, your own closed issues that you haven't dealt with and don't want to; but are probably the reasons you are in the work.

(Interview 9)

Thus the behaviour of some clients and the personal demands of the job can become stressful for some people.

This can be exacerbated when there are stressors also arising from the relationships with other staff and management; indeed these factors can in themselves become stressors. Interviewee 5 made the point that while confrontation and physical restraints are serious stressors, they are "often over that day or the next day". In contrast organizational stressors are ongoing.

The ongoing stresses we would have then are organizational whether it is the organization imposing something, or staff not being listened to, or management's approach. People can feel they are not listened to, or sometimes intimidated. Or they are working in a difficult situation and they don't get support. There are situations too where they feel undermined, maybe by a particular style of management.

(Interview 5)

Such organizational stressors can lead to friction between staff members and poor relationships with management. Similarly lack of resources to make significant interventions with clients (Interview 8) and changes in role due to administrative changes made outside the unit (Interview 9) are longer-term stressors which gnaw at social care workers and eventually lead to reduced quality of work.

The staff achieved great results with a number of children. Children who have returned home and are saving a fortune for the services. Then they are suddenly told by the health board -- don't do this any more. They feel under-valued, undermined and rightly so. They have put a lot of emotional investment and they feel it when they are told it is unnecessary.

(Interview 9)

While the various examples cited here come from very different types of unit, the effects of the stressors are usually on the emotions and behaviour of the people working there. Constructive responses in the form of coping with such stressors can depend on the alertness of staff, the cohesion of the team and levels of support provided by both team and management (Interviews 5, 6). These factors were often referred to in the interviews. The conceptual framework considered such factors as moderators and in the analysis of interviews they were coded as positive moderators. Negative moderators were however mentioned more often in interviews as were destructive responses to stress. Interviewee 3 pointed out how a constructive response might entail seeking supervision or support from other staff, but a destructive response has implications for both the team and clients:

Unfortunately I notice the destructive more often. Some people will tell you in supervision or they will seek support from co-workers. or they may even think should I be here? Well, yes you should, you are just having a bad run. But the destructive ways are undermining other staff. Bitching about the system, the service, the management. Spreading that among a core group, an exclusive group, cliques develop. Resistance for the sake of resistance. Also towards the. children. We have an idea to do something. Oh, the kids don't deserve that. They show no gratitude. They shouldn't get anything. When they are in that space, it's bad. If a child is doing badly, someone who is in that space will be much more likely to discharge that child. This placement isn't working –get rid of them.

(Interview 3)

When people respond destructively to stressors, there are negative consequences for the team, the clients, the quality of work and possibly for the person themselves in the form of strain. Some of the destructive responses described in interviews are listed in Figure 2 along with likely organizational outcomes.

Destructive Responses	Organizational Outcomes
Displacement Inaction through fear and apprehension Feeling the world is against you Go sick Withdraw Rigid over-control Stirring it up for others, team and clients	Not pulling weight on team Teams split apart Unhealthy cliques Apathy Team under-strength due to absence Heightened emotions, charged atmosphere Negative atmosphere Covering up

Figure 2: Examples of destructive responses and organizational outcomes

Interviewee 7 gave the following example:

> You can see a high level of displacement activity develop. Ways of managing the shift, a day punctuated just by different ways of managing time. That could be reading, always thinking of a reason for going out of the unit, maybe spending a lot of time talking on the phone when they could be interacting with the clients. Sending the groups off to do something and not participating with them. Obsessively preoccupied with one or two of 8 clients. Where are the staff, they are down stairs cleaning the shoes together. They will just about make it to 4 o'clock. Emotionally, they are drained.

This kind of behaviour was mentioned by other informants. Sometimes it is a sign that the individual is suffering and it may have little effect on others; but an almost inevitable consequence is that the team's resources are depleted. This can be much worse when the person becomes negative as well.

> So, it can lead to people digging holes between each other. Everything is wrong. The system is wrong, the health board is wrong, the manager is wrong. The negativity spreads like wildfire. If a strong character has this attitude, others will be consumed by it. Some of this goes back to recruitment, people don't know the job they are coming in to do.
>
> (Interview 3)

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The effects of this kind of behaviour are very destructive, undermine the team and also make a manager's job very difficult. It was pointed out by a few managers (interviews 1, 3 and 6) that when an individual is in this kind of state, it is also unlikely that he or she will make use of support services such as supervision, peer support or counselling.

Negative atmospheres can be brought about by a combination of difficult clients and inadequate or destructive responses by staff members. Both of the social care workers interviewed commented on the way in which a negative atmosphere with heightened emotions can develop and affect a team. Interviewee 2 put it in the following way:

> I'd say if you know a client is trouble, there is high tension on the unit. There is a negative atmosphere in the unit; it makes the staff feel down; it makes the other girls feel down. It makes your work twice as hard and I'd say nobody that works in social care, either the voluntary sector or here in Looksboro has not experienced that. I'd say it goes beyond apprehension — downright fear at times.

Interviewee 10 described a situation where a child's placement fell through for the third time and where her natural resentment and anger led to very high tension and emotion in the unit. What comes across from the interviews is that a team needs to be cohesive and to have a full compliment of experienced staff to overcome a fraught atmosphere.

> I think the client group are getting more and more difficult. It is much more challenging, the destructiveness of it – to themselves and to the units. For younger staff coming in, it can be quite intimidating and frightening for them. Even over the last couple of months here, some of the clients have been dreadful to manage. They can split teams apart. Some people can manage them, some people can't.
>
> (Interview 5)

If the team is split apart as described, the less able worker finds it very difficult to survive. Informant 6 described the situation for one worker. Asked if this worker would go on leave because of difficulties at work, she replied:

> She would have turned up, but she would have been very much in the background. Not pulling her weight. When things arise, she'd be out havin' a cigarette. For me your team are your back-up, and she didn't feel confident

enough. So she will tend then to deal with other less stressful kids. And you'll find it is always the same people who are working with the more challenging kids.

This kind of withdrawal from the more demanding work and often from interaction with the clients was a recurrent theme in the interviews.

> You get apathy, a kind of withdrawal from the job. People come in but they are not really here; certainly they are not relating fully to the children and if there are difficult incidents they are usually not available, or are little use to whoever else is on.
>
> (Interview 4)

> I'll give you one very tangible example, where one member of staff broke down crying in front of a group of children, or someone hides in the office – they go off the floor. They leave the work all to some one else. They will absent themselves from the young people they are working with. Or they will start to wind up the kids.
>
> (Interview 1)

These examples highlight responses to stressful events where the behaviour of certain staff impacts on the work of the overall team and unit and can as a consequence maintain a stressful environment. I was interested in whether this led in turn to people staying away from work on sick leave. There were different responses to this. One manager described a culture in which it was very easy to report in sick

> It is really quite easy to take sick leave here. We have one person here who worked in private industry and they express amazement at how easy it is to take sick leave. We have to believe them when they ring up.
>
> (Interview 4)

This manager found that there were periods where there was a considerable amount of absence and a proportion of it was reported as stress-related. Similarly interviewee 1 found that absence was often related to stress.

> Usually, too, if you find one person out on stress leave, there has to be several more on the brink of it. If you want to see how things are in any house, just ask to see the sick leave record, I think.

On the other hand interviewee 8 reported "a culture of not ringing in sick" and therefore found that people were rarely absent. A commonly-held view (interviews 5,6, 2, 9) was

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that staff were more likely to turn up for work even if under stress but to perform unsatisfactorily; thus a staff member would be present but withdrawn or engaged in displacement as described above.

In some cases, frequent and lengthy absences led eventually to the staff member leaving.

> They eventually went on sick leave, as a result of stress and didn't come back to work. They would have negotiated a way of getting out. They left, early retirement, or something else. They couldn't have come back. The fences were unmendable.
>
> (Interview 7)

This was a person who had suffered stress at work, and had developed problematic relationships with colleagues and management. Actually leaving a job because of stress factors was not a common occurrence in the opinion of the managers interviewed. In fact some noticed a changed trend since recent pay increases for social care workers, where some staff who might formerly have left now remain in the job even though they are having great difficulty adapting to changing roles and circumstances.

> The salary increases of a couple of years ago have locked people into their jobs. There is much less turnover; whereas there used to be a lot of turnover all the time. So, turnover is less. Also health boards are closing units so there are fewer places to move to. There is one untrained person, very weak worker, she'll not move on, there is nowhere to go and the money is good. They are a manager's stressors.
>
> (Interview 9)

Similarly, interviewee 8 pointed out that people were staying in jobs longer as a result of the pay increases:

> It means that some people might have left, and should have—well they don't now. You need to know that people are staying for the right reasons.
>
> (Interview 8)

Staff who are in this kind of dilemma often become a burden and have negative effects on the team and the unit as a whole.
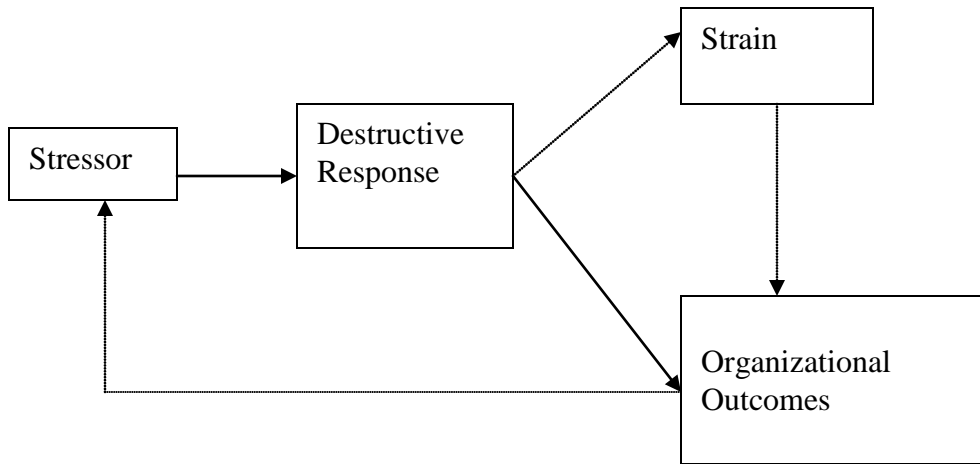
Figure 3: Influence of destructive responses on the organization

The diagram in Figure 3 summarises how such destructive responses sometimes lead to individual strain which may have negative organizational outcomes, and how destructive responses almost inevitably lead to negative organizational outcomes whether the individual experiences strain consciously or not. These organizational outcomes will often have the effect of maintaining or reinforcing the levels of stress.

It will be argued that significant interventions can be made at the level of response by a focused use of positive moderators. If the more destructive aspects of responses can be minimised the organizational consequences will be fewer and less severe to the benefit of both the team and the clients.

Control

Control was seen by all informants as an important issue. Sometimes control is a constructive response to a difficult situation and by successfully exercising control a staff member brings order back to life in the unit and supports colleagues. The need to control can however become an end in itself and may be linked to fear, insecurity and power struggles.

I think the single most stressful thing for any social care worker must be feeling you are not up to the job and a sense of not being able to have or to exercise control. in other words you are unable to control the situation. I'm not saying you need to be controlling all the time – it's the sense of being in control. And that transfers on to the kids because they can sense when they are with you in the house if you are in charge or not. If they feel someone is in charge in the house and can take control they will relax.

(Interview 1)

The informant gave a clear sense here of the need for a care worker to have a level of control and the consequences for the clients. Appropriate control is described as being based on relationships with the clients (interviews 5, 6, 8 ,9) on the basis of which most issues can be negotiated even if this is sometimes only achieved with great difficulty. Inappropriate control, whether this relates to failure to control or rigid over-control often has roots in fear and insecurity. This can mean fear of getting hurt, fear of having to use restraint and its consequences, fear of allegations by clients of inappropriate physical contact or interaction. Such fears lead certain staff to become over-reliant on keeping a rigid structure with inflexible rules.
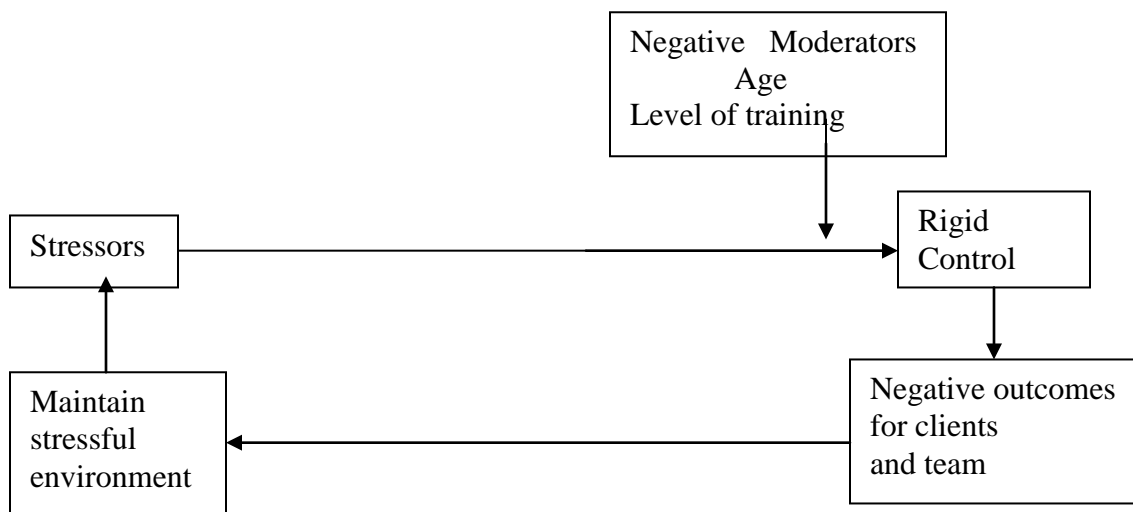
Figure 4 : The effects of rigid control

Figure 4 illustrates how this might occur. There were numerous examples in the interviews indicating negative consequences for the team and clients arising from this

kind of rigid approach. Managers also pointed out how this behaviour was often associated with older staff who had little training and who found the demand to a new and changing role very stressful.

Thus some staff resort to an inflexible interpretation of the rules and an over-reliance on structure.

> A lot of the staff will depend very much on the structure. . The structure here probably protects a lot of people. It has a very clear, strong impact on decision-making. To me you need to look beyond that. Some want the kids to fit into the structure of the unit. The needs of the child are important. But there are staff who have been here for years; they haven't the knowledge or background, or information.
>
> <div align="right">(Interview 6)</div>

This manager argued that certain staff become entrenched and are unable to adapt and respond to difficult situations. Similarly informant 5 described the way in which a lack of flexibility allows difficult incidents become more stressful and to have long-lasting consequences:

> Some staff can't cope with flexibility. Now, if there is a rule there , it has to be bent sometimes, depending on the individual client. I would prefer to see someone bending a rule to avert a crisis. Maybe defusing the situation in another way. Saving someone having to be restrained, or a major confrontation. We can deal with the other issues later. Some staff want the impact there and then. "They re getting away with something". Some find that difficult. The person who is not happy is never sorted. They'll attack me over it, they'll attack the team as well. They never let it go.

The social care workers expressed a different opinion to managers on the value of rules:

> We are very sanction based...we have to be; we don't know what the clients are going to be like, they are only here for a short time; we need to make sure that we are completely on top of it. That we are in control at all times --- for their safety and for our safety.
>
> <div align="right">(Interview 2)</div>

The care worker was not arguing for rigid control here but was more emphatic on the necessity of some rule structure and reflects a different perspective on this issue. A

manager from a community-based unit however also pointed to the unhelpful outcomes that ensue when staff are unduly rigid.

> There are still staff struggling to try to get the children to fit the structure. There is a structure that is not relevant any more to that situation. The structure is a support to the staff. It is more a hindrance to the children's development and creates problems for both staff and client.
>
> (Interview 9)

The informant described one incident where a staff member insists on enforcing a questionable rule, that a client must eat food only at the table rather than at the counter of the kitchen; she imposes her will to the extent that the client has to be forcibly removed from the room, thus creating a tense situation. The client is miserable, arguments and friction develop among staff which take a long time to resolve. The manager saw this entire incident as arising from rigid behaviour on the part of a staff member who had not taken opportunities for supervision and training.

```
┌─────────────┐      ┌──────────────┐      ┌─────────────────────────┐
│  Stressors  │ ───▶ │ Flexible     │ ───▶ │ Positive effects        │
│             │      │ control      │      │ Negotiation with client │
└─────────────┘      │ based on     │      │                         │
                     │ relationships│      │ Learning for team       │
                     └──────────────┘      └─────────────────────────┘
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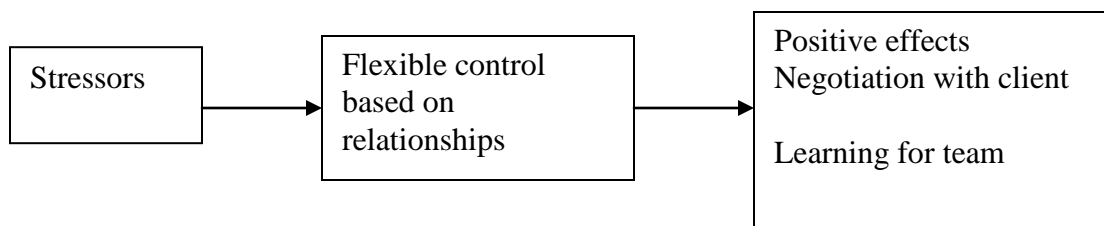
Figure 5: The value of flexible control

Figure 6 illustrates a pathway which reflects the managers' view of how the issue of control might be better handled in stressful situations. Informant 4 pointed out that difficult situations are part of the job and when they are worked through in supervision, negative organizational outcomes can be avoided:

> When there are access problems for the child or serious family difficulties, it can leave staff with very unpredictable situations. If they really know their stuff, that probably works out. But if you haven't experienced these kinds of situations, it can be very stressful. If you learn from it, it means next time you are better equipped; I really believe you have to go through a lot of these experiences to learn.

Moderators of stress responses as seen by managers

Moderators of the effects of stressors were considered at length in the interviews. The diagram in figure 6 illustrates factors that were considered important; thus when these factors work in a positive way they diminish the effects of stressors but when they are absent or exist in a negative form they exacerbate those effects.

Value supervision and counselling →	← Low priority for supervision and counselling
Prioritise handover meetings and debriefing →	← Pay little attention to handover meetings and debriefing
Balance personal professional boundaries →	← Confuse personal and and professional boundaries
Team support →	← Team divided
Management support →	← Lack of management support
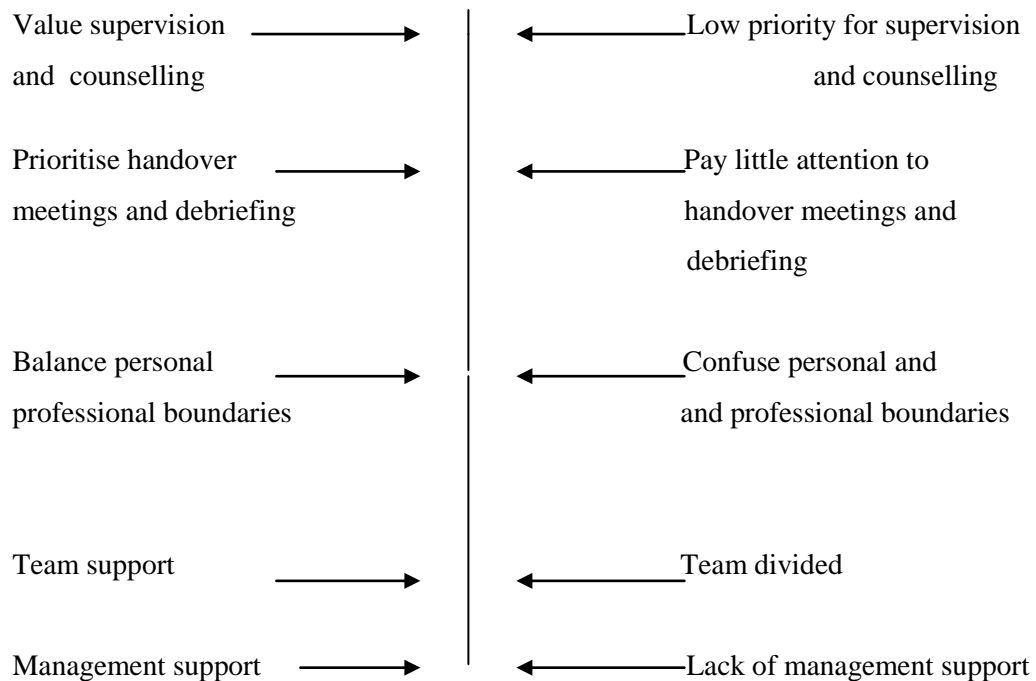
Figure 6: Factors that moderate the effects of stressors

A central factor seemed to be the way in which workers handled the tension between professional demands and commitments on the one hand and personal commitments and feelings on the other. Interviewee 9 described how clients might affect a social care worker:

> These kids are traumatised, they have been through hell; you have to have an overt therapeutic approach. You have a type of work here that demands more personal involvement. More thinking. It has changed how the job is done. It can also awaken all sorts of stuff, feelings, emotions in yourself, your own closed

issues that you haven't dealt with and don't want to; but are probably the reasons you are in the work.

The emotional aspects of the work can be troubling to some workers and touch deep chords within the person. Interviewee 5 commented on the overall interpersonal demands of he work:

> The work we are involved in here has a very strong interpersonal component. It challenges your make-up, big time. Personality certainly makes a difference. Some people, if they have bad experiences and their esteem is down. Having confidence is one thing. if you are a confident person, you bring that with you. There is a strong element of your personality.

These managers argued that individuals who manage these challenges well typically use team and management support, supervision, hand-over meetings and debriefing regularly and effectively. In contrast it is those who feel under pressure from clients, staff or management that fail to use these supports and have difficulty balancing the personal and professional boundaries, thus further aggravating their problems.

> The difficulty of separating the personal from the professional is always there, but more for some than others. Mixing friendship and work in residential work can be a problem. Long shifts can be a factor here; live nights are very problematic, you are vulnerable, you are tired, you are upset about something. I tell you about something, and hope you won't spread it; but you are someone who can't keep a secret. People end up disclosing very personal things. The kids are gone to bed. You might have 8 hours on your own with another person. You start talking; I tell you something about me, so you fell you have to tell me something back.
> (Interview 3)

Inappropriate disclosure can affect the relationship between two staff members where people reveal personal information; they may regret this later when they realise valuable boundaries have been breached.

> So they have to learn to handle that kind of intimacy. Social care residential work is rife with misunderstanding. Crossed wires—people are living in very intimate settings together and seeing each other throughout the whole 24 hour period.
> (Interview 8)

It can also create alliances between certain staff members which exclude others and result in divisiveness on the team. Interviewee 3 went on to describe how that can create

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problems for selecting staff for shifts, sometimes entailing the movement of 6 to 8 people in order to maintain effective working relationships:

> well, I had to change two people recently and I had to change 6 to do it. Otherwise, it is "why me, why are they changing me"? Some time it is necessary,. Actually 3 is a bad number on shift; if two are too close one gets left out all the time. As was happening. the third person is complaining. Of course, the others will say we are very nice to her — but it's obvious to everyone else.

There were many comments by informants on the ways in which difficult periods led to unhealthy patterns of communication and team relationships. Interviewee 7 described a situation where staff became selective in helping certain other members of staff

> You have a little clique then between 2 or 3 people. And it becomes over personalised, where the care worker becomes the rescuer....of other staff. That dynamic can become very strong in some teams. That transfers into the unit big time and pervades and colours everything that happens. It can transfer into the workers' personal lives. More than just part of the job. Then if that relationship turns sour, that will have negative effects.

Organizational effects of this kind seem to create an atmosphere where the resources for handling stressful periods are depleted and groups of workers can become dysfunctional. Interviewee 8 pointed out that team work is challenging for some workers:

> It makes more demands on people to work supporting one another. You have to learn to depend on others. Some had to learn to lean on people. there are a lot who work on the basis of being "in private practice" but this is a situation which requires you to work very publicly with young people. In front of each other.

Interpersonal relationships with clients and other staff are at the centre of social care work and the need to create an environment in which a balance between personal factors and the team is very important. Interviewee 8 summed up her comments in the following way:

> People apply a persona to the edge of their personality and that does work as a filter so that you are not responding ion a way that you might with personal relationships-like where you are co-dependent in a relationship or family. The professional filter has to work out. Which things are good for the young people to experience and things they don't need to. They are your client; they are vulnerable. You have to work out for yourself which bits of your personality

should be crossing over and which bits should not. You shouldn't get to the point where a client's situation upsets you so much that you can't work properly.

The need to successfully achieve this kind of balance both within the person and in relation to other staff and clients highlighted for managers the value of supervision, hand-over and debriefing, and might be illustrated as in figure 7.

```
┌─────────────────┐                                      ┌─────────────────────┐
│ Client          │                                      │ Supervision valued  │
│ relationships   │                                      │ in organization     │
│                 │                                      │ Regular and         │
│ Interpersonal   │      ┌──────────────┐                │ effective hand-over │
│ relationships   │ ───► │ Can you handle│ ──►           │ meetings            │
│ with staff      │      │ the   emotions│               │ Learning            │
│                 │      │ they bring up │               └─────────────────────┘
│                 │      │ in you        │
└─────────────────┘      └──────────────┘ ──►   ┌─────────────────────┐
                                                 │ Counselling         │
                                                 │ Psychotherapy       │
                                                 │ Cope or make decision│
                                                 │ to leave            │
                                                 └─────────────────────┘
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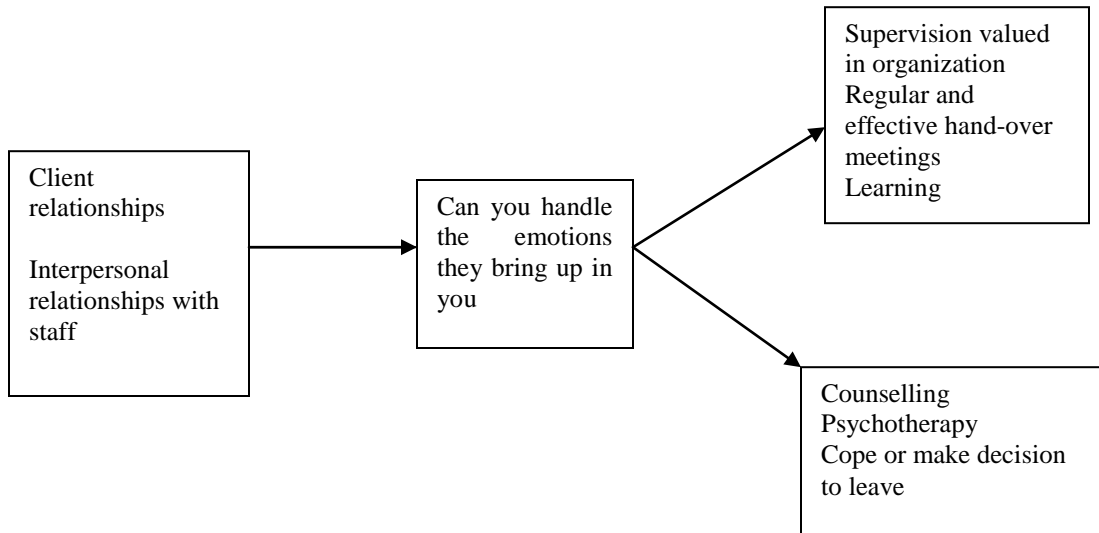
Figure 7: The function of supervision and counselling

Work with clients who have serious emotional problems and which is often carried out in situations where interpersonal relationships with staff are close may bring up uncomfortable emotions for a worker. Supervision and hand-over meetings with staff are appropriate places to deal with this material; counselling provides an alternative route. However it is necessary for an organization to value these supports and according to some of the managers, such processes can be under-valued.

> Supervision is such a huge thing. I think here they still don't take it seriously enough. Supervision should be written in stone. One person is assuming the other is doing it. It's not formal, it's not written down. One manager says - we do a lot of informal supervision. I say you will not get away with that. I did a lot of that as well as formal supervision. I was left under no illusion by the inspectorate that that won't do. Supervision is x, y, z and it has to happen. It is

too easy here for someone to slip by. Also there are the people who are doing well. They need the supervision to say , you are doing well. The good comes with the bad. And there are no records of supervision either. Supervision can pay real dividends in identifying people's strengths.

(Interview 6)

This informant represents the view that practice supervision is essential and needs to be overtly and publicly valued by the organization. Supervision is however a two-way process; informant 5 expressed this clearly in showing how in his organization staff can be slow to make use of supervision after serious incidents, at a time when it would give much support in reducing stress:

> You try and get them to bring it out in supervision or you try and talk to them, what was it like for you? but they are very closed about things like that. You try and point out what might help if a situation like this happens again. Supervision is changing here more and more all the time, and thankfully they begin to see it as a two way process. But it's only developing. Before it almost seemed that if one thing didn't go right for your year, the focus would stay on that for 90% of your job. We are trying to change that, but there are one or two who still stick to the old regime.

The value of supervision as a way in which difficult work experiences are used for reflection and developed as a form of learning was elaborated by informant 4:

> If you learn from these kinds of situations, it means next time you are better equipped. It can be very stressful but I really believe you have to go through a lot of these experiences to learn. Learning in college and on courses is only part of the way; you have to experience it. I keep saying this to younger staff.   If you have these experiences and then use supervision well, you really do learn a lot and can handle very difficult situations without suffering yourself.

The use of supervision along with other forms of training is emphasised here; it is seen as an important moderator of the effects of stressors. Informant 4 went on to argue that this kind of practice-related learning also had positive organizational outcomes in that the team gained when workers learned effective means of problem-solving. Some managers felt that supervision needed to be more than a learning strategy. Thus interviewee 9 argued for a deeper type of supervision:

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> Supervision is really important. People being able to talk about the things that come up for them and responding to that; you can't always. Managers and supervisors need more training, in fact quite specialised training. I know it's not counselling, but there is a psychotherapeutic piece of knowledge needed to help a worker to see what is going on for them

For this informant supervision goes beyond learning from experience and becomes a form of personal change and growth.

> When you work with kids and their emotions you have to sort yourself out in training too. It's like where a counsellor has to go to a counsellor themselves if they want to be a good counsellor themselves. It's the only way they are going to learn what it is like to be in that kind of pain. If you have dealt more with your personal issues and know better why you are doing this job, you will actually come under much less stress.
>
> (Interview 9)

Some managers agreed that there is strong need for self-analysis in social care work (Interviews 1 and 8); however this point of view would not be shared by all managers or workers. Some managers were satisfied that the key value of supervision lies in the development of learning and skills in order to become a competent worker and seemed also to consider that that would be the expectation of social care workers (Interview 4, 5, 6).

Figure 7 (p.36) suggests indicates how counselling can provide another way of handling personal strain and it is provided by almost all of the organizations I visited. In some cases it is provided free of charge and actively encouraged, in others access is provided but the worker pays for the service and it is seen as valuable for handling extreme situations. In all cases it is anonymous. Informant 8 represented an organization where there was overlap between supervision and counselling and where both were supported.

> People are taking up an offer that we have of outside supervision or staff support sessions. They are all encouraged to do that regardless of whether they are in crisis or not and that ranges from doing relaxation exercises or talking through stuff about their practice, how they get on with the team. And we have a big take up rate of that in this house. I modelled it by going down myself.
>
> (Interview 8)

More typically, counselling was seen as very helpful in response to a serious situation for a worker or staff group. Informant 9 would encourage staff in crisis to make use of counselling and found that it could be effective:

> We would recommend a counsellor to you. Some have used counselling and found it effective. And I think it was useful. In one case it led to a decision to leave; and maybe that was right.

Thus a few managers reported that a small number of workers found themselves so unhappy and under pressure with their work that counselling was essential. However the workers themselves did not necessarily recognise that need.

> It is not always the ones who most need to go who are using the service. you would wish that some others would, but they don't even realise their need. I should probably use it sometimes myself; but we are generally slow to do so.
> (Interview 4)

Informant 3 was more emphatic about this issue pointing out that social care work can attract unstable people

> There are quite a lot of messed up people working in social care. And I think a lot of personal development work should be done, especially at the early stages. You need to know yourself. But there are many drawn to care and mental health and they are more messed up than the clients. And the damage they can do, to both the team and the clients. Sometimes the most dysfunctional don't know that they are, so that can be difficult. People need to be clear about their motivations.

This manager commented that there were problems in selection and recruitment here also. However the presence of questionable motivation and personal problems might not become apparent until the person was involved in difficult situations at work. At this stage counselling was vital but a level of awareness on the part of the worker was necessary.

Managerial support for staff was seen by all as a positive moderator in coping with excessive stress. There were however different opinions of how this support might best be given.

Last year we had quite a few incidents. As manager, I was doing shifts; it was necessary. But some people did say that I wasn't there to support them. And I would probably say I wasn't because I was trying to cove too many places. Whereas now I'm saying it is really important that I don't. I don't automatically try to cover gaps, because that is to fail to look at the big picture. I had to make that mistake, but now my judgment is that I need to be there providing back-up. If I do the shift, the overview is lost, the extra that a manager can bring.

(Interview 4)

This manager felt that a degree of distance was necessary in order to provide the most informed support. Informant 3 agreed with and referred to the need to have an overview:

You need a helicopter view, which is hard to have when you are working in the thick of it; people on the ground don't hear there are plans to change things, to make improvements.

However some felt that particularly in social care there was a need for a manager to be seen to be involved with staff:

I work from the floor. The other managers would not be on the floor as much as I am. I'm allowed to work that way. I'm there a lot and the staff can see I'm involved. They feel I know what is going on and therefore they feel more secure.

(Interview 6)

I asked informant 6 to imagine a visit from a team of management consultant and to consider a possible criticism that social care managers were too close to staff and clients.

It's needed in this work. this is a particular type of work. A lot of it is done at the coalface, I can tell from experience, sometimes from the sound of a girl's voice that there is trouble brewing and I might decide to accompany an inexperienced member of staff. If there is a crisis, I'm in there. I can help defuse things. I would see that as important in supporting staff.

This level of involvement can bring its own complications. Informant 6 captured the ambiguity in describing a violent incident where management intervened in a resolute manner:

We got her to her room, locked her in, told her again, enough is enough—buzz us when you are ready. She was getting very aggressive and there were doors coming off hinges. Then we were in the office, and eventually we had to go down to her; it was eventually the managers and one staff who went down to do the

restraint. Any time this girl is in a crisis now, call the managers. They said they were undermined by it. But I said every time she gets into a strop, you call on us. You actually ask us to go down. And if they don't handle the conflict they won't be able to handle it next time.

The ambivalence concerning the appropriateness of managerial intervention in a difficult situation is evident here. Informant 6 argued that it is only with comprehensive debriefing and well-run compulsory hand-over meetings that optimal arrangements can be negotiated. Therefore how to support is a function of how one interprets one's management role in terms of level of involvement and further requires that staff expectations are clarified through regular debriefing and staff meetings.

Interviewee 7 argued that there are managers who are simply not aware of levels of staff stress in their organization:

> Management have a lot of accountability in this - stress is a salient factor here and awareness in this organization, well, it's not that high. The problem is where you have managers who do not rate it at all, they need to be up-skilled.

A level of awareness is necessary for management to provide support and for this support to act a s a positive moderator in the process of coping with the effects of stressors.

Discussion and Conclusions

In this section interview findings will be summarised in the context of the research questions and the conceptual framework outlined at the beginning of the document. The data suggested a relationship between stressors, destructive relationships and negative organizational outcomes. This pattern is congruent with the conceptual framework outlined in the introduction and suggests more emphasis on the organizational outcomes. Thus the framework might be adapted as in figure 8 to reflect this pattern more faithfully. It would seem that there are almost always negative outcomes following destructive responses to stressors. Individual strain however may or may not develop from stress responses and when it occurs it may in turn have further organizational outcomes.

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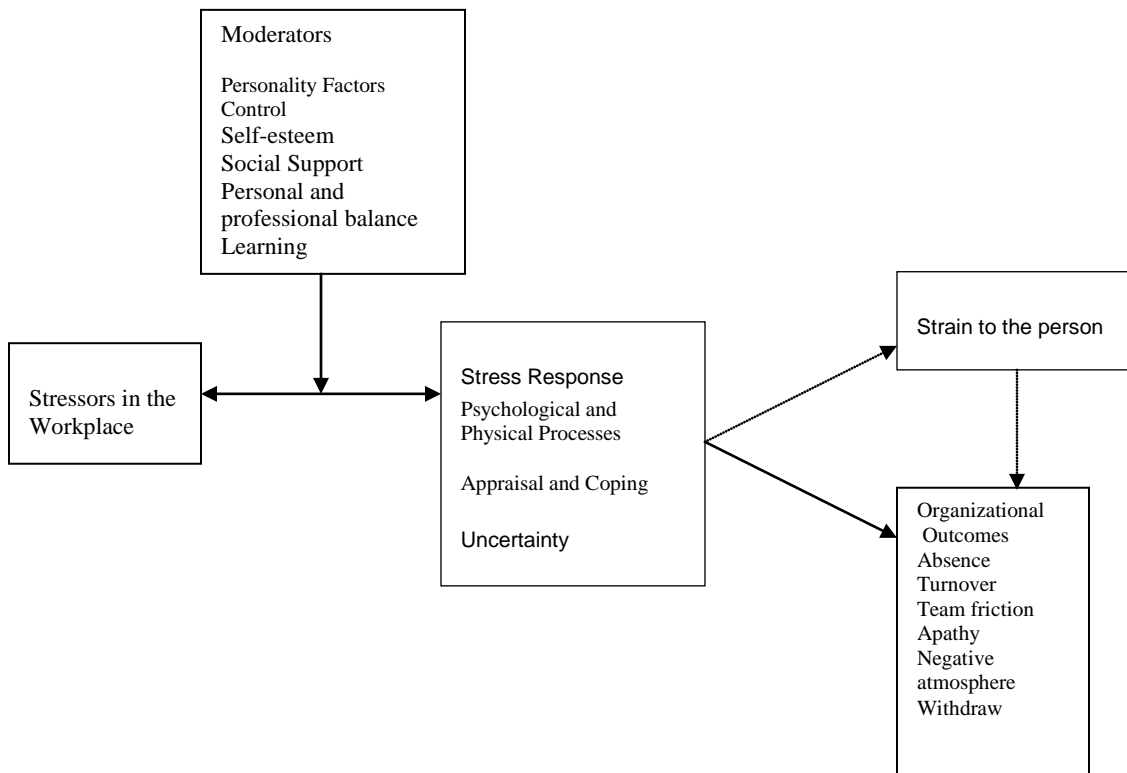
Figure 8: Framework outlining the key processes in occupational stress (Adapted from Beehr, 1998)

Research questions b) and c) asked to what extents stressors would relate to the content and context of the work and the extent to which relationships with other staff might be sources of stress. Stressors were classified as to whether they were related to client incidents, routine events or organizational factors. Several stressors were indicated under each heading; client-related stressors tended to relate more to the content of the work whereas organizational stressors related more to work context. Cox and Griffiths (1996) included interpersonal difficulties at work as part of work content; they were included in the findings with organizational factors and were mentioned more often as negative moderators of stress than stressors in their own right. Research question e) concerned the nature of stressors; it was found that both acute and chronic stressors occurred. The term

chronic refers to stressors that are persistent over time; some of the stressors described as routine fit the description in that they can be present over a long period; organizational stressors were also likely to be more persistent when they occurred. Research questions a) and e) were concerned with the frequency of anxieties and worries for staff and of stressful events. The interview data indicated the range of stressors and their effects and shed light on the meaning of stressors in different settings.

The question of frequency could be answered more successfully by means of a wider survey of managers. However the material developed in this study will help to sharpen the focus of questions for the survey in document 4 for the next stage of the research. The significance of stressors was interpreted in relation to staff responses to stressors and the organizational outcomes. Figure 9 summarises the way in which it is suggested that destructive responses can lead to a series of organizational outcomes which in turn create an environment in which stressors are maintained, exacerbated or repeated.
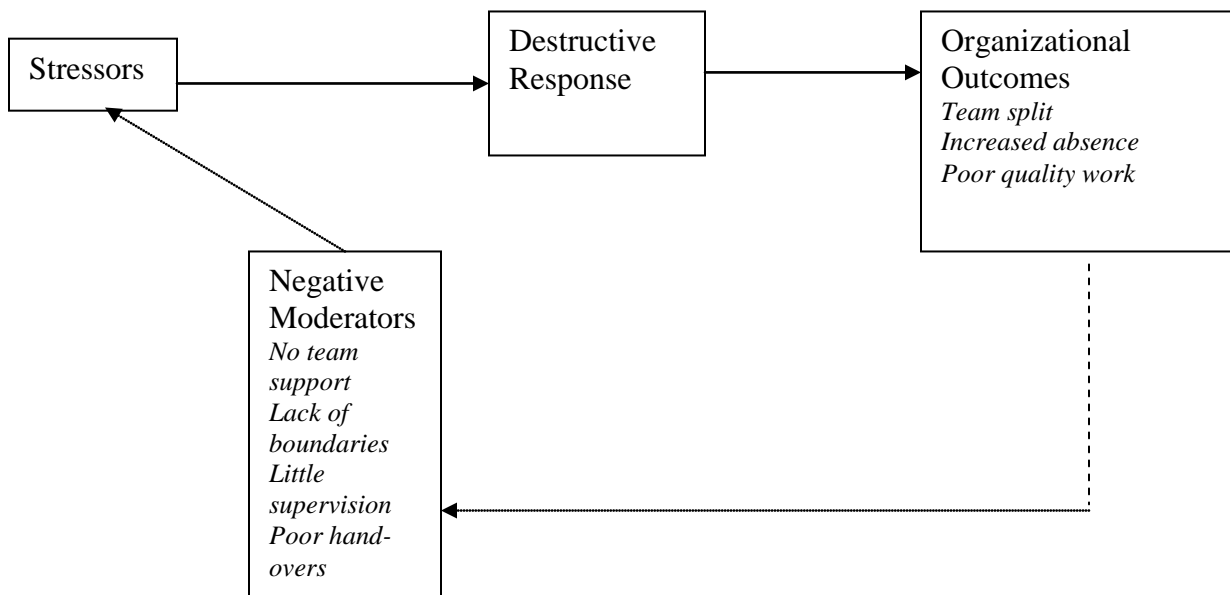
Figure 9: The relationship between destructive responses and negative moderators

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Research question f) asked if stressors gave rise to medical or psychological problems or absence from work. Medical problems were not mentioned as a significant consequence; psychological problems were linked with destructive responses to stress. Managers reported sickness absence as an outcome but that this depended on prevailing attitudes towards taking sick leave. In some cases a culture existed where staff take sick leave regularly and easily whereas in other cases, the culture was such that sick leave was rarely taken and even discouraged. Withdrawal from effective engagement with clients was seen to occur more often; the effects of this on teamwork and morale were considered a serious problem. In some instances serious ongoing experience of stress might lead to a person deciding to leave but it was reported that labour turnover had decreased since significant pay awards were made to social care workers in 2001. Issues concerning absenteeism and labour turnover merit inclusion in the survey stage of this research to collect a wider range of views. Labour turnover has long been an issue for managers of social care services, as evidenced informally by meetings of the Residential Managers Association and the Irish Association of Care Workers. The views expressed in this set of interviews seem to suggest that a change has occurred such that people are tending to remain in their jobs. It is worth noting, as Beehr (1995) and Quick et al (1997) have pointed out, that there are times when labour turnover may be positive for an organization in that staff who are very ineffective may leave.

Rigid control of the work situation was seen as another form of destructive response to stressors. It could show in over-reliance on the rules and structures and was seen to have negative consequences for teamwork and to be associated with fears of aggression and fears of allegations. Thus staff who feel insecure strive to impose control in inappropriate ways, cause divisiveness in teams and may engage in practices which are at variance with modern, client-centred approaches to social care work. A negative atmosphere arises from this disharmony; team relationships deteriorate and quality of work with clients also suffers. Karasek and Theorell's (1990) theory of occupational stress highlights the concept of control in relation to the work situation. Beehr (1998) uses the concept of uncertainty to refer specifically to lack of control. The importance

attached to aspects of control in social care work is in keeping with the emphasis in these theories.

Impaired team functioning was a common concern among the informants. Apart from its immediate effects on ongoing work, it feeds a cycle where it reduces the effects of moderators and diminishes the overall ability of staff to handle stressors as they arise. Figure x illustrates this process. The emphasis on the value of teamwork as a support is consistent with Karasek and Theorell's (1990) Job Demand-Control model where social support is prioritised as a factor in alleviating the effects of stressors. Karasek's concept of support also incorporates the support of supervisors and managers. Similarly in this study supervision, debriefing and hand-over meetings were considered important moderators. One argument is that the learning entailed in the reflective processes of supervision and debriefing develop resources in individuals and teams to be able to anticipate and handle difficult situations. A second argument is that these processes contribute to personal development at work and help people find the balance between personal and professional demands and concerns; a person who achieves this balance is an asset to a team and less likely to create difficulties in team relationships. Important questions arise from the diverse comments on supervision and personal development. Does the level of personal development referred to by some managers require in-depth supervision of a kind that resembles counselling? Do supervisors need to have highly specialised training to provide this? These questions are worth putting to a wider sample of managers and will be considered further in documents 4 and 5.

There is a strong argument from the views expressed by managers in this study that supervision, debriefing, effective hand-over meetings, and the maintenance of appropriate boundaries between personal and professional demands act as moderators of the effects of stressors and have positive organizational outcomes. They should therefore form part of any organizational stress prevention programme in the sector. Figure 10 suggests a way in which constructive responses to stressors may be made more likely by the presence of positive moderators which lead to positive organizational outcomes. These outcomes reinforce the value of the moderators which are then enhanced in value and

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effect. Through the developing team resources the intensity of some stressors may be reduced and some removed altogether.

```
                                    ┌──────────────┐          ┌────────────────────┐
                                    │ Constructive │          │ Organizational     │
                                    │ Response     │          │ Outcomes           │
  ┌───────────┐                     │              │          │                    │
  │ Stressors │ ─────────────────►  │              │ ───────► │ Positive effects   │
  └───────────┘                     └──────────────┘          │ on team            │
                                                              │ Less absence       │
                                                              │ Less withdrawal    │
                                                              │ Learning           │
                                                              └────────────────────┘
          ┌──────────────────┐
          │ Moderators       │
          │                  │
          │ Team support     │
          │ Effective        │        Reinforce Moderators
          │ hand-overs       │
          │ Debriefing       │
          │ Supervision      │
          └──────────────────┘
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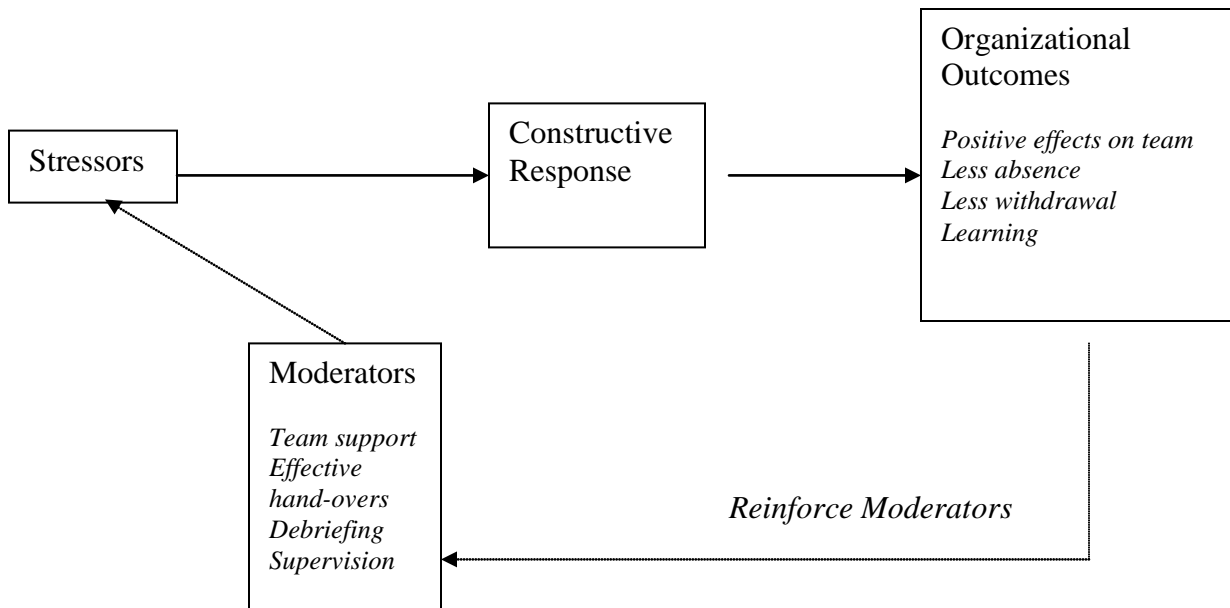
Figure 10 : Constructive responses and positive moderators

Managers seemed well-disposed towards many of the elements that make up this model but differed in how they thought they might best be supported by management. Thus some see this part of their managerial role as best enacted through standing back, keeping an overview, and ensuring that learning and support systems are developed and operated effectively. Others see managers as having a more involved role; that social care is a type of work where presence of a manager "on the floor" is valued by workers and where appropriate interventions, example and availability are the prime methods of support. This is not a new dilemma in the study of management but it signifies an important set of issues in a relatively new profession with recently emerging management structures. As such, there is no large bank of experience on which to draw and reflect. It is indeed useful for managers to gain from experience in the management of health services and social work generally; but the customizing of management ideas to the specific sector is however a vital challenge to current managers. While this research is concerned with

issues of managing organizational stress, underlying attitudes towards dimensions of management style could be usefully investigated in the survey research of document 4. These attitudes would have important implications for the development of management education.

The model illustrated in Figure 10 emphasises the use of moderators to achieve valuable organizational outcomes. An issue for managers is to find the most effective and appropriate points in the cycle to intervene. A purpose of the action research in document 5 will be to explore this with groups of supervisors and managers. Quick et al (1997) have developed a model of preventive stress management which identifies various levels at which managers can have an impact. Based on concepts of preventive medicine their framework outlines three levels at which prevention can be attempted. Primary prevention is aimed at controlling the number of stressors and their intensity; secondary prevention directed towards stress responses both individual and organizational; tertiary prevention focuses on existing symptoms and costs to the organization.

While much of the work of developing and improving moderators of the stress process in social care work would be addressed by the secondary level of prevention, it would also be important to set this in the context of broader organizational change. As managers are also inevitably concerned with immediate problems some attention would also need to be paid to some of the existing organizational consequences of stress. Thus ideas could be adapted from all three modes of prevention. Quick et al (1997) have developed a range of strategies relating to different aspects of the stress process; programmes on participative management, social support and team-building seem particularly relevant. A fundamental principle of Quick's approach is that each organization and individual reacts uniquely to stress. Weighing up the different views expressed by managers in the present study, there would be value in adapting some of these strategies to the social care sector. The action research of document 5 should provide a useful opportunity to explore these possibilities guided by the principle of the uniqueness of organizations and the need therefore to customise strategies to specific settings.

Critique

This study used an ethnographic style of interviewing to investigate manager's views of organizational stress. This produces inevitably a selective view of the topic. As Mason (2002, p.237) points out:

> Criticisms of interview and biographical methods have for a long time pointed to the vagaries of memory, selectivity and deception in interviewees' accounts.

She advises that informants' accounts should not be considered straightforward descriptions of social experience. In this case managers gave views of situations where they have particular interests and priorities. The thematic analysis was developed with these perspectives in mind as well as the perspective of the researcher which was both to explore for understanding and to identify factors that might contribute to prevention strategies. Reflexivity requires that the researcher is aware of their role in conducting and interpreting research. The role of the researcher as a trainer and educator of social care workers has been mentioned and it seemed that this was a help in gaining access to centres. A clear account has been given of selecting informants, carrying out the visits, structuring and conducting the interviews and the steps involved in analysing the data. In general, thematic analysis proved a useful method of analysis; however research question i) which concerned the language in which stress is usually discussed in social care workplaces might better have been approached through the use of discourse analysis (Watson, 2003).

To what extent can the findings in this study be considered applicable to other settings in the social care sector? Williams (2002) suggests that some generalization is possible in interpretive research. He refers to "moderatum" generalizations where aspects of a subject being investigated can be seen as instances of a "broader recognizable set of features" (Williams, 2002, p.131). He sees this type of generalization as the bass of inductive reasoning and different from generalization based on laws or statistical probability. While the findings about organizational stress in this study can be argued to be plausible in that the accounts of informants make sense, further steps need to be taken

to achieve a level of generalization. The iterative process of presenting the findings to the same or similar informants and seeking further or more precise information would help strengthen generalizations. The action research planned for document 5 will provide an opportunity to do this. This will also be useful in establishing the validity or credibility of interpretations made. With regard to validity Miles and Huberman (1994, p.279) ask if

> findings include enough "thick description" for readers to assess the potential transferability or appropriateness for their own settings?

It was certainly the aim of this study to seek depth in the interviews and in that way to provide adequate support for arguments and claims made. Another method of establishing the credibility of findings is to see if they are congruent with or confirmatory of prior theory. The emphasis on control and social support and their connections with stressors moderators are congruent with the theories of Cummings and Cooper (1998), Karasek and Theorell (1990) and Beehr (1998). These theories provide the basis for the conceptual framework developed in document 2 and reproduced at the beginning of this document; the interpretation of the data seems to be consistent with the conceptual scheme.

Schwandt (1998, p.247) asserts that it is possible to judge interpretive accounts

> on the pragmatic grounds of whether they are useful, fitting, generative of further inquiry, and so forth.

It was proposed earlier in this document that pragmatist criteria would be used to assess knowledge claims. The accounts collected and analysed have led to increased understanding of organizational stress on the part of the researcher. A pragmatist conception of truth demands that such knowledge be converted into strategies and programmes that are comprehensible and functional for those who work in the social care sector. These considerations will influence the next stages of research.

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Appendices

Appendix 1

Areas to be covered in Interviews

Stressors
Routine, Chronic, Crisis

Stress responses

Constructive/Destructive responses/coping mechanisms

Strains
Physical
Psychological

Organizational Outcomes
Absence
Turnover
Effects on team

Moderators
Personality
Control
Self-esteem
Social support

Prevention

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To
Director

Dear

I am investigating occupational stress in social care. This is being carried out in part to gather information about perceptions of stress and also to contribute to the development of human resource management modules being planned by the school of social sciences in DIT

As part of this study, I am talking to a number of managers and social care workers in a selection of organizations. It would help me greatly if I could interview some members of the management team of your organization.

All information collected will be treated in strict confidence and no report will be considered for publication without consulting the management of relevant organizations.

.

Yours Sincerely

Brian McCarthy

Senior Lecturer

Appendix 2

List of Codes

1		2	
Stressors	SOR	Moderators	Positive
Interpersonal	sor-int	Personality	pmod-pers
Organizational	sor-org	Self-esteem	pmod-sest
Management	sor-mgm	Control	pmod-cntrl
Daily/routine	sor-rtn	Support/colleague	pmod-sptcol
Chronic	sor-chro	Support/manager	pmod-sptman
Life Event home	sor-lifh	Personal/Prof	pmod-prbal
Life Event Wk	sor-lifwk	Organizational	pmod-org
Crisis	sor-cris	Attitude	pmod-att
Incident	sor-inc	Counselling	pmod-coun
Client	sor-cli	Communication	pmod-comm
client self-mutilates	sor-clislf	Learning	pmod-lrn
client aggressive	sor-cliagg	Experience	pmod-exp
		Team	pmod-tm

4		3	
Responses			
Constructive response	rs-cons	Moderators	Negative
Destructive response	rs-destr		
Fail to respond	rs-fail	Personality	nmod-pers
		Self-esteem	nmod-sest
5		Control	nmod-cntrl
Strain		Support/colleague	nmod-sptcol
		Support/manager	nmod-sptman
Physical Symptoms	sn-bod	Peronal/Prof	nmod-prcfsd
Psychological Symptoms	sn-psy	Organiziotnal	nmod-org
Behaviour	sn-beh	Team	nmod-tm
6		Training	nmod-trng
Management		Experience	nmod-exp
Styles/ management	man-styl		
Interference	man-intfr	7	
Consistent	man-cnst	Organizational Outcomes	
Inconsistent	man-incnst	Absence	oo-abs
		Withdrawing (absent on the job)	oo-wdrl
Intervention	man-intv	Leave job	oo-trn
8		Team	oo-team
Prevention		Clients	oo-cl
individual	prvn-ind	Factors	oo-fctrs
organizational	prvn-org	Inefficient	oo-ineff
		Decisions	oo-dec

Definition of Codes

Stressors	SOR	
Interpersonal	sor-int	stressors arising from relationships with other staff
Organizational	sor-org	stressors arising from factors related to administration, organizational conflict or relationships with other organizations and services
Management	sor-mgm	stressors arising from interactions with managers or supervisors
Daily/routine	sor-rtn	stressors arising from interactions with clients or others arising on a regular basis
Chronic	sor-chro	stressors that are present over a long period of time
Life Event home	sor-lifh	stressors arising from life events which occur outside the work-place or at home
Life Event Wk	sor-lifwk	stressors arising from life events occurring in or related to the work-place
Crisis	sor-cris	stressors arising from crises at work
Incident	sor-inc	stressors arising from a difficult incident with clients at wok, other than violence or self-mutilation
Client	sor-cli	stressors arising from relations hips with clients
client self-mutilates	sor-clislf	stressors arising from instances where clients mutilate themselves or attempt suicide
client aggressive	sor-cliagg	stressors arising from instances where clients engage in aggressive or violent behaviour

Responses		
Constructive response	rs-cons	a response showing any form of coping with the effects of stressors
Destructive response	rs-destr	responses the show negative reactions to stressors
Fail to respond	rs-fail	situations where there are stressors but an employee is described as showing no reaction

Strain		
Physical Symptoms	sn-bod	description of any physical or medical symptoms arising from or associated with stressful situations
Psychological Symptoms	sn-psy	description of any psychological symptoms arising from or associated with stressful situations
Behaviour	sn-beh	any behaviour which shows evidence of strain

Management		
Styles/ management	man-styl	Reference to any style of management
Interference	man-intfr	reference to interference by management especially if associated with stress
Consistent	man-cnst	reference to management behaviour that is consistent
Inconsistent	man-incnst	reference to management behaviour that is inconsistent
Intervention	man-intv	reference to different kinds of intervention by management in relation to stress

Prevention		
individual	prv-ind	an intervention that prevents stress for individuals

organizational	prv-org	an intervention that prevents stress at organizational level

Moderators	Positive	
Personality	pmod-pers	any aspect of personality that that moderates positively the effects of stressors
Self-esteem	pmod-sest	any aspect of self-esteem that that moderates positively the effects of stressors
Control	pmod-cntrl	any process or event associated with control that positively moderates the effects of stress
Support/colleague	pmod-sptcol	any indication of support from a colleague that positively moderates the effects of stressors
Support/manager	pmod-sptman	any indication of support from a manager or supervisor that moderates positively the effects of stressors
Personal/Prof	pmod-prbal	any indication of balance between personal and professional life that moderates positively the effects of stressors
Organizational	pmod-org	any process or events in the organization that moderates positively the effects of stressors
Attitude	pmod-att	any type of attitude that is helpful in moderating the effects of stressors
Counselling	pmod-coun	any reference to counselling as a positive moderator of the effects of stressors
Comunication	pmod-comm	any aspect of communication with staff or clients that is helpful in moderating positively the effects of stressors
Learning	pmod-lrn	any aspect of learning that is helpful in moderating positively the effects of stressors
Experience	pmod-exp	any process or event in the experience of workers that is helpful in moderating positively the effects of stressors
Team	pmod-tm	any aspect of team behaviour hat acts as a positive moderator

Moderators	Negative	
Personality	nmod-pers	any aspect of personality that that moderates negatively the effects of stressors
Self-esteem	nmod-sest	any aspect of self-esteem that that moderates negatively the effects of stressors
Control	nmod-cntrl	any process or event associated with control that negatively moderates the effects of stress
Support/colleague	nmod-sptcol	any indication of support from a colleague that negatively moderates the effects of stressors
Support/manager	nmod-sptman	any indication of support from a manager or supervisor that moderates negatively the effects of stressors
Personal/Prof	nmod-prcfsd	any indication of balance between personal and professional life that moderates negatively the effects of stressors
Organizational	nmod-org	any process or events in the organization that moderates negatively the effects of stressors
Team	nmod-tm	any aspect of team behaviour hat acts as negative moderator
Training	nmod-trng	any aspect of training that moderates negatively the effects of stressors
Experience	nmod-exp	any process or event in the experience of workers that moderates negatively the effects of stressors

Organizational Outcomes

Absence	oo-abs	instances of people staying away from work related to stressors and responses
Withdrawing (absent on the job)	oo-wdrl	any behaviour where people withdraw or fail to participate at work or in relationships with clients
Leave job	oo-trn	leaving the job where reasons are related to stressors or reponses
Team	oo-team	any effects of stressors or responses on team behaviour or relationships
Clients	oo-cl	any effects of stressors or responses on clients
Inefficiency	oo-ineff	inefficiency or poor quality of work as a result of stressors or responses
Decisions	oo-dec	effects of stressors or responses on decision-making
Factors	oo-fctrs	any organizational outcomes not included in other categories

Organizational Stress

in

Social Care

Document 4

A Report on a

Survey of Organizational Stress in

The Social Care Sector

Submitted in partial fulfilment of the requirements of the
Doctorate in Business Administration
degree

Brian McCarthy

Stress prevention

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Chapter 1   Introduction

Context and research questions

The focus of this overall research project is organizational stress in the social care sector. In embarking on the second stage of data collection it seems useful to highlight the main themes that emerged in the analysis of the interview data in document 3. It was argued

> 1) that there was a relationship between stressors, destructive responses and organizational outcomes,
>
> 2) that control was a significant factor in the social care workplace
>
> 3) and that a number of moderators of the stress process were important through their relationship with coping strategies and stress prevention.

It was argued that if the more destructive aspects of responses to stressors can be minimised the organizational consequences will be fewer and less severe to the benefit of both the team and the clients. It was suggested that significant interventions could be made at the level of response by a focused use of positive moderators.

The data collected in document 3 was primarily from a small selection of managers; the aim of this document is to elaborate the research questions in such a way as to present issues within a more structured research strategy to a wider group that would include more frontline care workers. This would give increased credibility to the conclusions and arguments derived from the research.

A conceptual model was developed in document 2 a nd used to elaborate the research questions for the ethnographic research in the first stage of data collection. The model was influenced primarily by the integrative model of organizational stress outlined by Beehr (1998). Beehr's model embraces central concepts from two important traditions of research in occupational stress. O ne of these is the job demand–control theory of Karasek and Theorell (1990) which particularly emphasises the concepts of control over one's work and the concept of social support. The second tradition encompasses person-

environment fit theories (Caplan, 1983; Cooper, 1998); stress is conceptualised in terms of levels of mismatch between the person and their environment. It has been central to the cataloguing of stressors and the identification of moderators and their effects on the stress process. The idea of a mismatch between a person and their environment was developed with reference to the helping professions by Maslach (1998) who used the theoretical framework to understand professional burnout and the stress responses of those who work in close and intense interpersonal contact with client groups.

Moderators
Personality Factors
Control
Self-esteem
Social Support
Personal and
professional balance
Learning

Stressors in the
Workplace

Stress Response

Psychological and
Physical
Processes
Appraisal and Coping

Uncertainty

Strain to the person

Organizational
Outcomes
Absence
Turnover
Team friction
Apathy
Negative
atmosphere
Withdraw
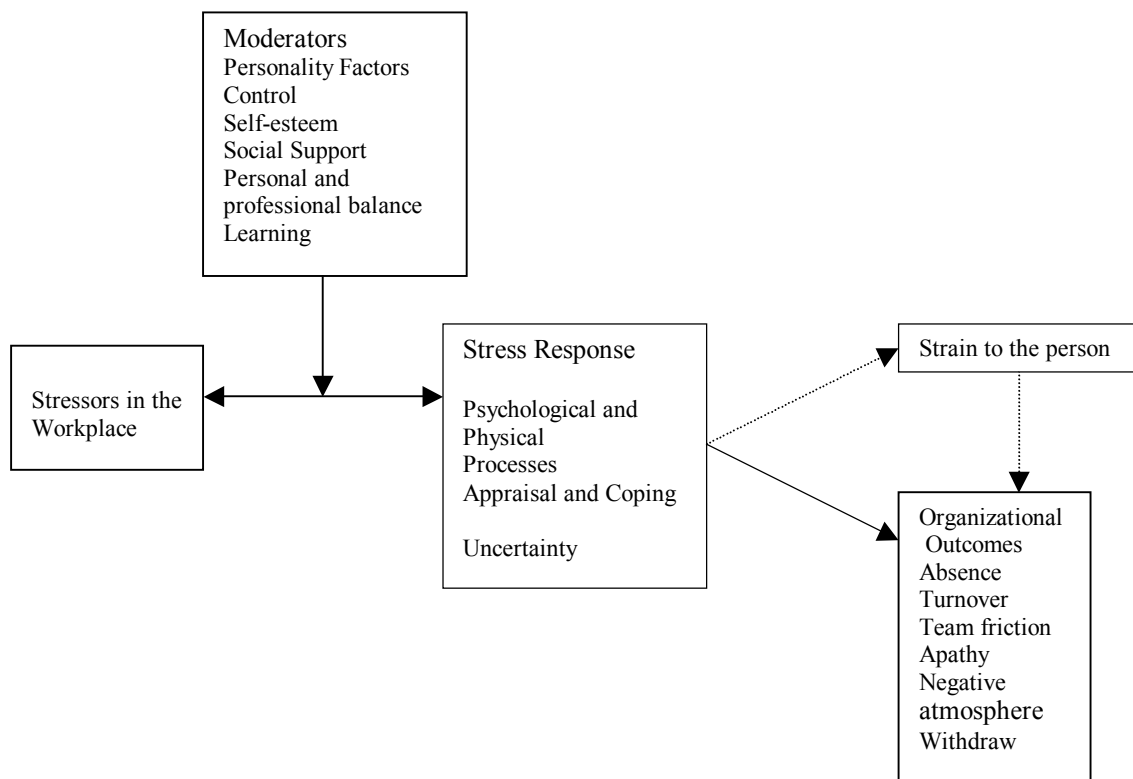
Figure 1: Conceptual model of organizational stress

The model illustrated in Figure 1 aimed to include the relevant concepts from these theories as integrated by Beehr and proved useful in framing and analysing the data in document 3. Some minor amendments were added in the concluding section to give

6

greater emphasis to the link between stress responses, strain and their organizational implications. While some stress responses such as 'avoiding tasks' or 'withdrawing from contact with clients' affect the organization directly in terms of quality or efficiency of work, they may not necessarily entail the experience of strain for the individual. In contrast other stress responses lead to both strain for the individual and consequent difficulties for the organization. It is hoped in this document to shed further light on the relationship between stress responses, coping strategies and organizational outcomes through collecting information from staff at different levels of the organizations being studied.

Karasek's job demand–control model and person-environment theories such as Cooper and Edwards' cybernetic theory (1998) have attributed an important role to coping mechanisms and prevention strategies in their models of organizational stress. It is however increasingly acknowledged that global models on their own can only provide limited understanding of the stress process (Sparks and Cooper, 1999) and that they are considerably strengthened when adapted to suit the needs of particular occupational settings. Commenting on the potential of job demand-control theory to explain the relevance of stressors such as workload and coping mechanisms, Van der doef and Maes assert:

> For health care personnel and teachers, stressors related to interactions with patients and students could constitute equally or more important job demands. Depending on the specific demands of a job, an employee may need specific corresponding types of control and social support to cope with these demands. This suggests that occupation-specific measurement of demands, control and support could improve the explanatory and predictive power of the JDC(S) model.
> (1999, p.109)

Thus in a study of the ways in which mental health nurses coped with stress McElfatrick et al (2000) found that a specially developed PsychNurse scale was more reliable and valid in measuring mental health nurses' coping skills than the coping sub-scale of the more generic Occupation Stress Indicator (Cooper et al, 1988). They argued that mental health nurses encountered unusual stressors and required unique coping skills to deal with

them. While this scale is likely to provide useful and relevant measures in that there is some similarity between the work of mental health nurses and care workers, there are also likely to be stressful situations which are not included or referred to in the scale. It seems worthwhile to take advantage of the relevant measures from already developed instruments such as McElfatrick's inventory but to adapt and integrate them with items customised to social care work.

In a review of studies of stress in social work Lloyd et al (2002) found that many studies compared social work stress with general population norms rather than with stress levels of workers in comparable professions. They found that where studies did focus more specifically on social work and related professions clearer evidence emerged of the organizational stressors such as role ambiguity and relationship with supervisor, of the risk factors such as low work autonomy, difficulties of providing service to clients and low professional self-esteem, and of moderating influences such as supervisory support.

A situation-specific approach as suggested by Sparks and Cooper (1999) will therefore be adopted in this investigation to allow the presentation of more immediately relevant work issues to respondents. In line with the model of organizational stress outlined in figure 1 the research questions focus on the stressors, stress responses and moderators, and individual and organizational outcomes. It is of particular interest to discover whether managers and frontline care workers have similar or different views of various aspects of organizational stress. As this stage of the research is developed within a structured framework the research questions are now elaborated as a set of hypotheses to be investigated.

Hypotheses

The main hypothesis to be investigated in this study is:
> that there will be a difference between managers' and frontline care workers' perceptions of organizational stress.

This hypothesis will be investigated by means of the following more specific hypotheses:

that managers and frontline social care workers will view different situations at work as stressful;

that managers will report having more control over their job;

that managers will be more aware of destructive responses by staff to stressful situations in the workplace;

that managers will report using a wider range of coping strategies than frontline social care workers;

that managers will favour a wider range of stress prevention measures.

These hypotheses will be investigated by means of structured research. The assumptions behind this approach and specific way of carrying out this project will be outlined in the next chapter.

Chapter 2   Research methods

Positivism and structured research

Approaches to science entail assumptions about what is real and how we come to know about it. There are a range of positions from positivism to phenomenology with different views of these issues. Positivism implies that there is a social reality and that one is searching for laws similar to those found by natural sciences; phenomenology on the other hand emphasises subjective consciousness and does not see the world as consisting of an objective reality. Slife and Williams (1995) suggest that positivism developed from a realist view of science which would claim that scientific methods give direct access to reality and that scientific explanations describe the world as it really is. A key concern of positivist research is to deal with observable reality and it is further assumed that the researcher does not affect or is not affected by the subject of research. The discovery of a relationship between cause and effect through observation and experiment would seem to be central to a positivist approach, whereby causes are identified and predictions made.

Oppenheim asserts that

> All science is concerned with relationships or co-variation between variables, but some of our ideas about relationships or associations have to undergo subtle changes as we move from the physical and biological sciences to the social sciences.
>
> (1992, p.13)

Thus the identification of causes is important to a positivist approach but is problematic in social research. This becomes more difficult where the issues under investigation are emotions such as 'stress' as in the present study. Stress has been defined in this research as a process, a set of interactions between a person and their environment. T he operational definitions which help us clarify the variables and research questions leave us with a problem when weighing up the research findings:

> Just how well the operational definitions represent the constructs under study is always open to question, and it is the most basic factor affecting the quality of the knowledge that can be gained by scientific investigation.
>
> (Slife and Williams, 1995, p.192)

A naive realist position might be that the findings or the research refer to an underlying reality of stress. A s this cannot however be shown, the debate remains as to the ontological status of knowledge developed.

One way of dealing with this is to seek meaning for the data in the relevant social, organizational or cultural context and to accept also that the way that all scientists think and carry out their enquiry is influenced by the current world view or paradigm.

> The way they formulate their questions, the methods they believe to be appropriate and the sorts of explanations they hold to be acceptable are all influenced by the worldview in which they live, as shared by a "culture" of scientists and the larger culture.
>
> (Slife and Williams, 1995, p.178)

Positivist research attempts to take a more reductionist approach to explaining relationships between variables in contrast to a phenomenological approach which is more holistic and can sometimes allow more complex situations to be investigated. Insofar as knowledge develops through argument and disagreement Remenyi et al (1998) suggest that it is possible to conceive of positivism and phenomenology as related concepts rather than being extremely separate approaches and that they can be used to triangulate and validate findings. In this stage of the present research, by identifying variables related to organizational stress and developing specific standardised questions to assess and measure responses, it might be argued that a relatively positivist, structured approach is being taken. The procedures to be used will also be capable of replication by other researchers; this is in line with a more structured approach. However it is through a combination of the findings of the interpretive research in document 3, which resembled a phenomenological approach, and the findings of this more structured research that a degree of triangulation and validation can be achieved. This seems more useful than an attempt to champion one approach as being more valid than the other.

The hypothetico-deductive method is characteristic of a scientific approach. It implies the development of a theoretical or conceptual framework from which hypotheses can be developed. Document 2 of this research project entailed the development of a conceptual framework relevant to organizational stress and ideas from that framework underlie some of the hypotheses for the current research as well as the way in which the questionnaire is structured. However the interview data collected as part of document 3 also generated questions and issues; so the insights have also contributed to the construction of the hypotheses; thus an inductive method is also being used.

Scientific method tends to privilege observation and experiment as its primary methods of investigation. The use of questionnaires and other surveys methods are more indirect as they rely on self-report and are clearly not in any sense directly observing the phenomena under investigation. The possibility of observing occupational stress in a meaningful way is unlikely and raises problems of access and measurement. The most common method of investigation of organizational stress has been through the use of surveys (Beehr, 1995; Cooper, 1998) It can also be argued that surveys can be carried out systematically and can be replicated. Furthermore they are a practical means of collecting information in an ethically acceptable way insofar as prior consent can be negotiated and the right to refuse or withdraw can be guaranteed. Questionnaire is the main method used to investigate the research questions relevant to this stage of the project.

The population and questionnaire pilot

Moser and Kalton suggest that there are three main areas of concern in developing a survey:

> The methodological problems of surveys fall into three broad groups: from whom to collect the information, what methods to use for collecting it, and how to process, analyse and interpret it.
>
> (1971, p.53)

In this study, the survey was focused on the set of organizations contacted through the research in document 3. The aim was to distribute the questionnaire to all the care workers and management staff of the organizations. It was planned to distribute the questionnaire through visits to each organization and to code and analyse the data collected using SPSS10.0 (SPSS, 2000). The interpretation of the results was carried out with reference to the hypotheses outlined in chapter 1 and the underlying model of organizational stress.

Moser and Kalton point out that in surveys the term population is used "to denote the aggregate of units to which the survey results are to apply" (1971, p.53). The population for this study consists of the care workers and management staff of nine social care organizations. In six of the organizations it was possible to get complete lists of names; in the other three organizations total numbers of staff were available but not actual names. As I visited each organization this may not have been a serious problem.

	Type of Organization	Total staff
1	State	75
2	State	36
3	Voluntary	40
4	Voluntary	20
5	Voluntary	12
6	Voluntary	12
7	Volunary	24
8	State	15
9	State	24
	State Total	150
	Voluntary Total	108
	Overall Total	258

Table 1: Type of organizations and numbers of staff

As it seemed a reasonable aim to attempt to access the total staff, it was decided not to sample the population, but to seek responses from the total population.

In constructing the questionnaire the emphasis was on the creation of closed-ended questions or statements where respondents were asked to agree or disagree. Some open-ended questions were included where it was thought that further information or corroboration might be useful. Weisberg et al (1996) suggest that when statements and rating scales are used three decisions have to be made:

    a) how many points to use in the scale,

    b) whether to provide a middle alternative and

    c) how many points on the scale to label with words.

In this questionnaire four or five-point scales have been used in six of the nine main sections. Consideration has been given in each section to the usefulness of including a middle alternative; in most cases one has been included. Where possible all scale points have been labelled with words as it was felt that this would be the clearest for respondents.

Attention has also been paid to the order in which response choices were presented to try to avoid order effects. It was hoped that by providing a variety of questions and response types that this problem might be avoided. This had to be weighed however against the danger of confusion in instructions. Where a simple agree/disagree format was used, as in Question 13 an effort was made to vary the meaning of an 'agree' or 'disagree' response so that response sets would not develop.

Weisberg (1996, p.85) suggests that in terms of wording, survey questions should be "short and direct" to avoid ambiguity. This was adopted as an aim in constructing the questionnaire. A number of draft versions of the questionnaire were given to colleagues who gave valuable feedback on wording. The piloting of the questionnaire paid particular attention to this aspect to ensure that respondents understood all items.

The sections were laid out in an order that followed the conceptual model on which the items were based. It was considered that this would appear logical to the respondents who were a relatively homogeneous population, all working in the social care sector. Although there were a relatively large number of items (total: 101) they were laid out

over a number of pages and it was hoped that by dividing it into sections, respondents would not see it as one long unending task but rather as a set of manageable tasks.

It was decided to pilot the questionnaire in one of the organizations where interviews had been carried out in the first stage of the research. O ppenheim advises that the respondents in a pilot study should be "as similar as possible to those in the main enquiry" (1992, p.62). The organization has an overall staff of 24; for the pilot study permission was sought to meet with one team of workers. A request was made at a staff meeting to administer the questionnaire at a future date; it was agreed that I could come to the end of their next staff meeting and distribute the questionnaire. T hey would complete it and some staff would remain to give feedback and comments. T his was carried out as planned the following week. E ight staff completed the questionnaire including one manager who had been on of the original interviewees. The questionnaire took between twelve and fifteen minutes to complete; some people took longer, especially where they spent more time on the open questions. The four members of staff who remained to give feedback discussed each section and also gave overall comments.

The feedback from respondents was positive; they felt the questions were relevant and the instructions for each section clear. It seemed also that the order and layout of the sections was appropriate and easy to follow. Some felt that the questionnaire should only contain the structured questions as all the main issues were covered in these questions. Others however felt the open questions were the most pertinent and that it was here that the best information would be given. Oppenheim (1992) suggests that open questions should where possible be transformed into scaled or structured questions after the piloting of the questionnaire. Having given consideration to the issues, it was decided to retain the open questions as information might be collected that would be valuable for the later part of this research project.

One respondent pointed out that answers to many questions could vary considerably depending on recent experiences at work. This is an important point but it is considered that with an adequate number of survey respondents the overall results would not be

affected unduly by a few extreme situations. This comment reinforced the need to be alert to specific circumstances affecting agencies during the time of the survey.

A coding system had been set up in SPSS with each item on the questionnaire identified as a variable and values assigned to each possible response. There were 101 variables corresponding to the total number of items on the questionnaire. The data from the pilot study was entered into the spreadsheet and a set of trial frequency calculations were carried out. No serious problems were encountered; so the rest of the data could be entered as it was collected.

Oppenheim suggests that

> questionnaires have to be composed and tried out, improved and then tried out again, often several times over, until we are certain that they can do the job for which they are needed.
>
> (1992, p.47)

It was unlikely that repeated pilots could be carried out with this questionnaire; it might rather be seen as the first major stage in developing a reliable instrument of measurement. The limitations on piloting does not rule out finding information relevant to the hypotheses; rather it limits the claims that can be made on the basis of the findings.

The construction of the specific sections of the questionnaire will be outlined in the next chapter.

Chapter 3   Construction of the Questionnaire

In this chapter the background and design of the specific sections of the questionnaire will be outlined. Relevant items from each section will be described and illustrated; the complete text and layout of the questionnaire appears in Appendix 1.

Demographic information

It is useful to collect information that will help give a profile of the population; twelve questions were developed to achieve this. The questions were also designed to provide factors relevant to the hypotheses which could be useful in analysing the data; they were based on the categories outlined in Table 2.

Q.1 Age	Q.8 Number of hours worked
Q.2 Gender	Q.9 Type of shift
Q.3 Length of time working	Q.10 Nature of work contract
Q.4 Type of organization	Q.11 Health status
Q.5 Management of staff	Q.12 Involvement in sport
Q.7 Position in organization	

Table 2: Demographic categories used in the questionnaire

Filtered questions were added to obtain detail as to numbers of staff supervised (Q. 6). Question 5 which asked respondents to indicate their position within the organization is the question most related to the main hypothesis. However the other categories are also relevant to the hypotheses and also to some of the variables in other sections of the questionnaire.

There are different opinions as to whether it is more appropriate to include a set of demographic questions at the beginning or end of a questionnaire. Oppenheim (1992) argues that is better placed at the end so that the central issues of the questionnaire are

presented at an early stage to the respondent; Remenyii et al (1998) suggest introducing demographic questions at the outset. It was decided to seek demographic details at the beginning on the grounds that stress can be a sensitive topic and respondents might need a short period to attune themselves to thinking about stress-related issues; some easily answered questions could be helpful in settling in to the task.

My Job

This section of the questionnaire deals primarily with the issue of control over one's job. Control is a central concept in the job demand-control theory of occupational stress.

> Job control, which is sometimes called decision latitude, refers to the person's ability to control his or her work activities. D ecision latitude includes two components: skill discretion and decision authority.
>
> (Van Der Doef and Maes, 1999, p.88)

The issue of control was considered to be an important one by the interviewees in document 3. It was decided to introduce this theme at an early stage of the questionnaire to stimulate thinking about a person's perception of their job before dealing with the more specific aspects of social care work.

The items that make up question 10 are as follows:

1 Generally I am free to make decisions about my work
2 There are often conflicting demands on my time and attention.
3 There are clear rules for clients where I work.
4 To do my job effectively I have to rely too much on other services.
5 Someone else decides the specific tasks I will do from day to day.
6 The rules for clients are often over-emphasised in maintaining order in my
   workplace.
7 I have a lot of say about what happens in my job.
8 My job requires that I constantly have to learn new things.
9 To perform competently I am very dependent on others in my team.
10 I decide when I can take a break at work

The items were based primarily on the decision latitude dimension of the Job Content Questionnaire (Karasek et al., 1998). The items in the Job Content Questionnaire measuring decision latitude have been used in a European context by Kompier and Lennart (1994) and in cross-cultural studies by Karasek (1990). Thus the items have been tested and found useful in a variety of contexts. In the present questionnaire items 1, 2, 4, 7, 8, 9 and 10 were based on items in the job content questionnaire. Item 5 was based on a question used in a national survey of the experiences and attitudes of Irish employees carried out by the Economic and Social Research (ESRI) Institute (O'Connell et al., 2003). Items 3 and 6 were constructed on the basis of the interview data in document 3 and are concerned with the relative importance of rules in maintaining control of one's work situation.

In this question respondents were asked simply to state whether they agree or disagree with the statements; the instruction is similar to that used in the Job Content Questionnaire. An effort was made to vary the meaning of an 'agree' or 'disagree' response so that response sets would not develop. Thus agreement with items 1, 3, 7 and 10 indicates control over one's job whereas agreement with items 2, 4, 5, 6, 8, and 9 indicates less control over one's job.

Stress and pressure

The 4 items in question 16 asked respondents about their perceived experience of stress, fatigue and the balance between work and home life. The items were

How often do you:

a) find your work stressful
b) come home from work exhausted
c) feel too tired after work to enjoy the things you would like to do at home
d) find that your job prevents you from giving the time you want to your partner or family

The items in this section were based on i tems used in a national survey of the Irish workforce carried out by the ESRI (O'Connell et al., 2003). In using similar items it was hoped that it might be possible to make some comparisons between the views of this population and the views expressed in the national survey. As the items in that survey have been piloted and tested, it seemed likely that they would be easily understood by respondents. They were set in a different context here, appear earlier in the questionnaire and are not in the same order as in the ESRI survey.

Sources of stress

Three questions were concerned with stressors or sources of stress for staff. Question 14 deals with stressful situations arising out of direct work with clients; question 15 is an open question related to work with clients; question 18 deals with more general situations in the workplace which might constitute a source of stress.

Question 14 c ontains a list of situations which occur in social care and have been compiled from the data collected as part of the research for document 3. The data was collected primarily from in-depth interviews with managers and social care workers as well as from group discussions with social care workers.

Question 14 asks respondents to rate a list of situations from 1 (very little stress) to 5 (very high level of stress). Twelve situations are listed as follows:

> a) Client makes an allegation against a staff member
> b) Client becomes violent
> c) Staff member loses control of a situation
> d) Client under the influence of alcohol or other drugs
> e) Client attempts suicide
> f) Client becomes angry
> g) Dealing with difficult situations involving older teenagers
> h) Verbal abuse from a client
> i) Client engages in self-mutilating behaviour
> j) Possibility that a client might make an allegation

k) Client becomes resentful
l) Physical abuse from a client

All are situations that occur in social care work, some frequently, others less frequently. A situation where a client attempts suicide or makes an allegation is generally not something that occurs often but staff would often be aware of the possibility of such a happening; thus it could be seen as ingrained in the consciousness of people who work in the sector.

In question 18 eleven items were created and presented as a series of statements to which respondents were invited to "strongly agree, agree, disagree or disagree strongly". A category of "neither agree nor disagree" was not used as it was felt that more decisive information could be collected by leaving it out. The list of statements is as follows:

One of the most stressful things about my job is:

a) Having to make decisions
b) Working with inexperienced staff
c) Not knowing who is responsible for different aspects of the job
d) Maintaining adequate control of the unit
e) Not knowing what is going to happen in any one day
f) Working in a team that is not pulling together
g) If staff engage in "power battles"
h) If there are personality clashes between members of staff
i) Dealing with very emotionally-charged atmospheres
j) Working different shifts all the time
k) When another member of staff does not pull their weight

The sources for the situations were the Job Content Questionnaire (Karasek et al., 1998), the Maslach Burnout Inventory (Maslach et al., 1996) and the interview material in document 3. Items c) "not knowing who is responsible for different aspects of the job" and j) "working different shifts" are based on items in the Job Content Questionnaire and are included because they refer to the issues of role conflict and unsociable hours. The format of the statements was adapted to fit the presentation of the other items in this question. Items e) "not knowing what is going to happen in any one day" and i) "dealing

with emotionally-charged atmospheres" are based on i tems in Maslach's Burnout Inventory; again they have been adapted to suit the general format of the question.

While these two inventories were useful sources for the issues in this section, it was decided to base the other seven items on the data in document 3. The reasoning here was that if the information collected was closely related to the sector, it would be more useful to the next stages of the research project.

Behaviour under stress

In question 19 r espondents were presented with a list of ways in which staff might sometimes behave under stress and asked to indicate if they have noticed the behaviour in themselves or another member of staff. T here are 5 pos sible responses to each item ranging from "very often" to "never". The ten items in question 19 have been constructed from the data collected in document 3 where managers described a number of behaviours which seemed to occur in response to stressful situations and which had negative outcomes for the organization. T hese descriptions have been transformed into more general statements that might apply in a variety of situations and are as follows:

> a) Care worker withdraws from work with clients while on duty
> b) Care worker becomes unduly angry or aggressive while on duty
> c) Care worker stirs it up for others on the staff
> d) Care worker takes out their frustration on other staff or clients
> e) Care worker thinks that everyone is against them
> f) Care worker covers up unsatisfactory work
> g) Care worker blames others for unsatisfactory work
> h) Care worker avoids important tasks at work
> i) Care worker resigns from the job because they find the work too stressful
> j) Care worker is absent from work because of stress

The Maslach Burnout Inventory (1996) was consulted to see if any of its items could be used as the scale has well-established reliability and validity. W hile there is some similarity between a few items developed for this questionnaire and those in the Maslach

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inventory, the preference was to collect information specific to situations that occur in social care work. Four items (b, c, d and e) have some affinity with items on the emotional exhaustion dimension of the Maslach inventory but have been adapted. Two items were included that relate to labour turnover and absenteeism, 'resigns from the job because they find the work too stressful' (i) and 'absent from work because of stress' (j). At the initial stages of this research project (document 1), it was planned to investigate stress-related absence and labour turnover more fully but through the interviews of document 3 it began to emerge that these were less significant factors in social care work than had been the case prior to recent pay increases and improvements in working conditions. However it still seems important to find out if staff consider stress to be a common factor in the reasons why people either resign from the job or take sick leave.

Question 20 is an open question asking respondents to indicate any other behaviours they might have observed.

Coping and Social support

Questions 21 and 23 focus on ways in which people cope with stressful situations at work. The items aim to measure the use of coping strategies as a response to stress. Two sources were helpful in creating the items for this section: The PsychNurse Methods of Coping Scale (McElfatrick et al., 2000) and the coping skills subscale of Cooper's (OSI) Occupational Skills Indicator (Cooper et al., 1988a). The OSI was designed for use in business and industry and is a more general measure of coping. However the broad areas covered in the scale were useful in developing an adequate range of items. Cooper's scale uses the following headings: social support, task strategies, logic, home and work relationships, time, and involvement. The authors of the Psychnurse scale argue that

> because the stressors encountered by mental health nurses are unusual, a specific set of coping strategies may be required to deal with them.
>
> (McElfatrick et al., 2000, p.966)

It is likely that some of these stressors are similar to those facing social care workers. In line with the argument that job-specific measures may be more useful in assessing coping strategies, more use has been made of this scale. The headings under which the Psychurse scale has been constructed are: diverting one's attention away from work, self-regulation and self-attitude, social support at work, positive attitude towards one's role at work, and emotional comfort. The Psychnurse scale has 35 items and it was considered to be too long to include in full, given the overall length of the questionnaire being used for the present study. The choice of items was determined by material related to coping strategies in document 3. A selection of items was made to try to cover all of the main categories; while they are used in a similar manner to the Psychnurse items, the wording has been adapted in some cases and one item has been added asking if people make use of professional counselling. There are 14 items as follows:

a) Have confidence in your ability to do the job well
b) Remind yourself that the work you do is appreciated
c) Detach yourself from work matters when necessary
d) Make a concerted effort to keep yourself relaxed and in control
e) Have a good moan to a friend or loved one
f) Look forward to going home at the end of each day
g) Be optimistic that that everything will work out in the end
h) Find out how others have coped in the same situation
i) Derive satisfaction from seeing a task through to completion
j) Take a moment away from it all to gather your thoughts
k) Search for a positive side to every problem
l) Have confidential one-to-one supervision
m) Get support from your manager
n) Make use of professional counselling

Question 23 aims to measure social support especially with relation to personnel available in or connected with the workplace. Cooper has developed a social support questionnaire which has a specific section on work-related problems (Cooper et al., 1988b). Following the procedures used in Cooper's questionnaire, respondents were asked to think of a particular situation at work which has been stressful. A list of 9 people who might be helpful in dealing with a stressful situation was provided and respondents were asked to rank the people from 1 (most helpful) to 9 (least helpful). The list was as follows:

a) Colleague
b) Counsellor from within the organization
c) Partner
d) Manager
e) Close friend
f) Supervisor
g) Doctor
h) Work team
i) Counsellor from outside the organization

"Partner" and "close friend" are the two people included in the list who are not connected with work. Cooper's scale includes family members and friends and in line with this it was decided to include some representatives of a person's wider social support network. Cooper asks respondents to rate each person from 1 to 5; ranking was used here with the aim of encouraging a prioritising of sources of support.

Prevention

Question 24 focuses on interventions that could help manage or prevent stress in organizations. The items in this section of the questionnaire were designed to assess respondents' willingness to participate in various interventions. Gatchel el al (1989) have suggested that an individual's beliefs about a treatment are a significant factor in predicting health behaviours; thus if it could be established that care workers are positively disposed to particular interventions, then those interventions might have a better chance of being successful.

Bradley and Sutherland (1994) conducted a survey of attitudes towards preventive stress management in a local authority. As the employees surveyed included social workers and residential child care workers it was considered that many of the interventions would be meaningful for the survey population in this study. Fifteen of the most relevant preventive measures were selected and respondents were asked to indicate whether they would participate in the intervention or not. The list was as follows:

a) Learning about different ways of coping with stress
b) Staff support groups
c) Training to increase own awareness of stress
d) Training for team leaders to recognise stress in team members
e) Counselling within the organization
f) Team building
g) Opportunity to take unpaid leave
h) More flexible working arrangements
i) Training in interpersonal skills
j) Assertiveness training
k) Health screening
l) Keep-fit programs
m) Training in relaxation techniques
n) Increased one-to-one supervision
o) Counselling outside the organization

In their survey Bradley and Sutherland asked respondents in relation to each of the items to agree or disagree with four statements:

I feel the organization would benefit.

I would personally participate.

I feel I would personally benefit.

I would recommend others to use.

While there is merit in seeking this level of differentiation, it was felt that for the present questionnaire this set of items appeared at the end of a long list of questions and that such a procedure would be too complicated. So it was decided to ask respondents simply to indicate their willingness to participate or not and that this would give adequate indication of a positive or negative disposition towards the particular intervention. The list included items that focus on the individual (e.g., relaxation techniques), some that focus on the group (e.g., team building) and some on the organization (e.g., flexible working arrangements). There is some overlap in items where the intervention might entail interaction between individual and organization.

The primary purpose of this section was to establish what were the interventions most favoured by managers and care workers. Question 25 was an open question which asked respondents to indicate the three most important ways of preventing stress for their organization.

Chapter 4: Results of the survey

Response rate

The questionnaire was distributed to staff and management in 9 or ganizations. T he potential number of respondents was 258; the number of returned questionnaires was 196. 5 questionnaires were very incomplete or not filled out; 2 were inconsistently filled out in a way that the responses could not be reliably coded. Thus it was decided to discard 7 que stionnaires. T he number of useable questionnaires was 189 yielding a response rate of 73%. Of the total number of questionnaires returned, 55% were from the state sector and 45% were from the voluntary sector. T he response rate for the state sector was 69% while the response rate for the voluntary sector was 77 %. Managers and supervisors made up 27% of the state sector respondents whereas they made up 40 % of the voluntary sector respondents. T he higher proportion of managers in the voluntary sector may reflect a h igher attendance of supervisors and managers at staff meetings in smaller voluntary residential units.

The overall response rate of 73% compares well with commonly reported rates of response with postal questionnaires; Remenyii estimates that 60% is a high response rate and points out that rates can be as low as 1%. The response rate achieved would seem to justify the time and effort involved in visiting each organization. In all cases managers were supportive of the project. The interest of managers was important but it must also be noted that it could create a pressure to participate in the survey. This could imply that some staff may have filled out the questionnaire because they ought to rather than wanted to, thus affecting the way in which they responded to questions. W hile there is no particular evidence to suggest that this was the case, it cannot be entirely discounted in evaluating the data.

With regard to non-respondents, further contact was made with each organization by telephone on two separate occasions after a period of 2 weeks and again after 3 weeks. In

each case an opinion was sought from a member of management as to possible reasons why some questionnaires were not returned. Managers felt that non-response was related to such factors as staff leave, being very busy at the time, or lack of interest in the issue. I was particularly interested to know if there was any likelihood that staff who were under extreme stress might be part of the non-response group. Managers felt that this was not the case and indeed guessed that staff who were under stress were actually more likely to participate as judged by comments about the questionnaire in staff rooms.

Section1   Population profile and perceptions of stress

Questions 1 to 12 and question 16

This section will describe the population by reporting information given in response to the demographic questions in the opening section of the questionnaire (questions 1 to12). Responses to the four items in question 16 relating to perceived experience of stress will also be considered in this section as they give an overview of respondents' perceptions of stress.

Of the 189 respondents 104 (55%) worked in state organizations and 84 (44%) in voluntary organizations. 128 (68%) were frontline care workers and 61 (32%) occupied a supervisory or managerial position.

The number of years worked in their present job is illustrated in Figure 2 and shows that the largest proportion (59%) of this population have worked between 1 and 5 years; in fact 75% of the population have worked less that 5 years in their current job. 30% of managers have however worked over 10 years in their job as compared with 10% of care

workers. With regard to work contracts the majority of those surveyed had permanent work contracts (75%); 20% had temporary contracts and 3% were casually employed. This suggests that generally job positions are secure and therefore are unlikely to be a source of stress.
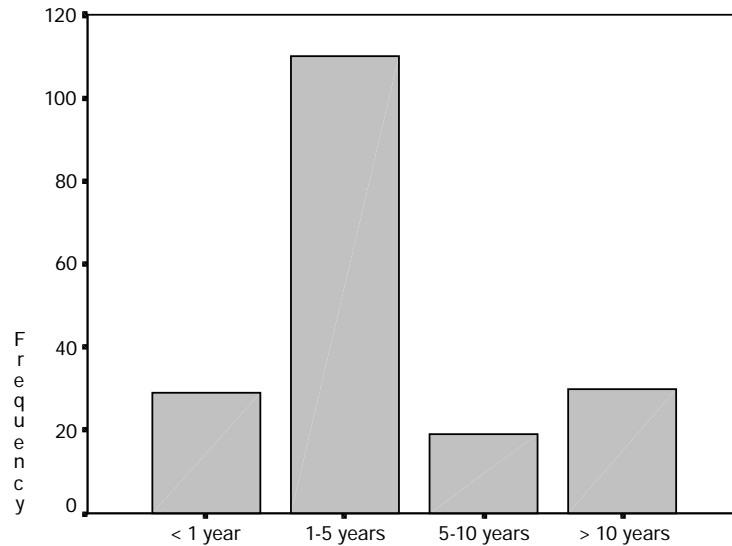
4How long have you worked Q. 3

Figure 2: Length of time in present job

A high proportion of care workers (85%) are under 40 years of age with 42% under 30; 64% of managers are also under 40 years of age but 26% of managers are over 40. The age profile of the population is illustrated in Figure 3. The median age of a care worker is 33 and the range is form 21years to 59; the median age for managers is 36 with a minimum of 25 and a maximum of 59.
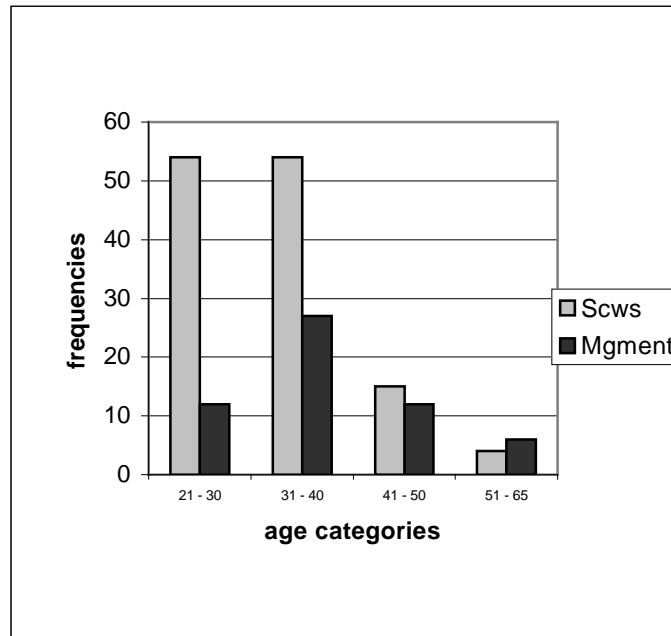
Figure3: Age profile of population

There were 120 female and 69 male respondents in the population. Males (mean = 37) tend to be a little older than females (mean = 33). Males are relatively better represented in management positions with close to 50 % of the management positions although they are only about one third of the total population.

The boxplot in Figure 4 illustrates the relationship between age and position in the organization. Managers are generally older but not by too much; one might conclude that this is a relatively young population where the difference in age between manager and care worker is often small.
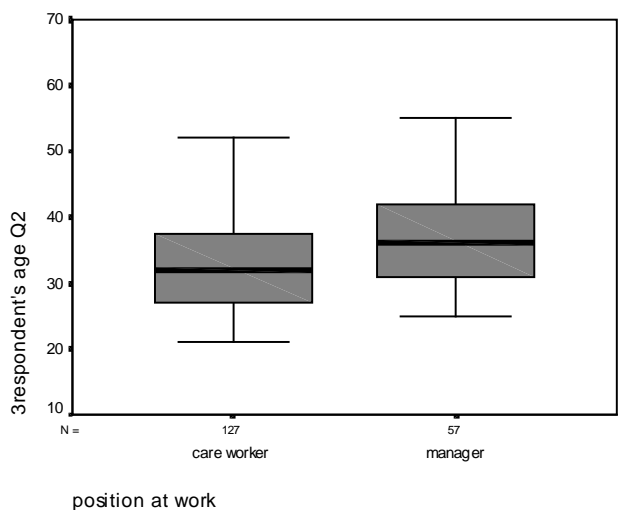
Figure 4: Relationship between age and position

In response to questions on health and sports involvement respondents saw themselves as generally in good or very good health and a significant proportion of the workforce engaged regularly in sports are physical activities. Table 3 summarises the responses to the relevant questions, 11 and 12.

		Percent
Sport/physical activity	1 a week or more	76
General level of health	good/very good health	95

Table 3: Involvement in sport and level of health of all respondents

Question 16 asked respondents to answer 4 questions related to their perceptions of stress and pressure. Table 4 shows the percentage of care workers and managers who either often or very often find work stressful, come home exhausted, find they are too tired to enjoy things or find that work interferes with their time with partner or family. It can be

seen that managers were more likely to feel stressed or exhausted. The table is based on the percentage of care workers and managers who chose the response 'often' or 'very often'.

	Care workers	Managers
a) Find work stressful	28	33
b) Come home exhausted	34	48
c) Too tired to enjoy things at home	22	38
d) Prevents you giving time to family	21	34

Table 4: Percentage of care workers and managers who find work
stressful or tiring

Item a) is the most relevant to the hypotheses of the present study. 28% of care workers and 33% of managers reported that they often or very often found work stressful. In the ESRI study of the Irish workforce (O'Connell et al, 2003) 25 % of the workers found their work stressful. In studies carried out throughout the European Union it was found that 31 % of workers always/often found their work stressful (Gallie and Paugam, 2002). The results of this study are in line with both larger surveys. Based on their findings the ESRI argued that there is evidence of significant levels of pressure and stress. It could be argued from the figures reported here that there are similar significant levels of stress reported.

It is noticeable that on the results presented here that managers have reported more experience of stress and fatigue. In particular a greater proportion described 'coming home from work more exhausted' (48%) and 'feeling too tired to do the things you would like at home' (38%). Using the SPSS program a crosstabulation was calculated to see if there was an association between management position and the variable 'coming home exhausted'; a P earson chi-square score of 0.4 was found but was not significant

(significance = .61). In terms of the hypotheses the figures reported in Table 4 would seem to suggest some difference in perception of levels of stress between care workers and managers with managers seeing themselves as finding work more stressful and more tiring; however there is no strong statistical support for this.

Cronbach's alpha (Buglear, 2004) was used to estimate the internal consistency of the items in this question; the alpha statistic was 0.95 suggesting a high level of consistency in the responses to the items.

In order to see if there were any relationships between the demographic variables and item a) 'found work stressful' crosstabs were performed using the SPSS programme. The following variables were investigated:

     Age

     Gender

     Level of health

     Sports involvement

     Regular/irregular shift

Variables were recoded to create 2*2 tables. For example, the item 16 a) which had 5 response sets was recoded so that there were two values: 'very often' and 'often' became one category 'high stress' and the other three response sets became a second value 'low stress'. This variable was then checked for association with the list of variables by seeking contingency tables and Chi-square association measures using the SPSS programme.

Miller (2002) advises that the larger the value of Chi-square the more confident we can be that there is a real association between the two variables in the population. In all of these cases the Pearson Chi-square value is low and the significance level is outside acceptable confidence levels. Miller further advises using the Phi value to measure the strength of any association; again these values suggest no association. The figures are summarised in Table 5.

	Pearson Chi-Square	Significance	Phi value
Gender	0.02	0.62	-0.01
State and voluntary organization	2.37	0.08	-0.11
Sports involvement	0.00	0.60	0.00
Level of health	0.03	0.72	-0.01
Regular/irregular shift	0.04	0.65	-0.02
Age	0.28	0.87	0.04

Table 5: Chi-square results for relationship of demographic variables with item 16 a) 'how often do you find your work stressful'

In the case of statutory and voluntary organization there is a mild suggestion (Pearson Chi-square = 2.37, significance = .08) that being a member of a voluntary organization might be associated with finding work stressful; while this might fit with opinions of workers in the sector the association is statistically weak. In the cases of health and involvement in sport an examination of the raw data shows that a very high proportion of this population see themselves as in good health and partake in sport at least once a week. As such it is probably unlikely that these factors would differentiate between those who report themselves as stressed and those who do not.

Overall this suggests that stress as reported in this study is spread evenly across these variables and some other questions need to be asked to establish a significant pattern.

Section 2   Your job

Question 13

Question 13 a sks respondents to indicate agreement or disagreement with a s et of statements related to control over one's job. Table 6 s hows the percentage of care

workers and managers who agreed with the four statements indicating control over one's job.

	Care workers		Managers	
	Yes	No	Yes	No
Free to make decisions	71	18	80	13
Clear rules for clients	76	16	77	16
Have a lot of say over what happens	69	19	77	11
Decide when to take a break	29	62	59	38

Table 6: Percentage of care workers and managers who feel they have control over their job

All respondents seemed to feel they had some freedom to make decisions, had a say over what happens and were satisfied with the rules for clients. While managers showed only slightly higher scores on the three items there was a more noticeable difference on the fourth item which referred to taking breaks; managers had more control over this aspect of work. Care workers often complain that they never get a break during a shift and that this can create a sense of feeling trapped.

One might have expected more difference on these issues as job discretion is often associated with occupational position (Karasek and Theorell, 1990; O'Connell et al., 2003). Those in managerial positions are usually seen as having a high level of autonomy and low level of monitoring.

> Discretion then declines with each occupational position with the lowest levels experienced by plant/machine operators who tend to have highly routinised tasks which allow little opportunity for discretion either in the pace or nature of the work.
>
> (O'Connell et al., 2003, p.35)

A difference in this study is perhaps that the lower occupational positions in social care are not associated only with routinised tasks and have some opportunity for discretion. Furthermore managerial roles in the units may sometimes be more akin to middle management positions even at the higher ranks where they are answerable to government departments and management boards. This may be further borne out when one examines the items related to having less control over aspects of one's job.
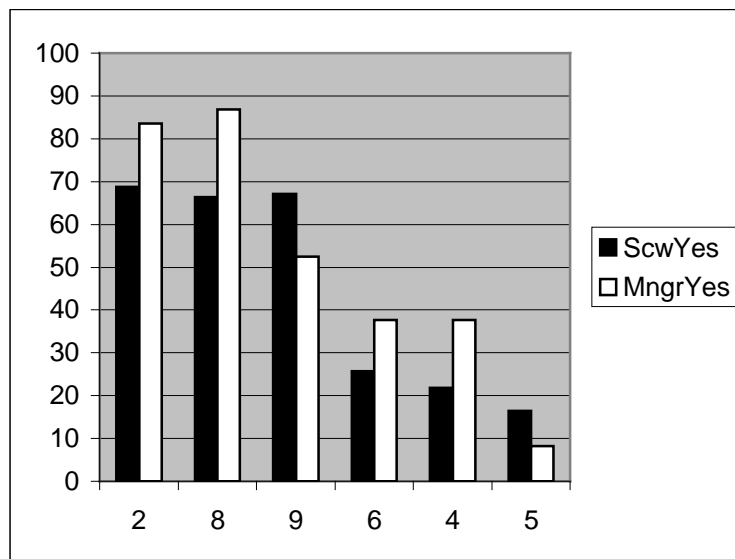
Figure 5: Care worker and manager responses to items indicating lack
of control (Question 13: items 2,8,9,6,4,5)

The bar chart in Figure 5 shows responses to (question 13) items 2,8,9,6,4, and 5 (order based on care workers' ratings) all of which were statements where agreement indicated having less control. It can be seen that on items 2, 'conflicting demands on my time and attention' and 8, 'my job requires that I constantly have to learn new things' managers had a higher rate of agreement with the statements. Table 7 gives the actual percentages and it can be seen that 84% of managers felt there were conflicting demands on their time and 87% felt that they constantly had to learn new things. The figures for care workers on these items were lower but suggested that more than half did not feel in control of these aspects of their jobs (69% and 66% respectively). 67% of care workers also felt

that they had to depend more on ot hers to be competent (item 9) and this probably reflects the interdependent nature of the work they have to do with clients; this figure was lower for managers (52%).

	Care workers		Managers	
Yes = no control	Yes	No	Yes	No
Conflicting demands on attention	69	24	84	15
Have to learn new things	66	25	87	10
Depend on others for competence	67	26	52	39
Rules for clients overemphasised	26	65	38	56
Have to rely on other services	22	66	38	59
Someone else decides tasks for me	16	73	8	89

Table 7: Percentage of care workers and managers who indicated that they do not have control over certain aspects of work

Overall the results suggest similarities between care workers and managers on those measures which show positive control and discretion over one's job but differences on other measures. Thus managers felt more demand on t heir time and attention whereas care workers felt more dependent on others to achieve their tasks.

Section 3   Stressful situations

Questions 14, 15, 17and 18

Four questions were concerned with perceptions of stressful situations or potential stressors. Question 14 focused on situations that arise directly from working with clients. Question 18 f ocused on ot her potential stressors associated with the workplace.

Questions 15 and 17 invited respondents to add other situations or aspects of work they considered stressful.

Question 14 asked respondents specifically to consider situations that might be stressful for themselves or other staff and rate them from 1 to 5. A score of 5 indicated a very high level of stress and 1 very little stress. A frequency analysis was carried out using SPSS which indicated the percentage of staff and managers who gave the various scores. In order to examine the situations that they considered most stressful, the cumulative percentage for scores of 4 (high stress) and 5 (very high stress) were selected and ranked form highest to lowest (as perceived by care workers). Table 8 indicates the situations which were considered most stressful by care workers and managers.

	Care Workers	Managers
	%	%
Client attempts suicide	87	87
Client becomes violent	74	77
Physical abuse from a client	71	75
Staff loses control of situation	70	74
Client makes allegation	68	75
Client engages in self-mutilating behaviour	57	56
Possibility that client makes allegation	40	34
Client influence of alcohol or drugs	39	41
Client becomes angry	30	23
Difficult situation with older teenagers	30	31
Client becomes resentful	19	15
Verbal abuse from a client	15	18

Table: 8 Ranking of stressful situations as perceived by managers and
            care workers

Suicide attempts were seen by both care workers and managers as the most stressful event that can occur and was rated as very stressful (4 or 5) by 87% of all respondents. Clearly such an event affects other clients and everyone working in a unit. Suicidal behaviour is challenging and emotionally upsetting and while preventive measures are usually taken, it can occur unexpectedly; in such situations staff are likely to feel they have limited control.

The next two situations which were considered very stressful were related to violent and physically abusive behaviour. B etween 71% and 75% of both care workers and managers rated these situations as very stressful. 'A member of staff losing control of the unit' was considered very stressful by over 70% of both groups. This issue was highlighted by many of the interviewees in document 3 of this research. It is likely that there is a connection between 'control of the unit' and outbreaks of physical violence.

A situation where a client brings an allegation against a staff member is seen as highly stressful by 68% of staff and 75% of management. T his was a matter that was also highlighted in interviews in document 3; the slightly higher score for managers could suggest a wider set of implication for those who have more responsibility for the whole unit.
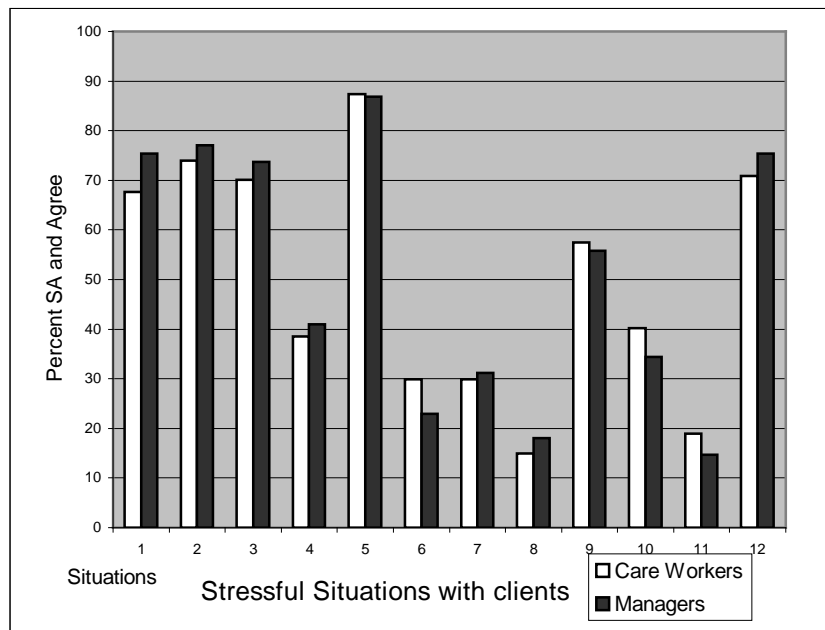
Figure 6: Comparison of managers' and care workers' ratings of stressful situations

The bar chart in Figure 6 indicates that situations varied widely in the scores assigned. A number of situations were rated as very stressful by a small number of respondents;

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clearly these situations can present problems for individuals in particular units at certain times but are not as universally stressful.

Figure 6 also highlights that there is little difference between management and care workers' scores on this set of items; so they do not support a hypothesis that management and staff will differ in how they rate stressors. A Spearman's rho performed on the data in Table 9 yielded a correlation coefficient of 0.97 (significant at .01 level) indicating a very similar pattern. This could be considered as evidence that a coherent view exists that certain situations are very stressful and affect staff at all levels of organizations.

Cronbach's alpha was used to estimate the internal consistency of the items in this question; the alpha statistic was 0.87 suggesting an acceptable level of consistency in the responses to the items.

In question 18 respondents were asked to rate potentially stressful situations by indicating a level of agreement or disagreement with a set of statements. The situations described in the statements differ from question 14 b y focusing on m ore general aspects of the workplace.

Item		Care workers	Manager
f	Working in a team not pulling together	91	84
k	Staff don't pull their weight	91	89
g	Staff engage in power battles	87	90
i	Deal with emotionally charged atmosphere	84	82
h	If there are personality clashes	81	87
b	Inexperienced staff	68	72
d	Maintaining adequate control of unit	63	57
c	Not knowing who is responsible for things	60	51
e	Not knowing what will happen any day	44	33
j	Work different shifts all the time	42	34
a	Making decisions	17	26

Table 9: Ranking of stressful situations related to the workplace in general, as seen by care workers and managers (Question 18)

Table 9 indicates the situations which were considered most stressful by care workers and managers; the table was constructed on t he basis of the cumulative percentage of respondents who agreed or strongly agreed with the statements. The situations were then ranked from highest to lowest based on the ratings of care workers and managers. It can be seen from Table 9 t hat four out of the five highest rated situations concern relationships and difficulties with other members of staff. T wo team-related situations were the most stressful for staff: 'team not pulling together' (91%) and 'staff not pulling their weight' (91%). These situations were also rated as stressful by a high proportion of managers (83% and 89% respectively). For managers the most stressful situation was the existence of power battles between staff members (90%); this was also rated as stressful by a high percentage of care workers (87%). A similar situation referring to personality clashes between staff was also rated as stressful by both groups.

Social care requires close teamwork and considerable personal interaction; clearly these factors prevent this happening effectively and are a m ajor source of stress for all concerned.
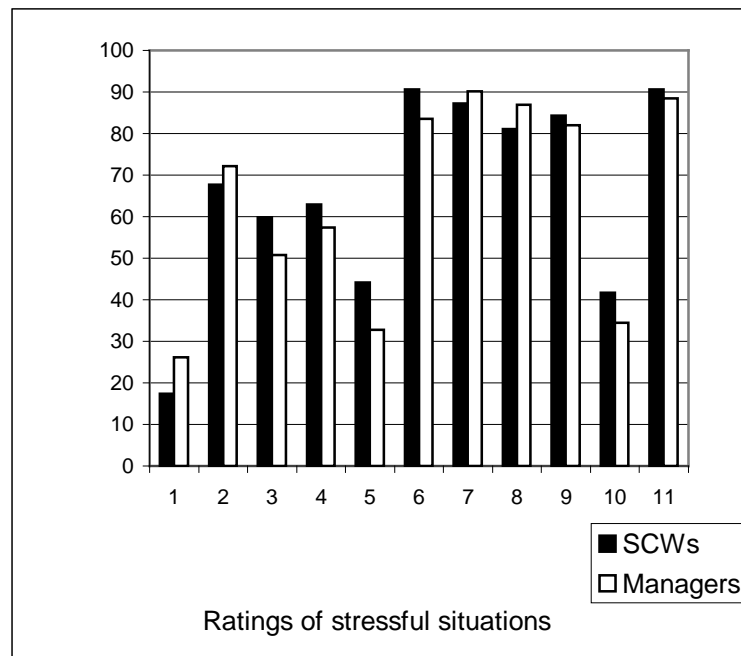
Figure 7: Comparison of managers' and care workers' ratings

Over 80% of care workers and managers agreed or strongly agreed that 'dealing with emotionally-charged situations' was stressful. Intensive work with clients in this kind of atmosphere was seen by Maslach (1998) as an important contributory factor to burnout at work in helping professions. Clearly it was seen in this survey as a significant source of stress and needs to be considered in any preventive work being developed.

The bar chart in Figure 7 draws attention to the high scores assigned to all of the situations just mentioned as compared with the relatively lower scores attributed to situations such as role confusion, making decisions, shift work and unpredictability which are often considered among the more serious stressors (Karasek and Theorell, 1990; Beehr, 1995). While these factors can be stressful for some staff, they do not seem to be as prevalent as the other problems highlighted in this section.

Figure 7 shows that managers' and care workers' scores on this set of items are quite similar; a S pearman's rho performed on the data in Table 10 yielded a co rrelation coefficient of 0.92 (significant at .01 level) suggesting a similarity in the priority placed on situations. A Cronbach's alpha score of 0.87 s uggests strong internal consistency between the items.

Again it can be argued that there is considerable consensus about what the main stressors are. The responses to both questions 14 and 18 indicate strong, coherent views of what constitute stressors in the sector. The views expressed in the open questions 15 and 17 add further support to the perception that violence and abusive behaviour towards staff occurs often. S tressors cannot easily be eliminated but efforts to moderate their effects can be made. They present a big challenge in terms of preventive stress management.

Section 4   Behaviours in response to stress

Questions 19 and 20

In question 19 respondents were presented with a list of behaviours all of which were potential responses to stressful situations and were asked to indicate how often they noticed the particular behaviour.   The percentage of respondents who notice the behaviours 'often' or 'very often' have been summarised in Table 10 and ranked from most often perceived behaviour to least often perceived.

Item		Care workers %	Managers %
j)	Stays out of work because of stress	34	38
a)	Withdraw from work with clients on duty	31	38
h)	Avoids important tasks at wk	20	26
c)	Stirs it up for others	17	11
g)	Blames others for unsatisfactory work	16	28
e)	Thinks everyone is against them	14	21
d)	Take out frustration on staff or client	11	13
l)	Leaves the job because of stress	10	13
f)	Covers up unsatisfactory work	9	18
b)	Staff angry or aggressive on duty	9	20

Table 10: Behaviours in response to stressful situations.   The figures denote the percentage of managers and care workers who notice the behaviour often or very often.

'Absent from work because of stress' was noticed often or very often by 34% of care workers and 38% of managers; respondents from both the state and voluntary sectors reported this. The figures suggest that this is a significant issue for many organizations. 'Withdrawing from work with clients while on duty' was also noticed by over 30% of staff and managers. Managers also indicated frequent occurrences of 'avoiding important tasks' and 'blaming others for unsatisfactory work'. A smaller proportion of care workers noticed these behaviours.

Labour turnover as a result of stress was measured by item i). 11% of care workers and 13% of managers reported that they had often seen care workers resigning because of stress. If one looks at the figure for 'sometimes', over 40% of both managers and care workers have noticed staff leave because of stress. R esigning from a job because of stress is an extreme behaviour or response to a stressful situation and even a r elatively small incidence merits attention.
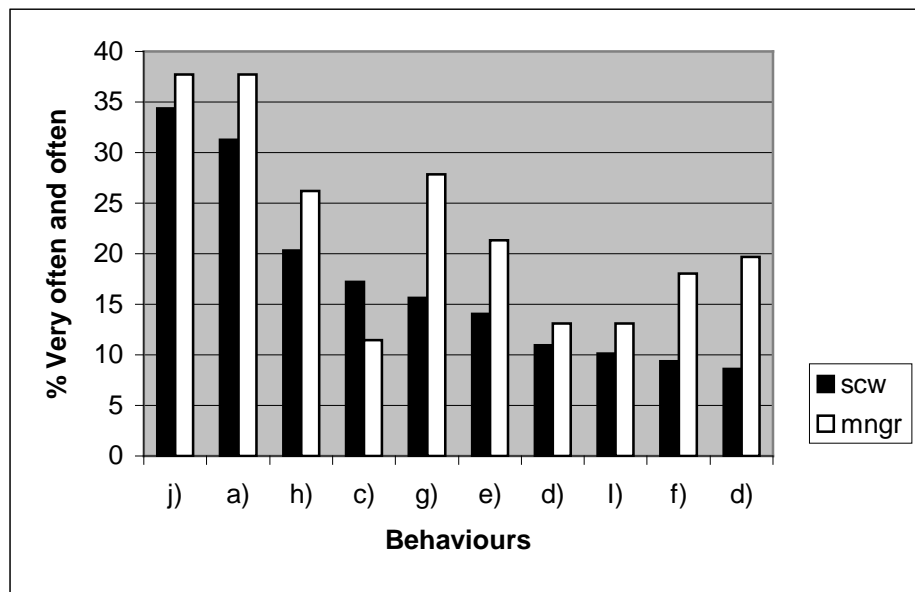
`Figure 8: Perception of behaviours in response to stressful situations
Letters denote the situations as in question 19.

A striking feature of the data for this question is that in almost every case the scores were higher for managers and that can be seen in Figure 8. This suggests that managers tend to notice the stressful behaviour of staff more often. It may be that staff do not notice the behaviour but it could also be that they are less willing to report it. It is also the case that a manager has a better opportunity to stand back and observe how staff are actually dealing with situations. Indeed it might be argued that it is part of their job to do such observation.

The difference in reported observations of these responses becomes even more marked when one examines the number of care workers and managers who either never or hardly ever notice the behaviours. As can be seen in Table 11, 63% of care workers hardly ever or never notice other staff absent because of stress; only 19% of managers reported rarely seeing this response.

Item		Care workers	Managers	Difference
		%	%	%
c	Stays out of wk because of stress	63	19	44
f	Withdraw from wk with clients on duty	65	23	42
ii	Avoids important. tasks at wk	72	32	40
g	Stirs it up for others	56	17	39
d	Blames others for unsatisfactory wk	64	29	35
b	Thinks everyone is against them	63	29	34
e	Take out frustration on staff or client	61	30	31
h	Leaves the job because of stress	37	9	28
j	Covers up unsatisfactory work	30	13	17
a	Staff angry or aggressive on duty	28	19	9

Table 11: Percentage of staff who never or hardly ever notice behaviours in response to stressful situations

In the case of other behaviours such as 'withdrawing from others', 'avoiding tasks', 'thinking everyone is against them', 'taking out frustration on clients', a similar pattern emerges; more than 60 % of care workers reported that they rarely see these behaviours whereas most managers notice them at least sometimes. As this is a sensitive area in social care work and perhaps the most sensitive area in the questionnaire for respondents, it is possible that care workers were less willing to attribute negative responses to colleagues. However the discrepancy between the questionnaire responses of the two groups is noticeable and seems to support a hypothesis that there are differences in the perceptions of stress responses by care workers and managers. In other areas of the questionnaire there was a strong similarity in the priority placed by the two groups on the main issues; in this section the Spearman's rho rank correlation was 0.6 (significant at .05

level) suggesting less similarity in the their views. The consistency score as measured by Cronbach's alpha was 0.21 which is low. The items in this section are however not measures of an attitudinal dimension but rather ask about the frequency of certain behaviours. While one might expect some interrelationship it is also possible that a respondent might notice only one type of behaviour frequently and none of the others. However it does suggest that the results be treated with caution.

Section 5   Coping and Social support

Questions 21, 22 and 23

Question 21 asked respondents to rate how often they made use of particular coping strategies.

		Care Workers	Managers
		%	%
i	Satisfaction from task completion	88	90
a	Confidence in ability to do job well	83	93
d	Concerted effort keep relaxed	77	87
f	Look forward to going home	73	80
k	Search positive side to problems	71	87
c	Detach from wk when necessary	70	57
g	Optimistic that all will turn out well	70	84
e	Good moan to friend	68	52
h	How others have coped	68	61
m	Get support from manager	64	51
j	Moment away from it all gather thoughts	59	67
l	Confidential one to one supervision	56	59
b	Your work is appreciated	44	48
n	Get professional counselling	4	18

Table12: Coping strategies as used by care workers and managers (Question 21)

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The percentage of social care workers and managers who used each strategy 'to a great extent' and 'often' have been added together and are summarised in Table 12 where they are ranked from highest to lowest in terms of care workers reported usage. The ratings of managers have been included in the table for purposes of comparison.

The data suggests that the strategies most used by both groups were related to their attitude to work; 'satisfaction from task completion' (88% and 93%) and 'confidence in one's ability' (83% and 90%). 'Making a concerted effort to relax' was used by a high proportion of both groups (77% and 87%). Two of the strategies that were seen by McElfatrick et al (2000) as related to avoidance were reported as quite frequently used by care workers; 'detaching from work' (70%) and 'looking forward to going home' (73%). While managers also reported high use of the latter (80%), they had a much lower figure for 'detaching from work' (57%). An explanation of this could be that managers have less intense involvement on a daily basis with clients and may feel the need to detach less often. However a tendency to use methods of coping that avoid situations or issues may be a factor worth investigating further.

In terms of using support from other people as a means of coping, 'getting support from a manager' (64%) or 'one to one supervision' (54%) were seen as considerably less important. Professional counselling (4%) seems to be very infrequently used; managers (18%) saw it as used a little more frequently and perhaps valued it more. A relevant point here is whether counselling is available and the attitude that prevails towards its use in each unit. From interview data in document 3 it emerged that counselling was available in some form in almost all units; interviewees indicated that there was only a small interest in taking up the option of using it. This would be supported by the data in the present survey.

Overall the data in this section shows a similarity in the value placed on specific coping strategies; however an examination of Table 12 suggests that managers have a higher overall frequency of use of most coping strategies. The hypothesis was that managers would use a wider range of coping strategies; the evidence would suggest they make

more use of coping strategies but it would be difficult to claim that they necessarily used a wider range. In the coping subscale of the Occupational Stress Indicator, Cooper calculates a 'coping score' by adding together the scores on each item. While it is not strictly correct to sum the scores on the scales in this questionnaire, a total score based on scores on each item is indicative of the extent to which one uses all the strategies. The boxplot in Figure 9 shows a comparison between the overall use of coping strategies by care workers and managers and suggests a more frequent use of the measures by managers. Both the percentages illustrated in Table 12 and the total use of coping strategies illustrated in Figure 9 seem to suggest more frequent use of coping strategies by managers.
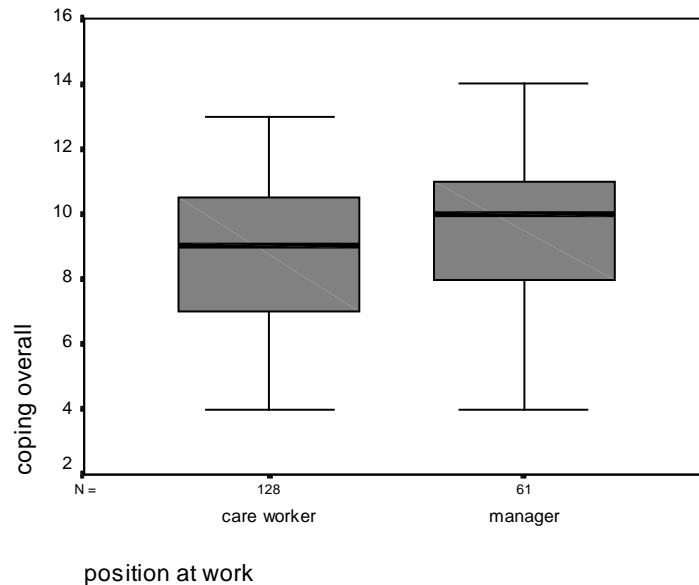
Figure 9: Comparison of use of coping strategies by care workers and managers

In Question 23 respondents were asked to rank 9 people in terms of how they supported them in stressful situations. The summary table 13 is based on the percentage of respondents who ranked the person 1, 2 or 3; in the table they are ranked from highest to lowest. It can be seen that there is very little difference between the rankings of care

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	Care workers	Managers	Missing
	%	%	%
Colleague	70	74	5
Partner	46	48	8
Manager	46	50	5
Friend	46	44	11
Work Team	46	54	7
Supervisor	41	47	10
Counsellor internal	14	13	21
Counsellor external	12	18	22
Doctor	9	11	20

Table 13: Social support rankings (Question 23)

workers and managers; when the ranks were correlated, the correlation coefficient was 0.9 (rho = 0.89, significant at .01 level).

The person who was clearly seen to give most support was 'colleague' and this was the case for both care workers (70%) and managers (74%). A considerably smaller number of care workers and managers saw 'manager', 'supervisor' and 'work team' from their work network and 'partner' and 'friend' from their broader social network as supportive; between 40% and 50% placed these people in the top three ranks. A similar pattern emerged to the responses in the previous question (21) where managerial and supervisor support was seen as helpful in stressful situations by less than half of the care workers and managers. Strong opinions were expressed in document 3 that supervision was an important measure in providing support in stressful situations. The role of 'supervisor' seems from the data reported here to be perceived as of limited support. This would need to be taken into account when planning preventive measures in that it would be incorrect to assume that all workers would take advantage of increased supervision.

The role of counselling and medical support did not receive high priority. However it is difficult to interpret this result as counselling may not be seen as easily accessible. There

were a very high number of missing values for these three roles (over 20% in each case). The missing values have been included in Table 13 and show a high number of missing values when compared to other questions. In the case of counsellors and doctors this may reflect an uncertainty as to how to respond. However the overall number of missing values (at least 5% for each role) could reflect confusion with the ranking instructions. The pilot group showed no obvious confusion but a number of questionnaires (10) were difficult to score and had to be discarded for this question. The decision to use ranking was taken to vary the task asked of respondents; however it may have added some confusion. The rating method used by Cooper (1988b) in the Social Support Questionnaire may in fact be more straightforward and yield more reliable results.

Section 6   Stress Prevention

Questions 24 and 25

In question 24 respondents were asked to indicate whether they would participate or not in a range of interventions.

As can be seen from Table14 over 80% of both care workers and managers indicated that they would participate in ten of the fifteen interventions. In the case of the other five interventions the support ranged from 65% to 75%; so even the lower-ranked interventions received considerable support. These results suggest overall positive attitudes towards stress management interventions. The most important intervention for care workers (97%) was team building. This makes sense in the context of other sections of the questionnaire. In question 18, for instance, a high proportion of respondents reported that stressful situations arose because of difficulties with other staff members. Managers also indicated a high level of support (93%). Interest in staff support groups was also indicated by a high proportion of care workers (88%) and managers (82%).

		Care worker	Manager
Item	Preventive measure		
		%	%
f	Team building	97	93
c	Increase stress awareness	94	95
a	Learn different ways of coping	91	95
d	Train leaders to recognise stress	90	97
b	Staff support groups	88	82
i	Train interpersonal skills	88	85
k	Health screening	88	84
m	Relaxation techniques	85	82
h	Flexible work arrangements	82	87
n	Increased 1 to 1 supervision	82	80
l	Keep-fit programs	80	75
j	Assertiveness training	80	87
o	Counselling outside	73	64
e	Counselling within	67	61
g	Take unpaid leave	65	59

Table: 14 Percentage willing to participate in preventive stress interventions

Intervention and support at group level is clearly seen as important. These results are similar to findings in Bradley and Sutherland's (1994) survey where 93% of residential child care workers and social workers considered team-building the most important intervention; in contrast their survey showed that other staff groups placed much less priority on team-building. This might therefore be an intervention that has particular importance for workers whose main work entails close interaction with clients. In the open question 25 where respondents were asked to indicate what they considered the most important ways of preventing stress in their organization, more than half of all respondents mentioned team-building or support for the team or group as one of their recommendations.

The highest score for managers (87%) in question 24 was 'training leaders to recognise stress'. Again this is consistent with the data in question 19 where managers seemed aware of a wide range of ways in which staff exhibited stress-related behaviour. The strong interest in this intervention identifies a need to give team leaders skills in noticing

rising stress levels. Other items that focused on awareness and the learning of coping skills (items c and a) were considered worthwhile by over 90% of both care workers and managers. Again the Bradley and Sutherland survey found that it was the child care and social work staffs who particularly favoured these measures.

Interventions at individual level such as relaxation training, health screening and keep fit programmes were considered worth participating in by over 80% of care workers and managers. While these intervention might be provided by the organization, their focus is generally seen to be on the individual. Organizational measures such as flexible working arrangements, and increased provision of supervision, were considered worthwhile by over 80% of staff but opportunities to take unpaid leave was of less interest.

The possibility of participation in counselling outside the organization was supported by 73% of care workers compared with 67% when the counselling was offered within the organization. Management figures were a little lower. There is little difference in the data in support for counselling within or outside the organization although it is usually considered that counselling outside the organization is more anonymous and confidential. There is some discrepancy between this data and the data in question 21 (use of counselling) where respondents indicated very little actual use of counselling. While data in document 3 suggested that counselling was widely available, staff perceptions may be different on t his issue. B radley and Sutherland (1994) point out that in some organizations a stigma can attach to those who admit to stress or seek counselling depending on the existing organizational climate and attitude towards stress; in this study there was no evidence of a n egative attitude towards participation. T he fact that the figure is lower than for other interventions might reflect simply that many do not see the need for it at the particular time. M any comments in the open question 25 i ndicated positive interest in increased availability of counselling for staff on an ongoing basis.

The overall results for this question suggest a positive attitude towards the interventions listed. The hypothesis that managers would support a wider range of measures was not supported. In fact there was much consensus in the ranking of the interventions; a

Spearman's rho rank order correlation coefficient of 0.83 (significant at .01 level) would support this. While the results suggest positive attitudes towards stress prevention measures, the blandness of the response set (i.e. would participate/would not participate) prevents drawing any conclusion about the level of commitment respondents would be prepared to make. Bradley and Sutherland (1994) achieved this to an extent by asking respondents to make four choices for each item; this task would have caused respondents to give more consideration to effort and participation. The question of commitment or cost to the individual has important practical consequences. Form a health psychology perspective, Gatchel (1989) points out that people are more likely to take preventive action if they believe that the costs are not greater than the benefits. Would a staff member be willing to commit any time outside normal working hours to participating in a stress management programme? Would staff expect to be paid extra for the effort involved in developing awareness of stress and coping strategies? While this survey has established positive attitudes towards stress management interventions, a further issue remains of establishing what effort people would be prepared to invest in any specific intervention. This could be an interesting question to pursue as part of the research in document 5.

Chapter 5   Discussion and conclusions

The purpose of the survey reported in this document was to build on the data collected in document 3 by gathering information from a wider range of staff and management using more structured methods. T his was achieved by developing a standardised set of questions and statements on or ganizational stress which could be distributed to the population at their places of work and returned directly or by post to the researcher.

The overall hypothesis for this study was that there would be a difference between managers' and frontline care workers' perceptions of organizational stress. W ith regard to the overall perception of stress it was found that 28% of care workers and 33% of managers reported that they found work stressful. T he results of this study are in line with two relevant studies of work. A study of the Irish workforce by the ESRI (O'Connell et al., 2003) found that 25 % of the workers found their work stressful. In a study of the European workforce it was found that 31 % of workers found their work stressful (Gallie and Paugram, 2002). W hile the difference between the ratings of care workers and managers is not great the results suggest that overall a significant proportion find their work frequently stressful but not to a greater extent than other occupational groups.

Perceptions of aspects of the stress process were further investigated through a set of more specific hypotheses. E vidence for the hypothesis that managers would report having more control over their job was mixed. All respondents reported having some level of control over their work. There were differences with respect to certain aspects of work. M anagers felt that there were more conflicting demands on t hem and that they were under more pressure to constantly learn about new aspects of the work. C are workers on t he other hand felt more dependent on ot hers and so felt less in control in terms of completing tasks efficiently.

The hypothesis that there would be a difference in managers' and care workers' perceptions of stressors was not borne out. On the other hand there was considerable consensus as to what the main stressors were. Client-related situations where violent, abusive behaviour and suicide attempts occur in emotionally-charged atmospheres were seen by all respondents as very stressful. These situations are often unexpected and represent an aspect of work over which it is difficult to feel one can have control. The model of stress underpinning this research would see this unpredictability and lack of control as important elements in exacerbating stress levels; in term of the model they would be construed as negative moderators of stress responses. Indeed Beehr's (1998) model of occupational stress views unpredictability as a central element in stress.

All respondents also agreed that difficulties relating to teamwork and staff relationships were a serious source of stress. These difficulties interfere with the teamwork and close interaction often required by this kind of work. The evidence related to this hypothesis helps to validate the data presented in document 3 and indicates widely held perceptions of the factors giving rise to stress in social care.

Results related to the hypothesis that managers would be more aware of maladaptive responses by staff to stressful situations in the workplace suggest that this may be the case. Managers reported observing a range of stress responses that could be quite disruptive to the team and organization. Some behaviours such as being absent from work may actually not be maladaptive; the response might help the individual recover. However both care workers and managers found that absence from work occurred often so it is likely to be a concern and to have negative organizational effects over time. In document 3 managers had reported that overall absence statistics were not significant; however findings in this survey would suggest that many staff and managers think that a proportion of absence is related to stress factors. A striking feature of the results was that a high proportion of care workers reported rarely observing many of the behaviours. One can certainly attribute a certain vantage point to managers with respect to noticing stress responses but the discrepancy was marked and could suggest denial, unwillingness to report or lack of awareness. A possible explanation might indeed be lack of awareness of

the significance of certain behaviours and of their consequences for the team and organization. This is an issue worth pursuing in document 5.

The hypothesis that managers would report using a wider range of coping strategies than frontline care workers received partial support. The evidence suggested that they made more use of coping strategies but not necessarily a wider range. The data however showed a similarity in the value or priority placed on specific coping strategies by both groups. Strategies related to their attitude to work and the need to make very conscious efforts to relax were considered very important by all respondents. Strategies related to avoidance were more commonly reported by care workers. Their closer involvement in intensive frontline care work may necessitate this; however this should be explored in the next stage of the research in order to consider alternative constructive approaches to coping. Such a problem-focused approach would find support in the approaches to coping developed by Lazarus and Folkman (1984) and Zeidner and Endler (1996).

Counselling and increased one-to-one supervision were seen as of limited value by care workers. Such resources are expensive provisions and both the attitudes towards and willingness to use them need to be explored more fully.

The hypothesis that managers would support a wider range of measures was not supported. However the results suggested overall positive attitudes towards stress management interventions. The most favoured interventions were team-building and staff support groups, reflecting similar findings by Bradley and Sutherland (1994). Training in awareness of stress and coping skills were also widely selected. A significant proportion of both care workers and managers expressed willingness to participate in counselling (especially outside the organization). The attitude expressed here is somewhat at variance with the value placed on counselling as a coping strategy. It may be that respondents actually saw counselling as not being easily available but on the other hand as being desirable if it were more easily available.

Positive attitudes have been expressed towards a range of interventions but the level of commitment or effort that people would be prepared to contribute has not been measured. This would be an important factor in the success of any intervention and merits further attention.

Critique

Some critical points need to be taken into account if the questionnaire were to be developed further. While the questionnaire was piloted within an appropriate agency where the staff profile was similar to that of the rest of the population, the piloting of the questionnaire would need to be carried out more thoroughly and over a number of occasions. It is only in this way that certain weaknesses might be observed. Thus instructions for question 23 which entailed a ranking task were not clear to all respondents and this cast some doubt on the reliability in this section. In questions 14 and 19 where Likert scales were used strong positive agreement was located at opposite poles. The use of a different order for response sets could potentially affect respondents' ratings. While this may have prevented order effects, it may also have led to confusion.

Analysis of the data related to question 24 which focused on prevention suggested strong support for almost all measures. A rating scale might have encouraged more discriminating responses; it is quite possible that a tendency to give automatic responses developed and that little thought may have been given to each intervention. At the design stage it was considered better to vary the task put to respondents and not have each set of items presented as scales. It may however have been more effective to continue with scaled items to present a dichotomous set of items where a positive response was too easy to give. Careful piloting and comparison of different versions of the questionnaire would be needed to resolve these issues. Oppenheim advises that piloting of every aspect of a questionnaire is necessary:

> It is essential to pilot every question, every question sequence, every inventory and every scale in your study. If the pilot work suggests improved wordings, you need to pilot those, too. Take nothing for granted. Pilot the question layout on the

page, pilot the instructions given to the respondents, pilot the answer categories, pilot the question-numbering system.

(1992, p.49)

While such a thoroughness might not have been achieved, it provided an ideal towards which to work; and some of the suggestions such as clarification of wording and layout were very carefully examined.

An overall problem of reliability exists with data collected on one single occasion from respondents. One manager made a relevant comment when she pointed out that staff might give quite different answers to many of the questions if they had just experienced a very stressful shift. It can be argued that with an adequate number of responses some unusual or exceptional responses might not unduly affect the overall pattern of responses. However Briner and Reynolds (1999) in a critique of preventive stress research argue that measurements need to be taken at a number of time points and preferably as part of a longitudinal investigation. While repeated measurement over a longer time-scale was outside the scope of this survey, some comparisons have been made between results of this survey and the data collected in the set of interviews in document 3 and some consistency was found in relation to the types of stressor, the perception of behavioural responses and the use of coping strategies. The comparison of data from the two phases of research has also acted to an extent as triangulation of the data.

In summary information has been gathered in relation to important dimensions that are subjects of research in occupational stress such as job demands, control, strain and the value or priority placed on specific coping strategies. The study has indicated the most common stressors perceived by both managers and social care workers and shows considerable consensus on what they are. It points to the most common maladaptive reaction to stress in terms of organizational outcomes or implications for teams and clients. Thus differences between managers' and care workers' perceptions were found in terms of levels of control, prevalence of maladaptive stress responses and frequency of use of coping strategies. There was however a strong coherent view of what constitutes stressors in social care workplaces and which kinds of coping strategies and interventions

were considered most appropriate. S tressors cannot easily be eliminated but efforts to moderate their effects can be made; the consensus is encouraging in terms of the development of stress prevention strategies.

The construction of scales specific to the social care sector begun in this study could be developed. A battery of scales related to job content, rates of stress, stress responses and coping strategies could be developed for use as a diagnostic instrument for job-specific stress audits. Norms would however need to be established. The set of respondents used in this study were treated as a population or census sample. In order to develop a set of normative scales it would be necessary to construct a s ample representative of the national population of care workers. If the scales were administered to such a sample generalization could validly be made and a set of norms established. The present survey could provide a very useful first step in this process. While this would be a worthwhile development, it is planned however to use the findings of the survey coupled with the results of document 3 to construct an action research project.

Further development

The model of organizational stress developed in documents 2 a nd 3 w as helpful in the construction of a questionnaire with appropriate categories for this survey. As reported in the piloting stage of its development respondents found the sections and questions meaningful. The overall response rate of completed questionnaires would suggest that it was accessible and comprehensible to respondents.

The model led to two important conclusions in document 3. It was argued that constructive responses to stressors may be made more likely by the presence of positive moderators which lead to positive organizational outcomes. Strong support and consensus in this survey for preventive stress interventions and specific coping strategies lend credence to the possibility of developing further the links between positive moderators and organizational outcomes. T he development of coping strategies at

individual, group and organizational level is central to forging the links. The model has been successful in helping identify relevant factors in this process and could contribute to further constructive exploration.

It was also argued in document 3 that destructive responses to stressors can lead to a series of organizational outcomes which in turn create an environment in which stressors are maintained, exacerbated or repeated. The range of such destructive or maladaptive responses was elaborated through the survey and there was evidence that managers had a keener awareness in this respect. The involvement of care workers in interventions where they would become more aware of destructive responses and their effects would contribute to breaking the negative cycle. Furthermore care workers have indicated support for interventions that would help develop their awareness of aspects of the stress process. Preventive stress management could be elaborated in an appropriate way to achieve this using the current model of organizational stress.

The model can help in the integration of findings from documents 3 and 4 with the elaboration of research questions for document 5. A first step in this process will be a more complete analysis of the material collected through the open questions in this survey. A combination of this material, the overall survey findings and the ethnographic data from document 3 will be used as the basis of feedback sessions with groups of staff from the organizations already visited; again the model provides a useful structure within which to present information. Through these meetings it is intended to work with staff and management to explore in a collaborative way the more effective use of coping strategies and preventive stress interventions.

This study has so far completed two different types of investigation related to the experience of stress in the social care sector and have shed light on perceptions of stress at different levels of organizations. It is intended to build on this research with further investigation of intervention and coping strategies. With reference to the relationship between interventions to prevent organizational stress and their outcomes, Briner and Reynolds (1999) emphasise the need to search for causal relationships; this is a fitting

comment at the end of a document that has been couched within a structured approach to research and will be borne in mind in the next stages of the research. But the establishing of cause-effect relationships, while important may not be the only validating criteria for the research being undertaken. Action research, which will provide the methodological approach, and a pragmatist set of criteria may open doors to new understandings of organizational stress in the social care sector. While this may also give insight into causal relationships, the emphasis will be to develop understanding that can provide guidelines for measured and effective action.

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Appendix 1

Complete Questionnaire

A Questionnaire on Organizational Stress

This is a questionnaire about stress in social care organizations, its causes and consequences.
I am interested in your perception of stressful events and the things that might prevent them. The questions relate to different aspects of social care work.

The purpose of this research is to inform the development of courses to support staff at various levels of social care work. All centres that have participated in the research will be informed of courses at an early stage. It is intended to pilot the first of these in 2005.

The information that you give is entirely confidential and all responses are anonymous.
The questionnaire will take about fifteen minutes to complete. Please try to answer all questions.
I am particularly interested in *your* opinions, so any information you might like to give in the open questions is very important.

This survey is being carried out as part of doctoral research at Nottingham Trent University
If you have any queries or comments or wish to know more about the research, please contact me at Dublin Institute of Technology (01-4023000) or e-mail: brian.mccarthy@dit.ie.

Please put your completed questionnaire in the envelope and leave it at reception or the staff office for me to collect. Alternatively, you can post it to:

Brian McCarthy
Dublin Institute of Technology
Dept of Social Sciences
Mountjoy Square
Dublin 1.

Thank you for taking the time to complete the questionnaire.

Background information

1. Are you female ☐ 1 or male ☐ 2 ?   **2** Your age?_____

3. How long have you worked in your present job?   (Please circle one response)

1	2	3	4
less than 1 year	1 to 5years	6 to 10 years	more than 10 years

4. In which kind of organization do you work? Please tick (√)

State organization ☐1   Voluntary organization ☐2   Other ☐3 Please specify_____

5. Do you supervise or manage any personnel in your job? Yes ☐ No ☐ (If No, please proceed to q.7)

6. If yes, how many? _____

7. What is your position in your organization? (Please circle one response)

1	2	3	4
Care worker	Supervisor	Unit head	Senior manager

8. How many hours do you work on average each week?   _____

9. What type of shift do you work?

1	2	3	4
Days only	Regular pattern of shifts	Irregular pattern of shifts	Mostly nights

10. On what basis or contract are you employed?   Please circle one response.

1	2	3
Permanent	Temporary/ fixed term contract	Casual

11. How would you describe your general level of health? Please circle one response.

1	2	3	4
Very good health	Good health	Unwell quite often	Poor health

12. About how often do you participate in sports or physical activities? Please circle one response.

1	2	3	4	5
Once a day	2-3 times a week	Once a week	Less than once a week	Rarely

Your job

13. In the context of your work please show if you agree or not with each of the following statements. Please *circle* one response (Yes, No, or Don't know).

		1	2	3
1	Generally I am free to make decisions about my work	yes	no	don't know
2	There are often conflicting demands on my time and attention.	yes	no	don't know
3	There are clear rules for clients where I work.	yes	no	don't know
4	To do my job effectively I have to rely too much on other services.	yes	no	don't know
5	Someone else decides the specific tasks I will do from day to day.	yes	no	don't know
6	The rules for clients are often over-emphasised in maintaining order in my workplace.	yes	no	don't know
7	I have a lot of say about what happens in my job.	yes	no	don't know
8	My job requires that I constantly have to learn new things.	yes	no	don't know
9	To perform competently I am very dependent on others in my team.	yes	no	don't know
10	I decide when I can take a break at work	yes	no	don't know

Working with clients

14. The following are situations where work with clients might become stressful.
Consider each situation and indicate the extent to which it might lead to increased
stress for **you or your colleagues**.
Circle one number for each situation.   (**1 = very little stress; 5 = very high level of
stress**)

a) Client makes an allegation against a staff member	1	2	3	4	5
b) Client becomes violent	1	2	3	4	5
c) Staff member loses control of a situation	1	2	3	4	5
d) Client under the influence of alcohol or other drugs	1	2	3	4	5
e) Client attempts suicide	1	2	3	4	5
f) Client becomes angry	1	2	3	4	5
g) Dealing with difficult situations involving older teenagers	1	2	3	4	5
h) Verbal abuse from a client	1	2	3	4	5
i) Client engages in self-mutilating behaviour	1	2	3	4	5
j) Possibility that a client might make an allegation	1	2	3	4	5
k) Client becomes resentful	1	2	3	4	5
l) Physical abuse from a client	1	2	3	4	5

15.

**Please describe any other situations in your work with clients that can give rise to a
significant increase in stress for staff**.

_____

_____

_____

_____

16. Please answer the following questions by circling one response.

How often do you

	1	2	3	4	5
	very often	often	sometimes	hardly ever	never
a) find your work stressful					

	1	2	3	4	5
	very often	often	sometimes	hardly ever	never
b) come home from work exhausted					

	1	2	3	4	5
	very often	often	sometimes	hardly ever	never
c) feel too tired after work to enjoy the things you would like to do at home					

	1	2	3	4	5
	very often	often	sometimes	hardly ever	never
d) find that your job prevents you from giving the time you want to your partner or family					

17.

What do you consider to be the single most stressful aspect of your job?

_____

_____

_____

_____

_____

_____

Stressful situations

18 . Please indicate the extent of your agreement or disagreement with the following statements by circling one response in each case.

One of the most stressful things about my job is:

	1 strongly agree	2 agree	3 disagree	4 strongly disagree
a) Having to make decisions				
b) Working with inexperienced staff	1 strongly agree	2 agree	3 disagree	4 strongly disagree
c) Not knowing who is responsible different aspects of the job	1 strongly agree	2 agree	3 disagree	4 strongly disagree
d) Maintaining adequate control of the unit	1 strongly agree	2 agree	3 disagree	4 strongly disagree
e) Not knowing what is going to happen in any one day	1 strongly agree	2 agree	3 disagree	4 strongly disagree
f) Working in a team that is not pulling together	1 strongly agree	2 agree	3 disagree	4 strongly disagree
g) If staff engage in "power battles"	1 strongly agree	2 agree	3 disagree	4 strongly disagree
h) If there are personality clashes between members of staff	1 strongly agree	2 agree	3 disagree	4 strongly disagree
i) Dealing with very emotionally-charged atmospheres	1 strongly agree	2 agree	3 disagree	4 strongly disagree
j) Working different shifts all the time	1 strongly agree	2 agree	3 disagree	4 strongly disagree
k) When another member of staff does not pull their weight	1 strongly agree	2 agree	3 disagree	4 strongly disagree

19. The following are ways in which staff sometimes behave when under stress. Please indicate if you have noticed a care worker (you may include yourself, if you wish) behave in any of the following ways by circling one of the responses for each statement.

	1	2	3	4	5
a) Care worker withdraws from work with clients while on duty	very often	often	sometimes	hardly ever	never
b) Care worker becomes unduly angry or aggressive while on duty	very often	often	sometimes	hardly ever	never
c) Care worker stirs it up for others on the staff	very often	often	sometimes	hardly ever	never
d) Care worker takes out their frustration on other staff or clients	very often	often	sometimes	hardly ever	never
e) Care worker thinks that everyone is against them	very often	often	sometimes	hardly ever	never
f) Care worker covers up unsatisfactory work	very often	often	sometimes	hardly ever	never
g) Care worker blames others for unsatisfactory work	very often	often	sometimes	hardly ever	never
h) Care worker avoids important tasks at work	very often	often	sometimes	hardly ever	never
i) Care worker resigns from the job because they find the work too stressful	very often	often	sometimes	hardly ever	never
j) Care worker is absent from work because of stress	very often	often	sometimes	hardly ever	never

20.

> **Are there any other behaviours you have observed that indicate to you that a care worker is under stress (e.g. eating habits, use of alcohol etc.)**
>
> _____
>
> _____
>
> _____
>
> _____

Coping with Stress

21. The following are ways people use to cope with stressful situations at work. Please indicate to what extent you make use of any of the ways of coping listed below. Circle one option for each statement.

	4	3	2	1
a) Have confidence in your ability to do the job well	To a great extent	Often	A little	Not at all
b) Remind yourself that the work you do is appreciated	To a great extent	Often	A little	Not at all
c) Detach yourself from work matters when necessary	To a great extent	Often	A little	Not at all
d) Make a concerted effort to keep yourself relaxed and in control	To a great extent	Often	A little	Not at all
e) Have a good moan to a friend or loved one	To a great extent	Often	A little	Not at all
f) Look forward to going home at the end of each day	To a great extent	Often	A little	Not at all
g) Be optimistic that that everything will work out in the end	To a great extent	Often	A little	Not at all
h) Find out how others have coped in the same situation	To a great extent	Often	A little	Not at all
i) Derive satisfaction from seeing a task through to completion	To a great extent	Often	A little	Not at all
j) Take a moment away from it all to gather your thoughts	To a great extent	Often	A little	Not at all
k) Search for a positive side to every problem	To a great extent	Often	A little	Not at all
l) Have confidential one-to-one supervision	To a great extent	Often	A little	Not at all
m) Get support from your manager	To a great extent	Often	A little	Not at all
n) Make use of professional counselling	To a great extent	Often	A little	Not at all

22.

> **Are there any other ways of coping not mentioned above that you personally consider effective?**
>
> _____
>
> _____
>
> _____
>
> _____

23. Think of a particular situation at work that has been stressful for you. Who would you consider to have been the most helpful?

Please rank the following list from **1** to **9.** (1 = most helpful; 9 = least helpful or not relevant).

	Rank in this column from 1 to 9
a) Colleague	
b) Counsellor from within the organization	
c) Partner	
d) Manager	
e) Close friend	
f) Supervisor	
g) Doctor	
h) Work team	
i) Counsellor from outside the organization	

Interventions

24. The following is a list of interventions that could help manage or prevent stress in an organization. Please indicate in each case if you feel you would participate in it. Place a tick (√) in the relevant boxes. (Please try to give an opinion on each one; where an intervention is clearly not relevant, leave blank.)

	Yes, I would participate	No, I would not participate
a) Learning about different ways of coping with stress		
b) Staff support groups		
c) Training to increase own awareness of stress		
d) Training for team leaders to recognise stress in team members		
e) Counselling within the organization		
f) Team building		
g) Opportunity to take unpaid leave		
h) More flexible working arrangements		
i) Training in interpersonal skills		
j) Assertiveness training		
k) Health screening		
l) Keep-fit programs		
m) Training in relaxation techniques		
n) Increased one-to-one supervision		
o) Counselling outside the organization		

I would like to thank you for your time and cooperation in filling out this questionnaire and again assure you that all information is confidential and all responses anonymous.

Please put your completed questionnaire in the envelope and leave it at reception or the staff office for me to collect. Alternatively, you can post it using the address on the front page.

Appendix 2

Letter to Organizations

Dear

I have been developing research on organizational stress in social care with a particular emphasis on methods of stress prevention. Based on recent interviews with managers of social care agencies I have compiled the enclosed questionnaire which I would like to administer to staff and management of a number of agencies across the social care sector.

The purpose of this research is to inform the development of modules to support staff and management at various levels of social care work. It also forms part of ongoing doctoral research on organizational stress that I am carrying out at Nottingham Trent University. All centres that have participated in the research will be informed at an early stage of courses when developed. It is intended to pilot the first of these in 2005.

Ideally, I would distribute the questionnaire at the end of staff meetings or, if preferred, leave to be distributed by a member of staff. I would then collect completed forms at a later date. If individual respondents preferred they could post forms back in supplied envelopes. All information given is anonymous and will be treated in strict confidence; organizations will not be identifiable.

I would ask you to consider my request positively as I think the research could result in increased understanding of social care organizations as well as developing relevant programs.

I will ring in the next week to see if you can facilitate me. In the meantime if you wish to discuss the questionnaire or related issues, please contact me at the above address, email or telephone number.

Yours Sincerely

Brian McCarthy
Senior Lecturer

Organizational Stress

in

Social Care

Document 5

An Action-Oriented Research Project in the Social Care Sector

**Submitted in partial fulfilment of the requirements of the
Doctorate in Business Administration
degree**

Brian McCarthy

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Abstract

This document presents a report on a programme of workshops carried out in one organization where a collaborative approach was taken to researching and learning about work stress. It is part of an overall project of which the aim was to contribute to the development of a model of understanding, coping with and preventing work-related stress in social care organizations.

Using an action-oriented research approach, an in-depth analysis was developed of staff and management perceptions of coping, positive and negative moderators of the stress process, and team and organizational issues. The research was framed conceptually in a model of organizational stress developed in DBA Document 2 (2003) and adapted from Beehr's integrative model of organizational stress. The model was found to be accessible to staff and managers and they demonstrated during the workshops that it was possible to apply the model to a range of situations. The programme of workshops sustained their interest and feedback suggested that they considered it valuable, and relevant to their needs at work. Understanding and awareness of work stress was enhanced through an emphasis on the organizational aspects of stress. Participants perceived clearly the links between stressors, stress responses and individual and organizational outcomes. They highlighted the importance of stress awareness emphasising the recognition of stress in one's colleagues; supervision was seen as an important vehicle for learning about stress and for enhancing coping strategies. The development of an appropriate level of hardiness was considered an important coping resource which comprised both problem-focused and emotion-focused strategies. Social support was seen as an important coping resource and positive moderator of the stress process; counselling as a support was seen to be under-used and participants thought that it needed to be more accessible. In this respect further investigation of the role of counselling in stress prevention would be useful for social care organizations.

A practical outcome was the identification and planning of preventive measures relevant to the organization. The most important interventions for the overall prevention of stress were considered to be team-building, the focused use of supervision, and organizational support for personal development and learning. The importance of including temporary staff in team-building was noted here. The need to develop supervision skills to an advanced level in the organization was also emphasised by the participants. Interventions were conceptualised within the preventive stress management framework of Quick et al (1997) and seen as having implications for primary and secondary prevention. Thus the main thrust of the interventions selected was towards medium and longer-term change as part of an ongoing stress prevention plan.

Such interventions can be seen as useful recommendations to other social care organizations although the mechanisms by which they might be integrated and enacted would vary from setting to setting. The issue of integration of stress prevention interventions into organizational processes and the maintenance of commitment to them represent a challenge to all organizations in the sector. A systematic monitoring of these processes would be a useful development of this study; it would contribute to learning at an organizational level and would be beneficial to many social care organizations. The type of action-oriented programme conducted in this project would seem to offer a useful method of collecting feedback on the practice of stress prevention management.

The model of organizational stress developed in this research can provide a framework within which these further research inquiries and related issues of practice can be pursued with consequent benefits for the social care sector.

Chapter 1: Introduction

Interest in the study of stress has been stimulated by increasing awareness of the costs of stress to industry and work organizations. Cartwright and Cooper (1997) estimate that over 30% of all sickness absence in the U.K. may be attributable to mental and emotional disturbance. A study of the Irish workforce by the ESRI (O'Connell et al., 2003) found that 25% of the workers found their work stressful. In a study of the European workforce it was found that 31% of workers found their work stressful (Gallie and Paugam, 2002). In the survey of organizational stress in the social care sector carried out in the second stage of the research for the Doctorate of Business Administration (DBA, 2004b) it was found that 28% of care workers and 33% of managers reported that they found work stressful. The results of this study are in line with relevant Irish and European studies of work.

Stress at work appears to be a matter of serious concern in a large number of work sectors (Sparks and Cooper, 1999; Karasek and Theorell, 1990). Legal frameworks have been developed in many countries to take account of the fact that employees may make claims based on suffering ill-health through stress (Cox and Griffiths, 1996). In Ireland the Safety, Health and Welfare at Work Act (2005) specifies that workers must be protected against dangers resulting from stressful situations. Therefore at many levels there is recognition that a need exists to study the factors involved in work stress.

The social care sector has developed in Ireland over the last thirty years and at this stage there are approximately 8,000 people working in the field (National Childcare Strategy, 1999). Social care services provide care for a range of client groups and are run by a combination of statutory and voluntary bodies. Administrative and legal responsibility for most services lies with the Regional Health Authorities with some still managed by individual voluntary bodies. Some other government departments, such as education, and justice also have a role in certain services. Thus, it remains a complex system; and for an emerging profession with newly evolving management structures, this presents a very challenging environment. Ward (1997) points to the range of different tasks which

employees in a care setting may be expected to carry out. They range from assessment to rehabilitation, from looking after a client during a brief crisis through to the specialized work of the therapeutic communities where work is geared towards promoting an ethos of psychotherapeutic treatment for emotionally damaged clients. The complexity of the job has grown and makes demands on workers to be able to use their personality resources and engage in close teamwork in order to cope with sometimes very difficult clients.

New legislation (Child Care Act, 1991; Children Act, 2001) has laid a context in which accountability, client rights and protection are to the fore. Further emphasis has been placed on these factors by the publication of three reports on major investigations of malpractice (Interim Report of the Joint Committee on the Family 1996a; Department of Health, 1996b; Report of the Kilkenny Incest Investigation, 1993). Their recommendations have had positive implications for the development of services and for the overall professionalisation of social care. For instance, inspectorates have been set up to monitor both the statutory and voluntary sectors. However, some of the effects have been to create a fear of allegations and a sometimes too literal concern with documenting every act and interaction. Developing the appropriate atmosphere and culture of openness, accountability and professionalism has become a major challenge to the sector.

Through my work as a lecturer in social and organizational psychology, I have been involved in the training and education of social care staff for twenty years. As well as teaching and lecturing in a college setting, this work has entailed visits to a very wide range of social care agencies. Through this contact, I have had the opportunity to discuss organizational issues with staff on a regular basis. Discussions about stress and psychosocial hazards, teamwork, difficult group dynamics, anxieties about assaults and fears of allegations have been regular topics.

Cooper (1998) argues that organizations have tended to approach stress from the person side of the relationship. He sees this as arising from the medical model of stress and as having led primarily to the development of personal coping skills (such as relaxation techniques, time-management practices) to handle stress. Similarly Murphy et al (1995)

suggest that the effects of this type of individual program can be short-term. In this light I set out to explore aspects of stress within an organizational perspective and with the overall aim that improvements and interventions would be considered at an organizational level.

This study has so far completed two different types of investigation related to the experience of stress in the social care sector and has shed light on perceptions of stress at different levels of organizations. In DBA Document 2 (DBA, 2003b) a review of literature related to organizational stress led to the development of a conceptual model within which the research questions could be elaborated. As part of the research reported in Document 3 (DBA, 2004a) a set of ethnographic interviews were conducted with managers and some staff in nine organizations to examine perceptions of stress in the social care sector. Findings focused on adaptive and maladaptive responses to stress and the organizational consequences. The role of positive and negative moderators of the stress process was a key concern. A survey of staff and management views of organizational stress was carried out in the same nine organizations and reported in Document 4 (DBA, 2004b). It was found that staff and management had similar perceptions of many aspects of stress. Managers were however more likely to notice maladaptive responses to stressful situations. The results also indicated positive attitudes towards stress management interventions.

It is intended to build on this research with further investigation of intervention and coping strategies. The emphasis will be on developing understanding that can provide guidelines for measured and effective action. Feedback from the survey findings and the ethnographic data of Document 3 will be used in combination with other material as the basis of workshops with a group of staff and management from one of the organizations already visited. The model of organizational stress developed in Document 2 will continue to provide a structure within which to present information. It is intended to work with staff and management to explore in a collaborative way the more effective use of coping strategies and preventive stress interventions.

The following research questions are central to this stage of the project:

- Does the model of organizational stress used in this research make sense and seem applicable to the work context of this group of staff?

- How can the model be used to construct a meaningful, relevant stress prevention programme at organizational level that can have a value beyond immediate requirements?

While these questions represent the main focus of the research, the following subsidiary questions arise from the central questions and from the issues discussed in documents 3 and 4 and will therefore also be of interest:

- How much importance do they attach to positive and negative moderators of the stress process?

- How is coping perceived from the internal perspectives of staff and management? How useful do they consider a) task-focused and b) emotion-focused coping?

- What is the role of supervision with relation to stressful situations?

- To what extent can staff develop an organizational perspective in considering stress-related issues?

- In what ways do people perceive their organization as healthy or unhealthy? What criteria do they use? Is stress or absence of stress an important factor?

Thus this document will present a report on a programme carried out in one organization where a collaborative approach was taken to researching and learning about work stress. The agreed prevention strategies will be outlined and the programme will be discussed

and evaluated. The overall aim is to contribute to the development of a model of understanding, coping with and preventing work-related stress in social care organizations. As part of this, a practical outcome will be the identification and planning of some preventive measures relevant to this organization.

In chapter 2 a summary and up-date of the literature developed in Document 2 (DBA, 2003b) will be provided and the conceptual framework outlined. Chapter 3 will outline approaches to action-oriented research and their assumptions. The approach adopted in this document will be discussed and followed by an account of the specific methods used to investigate the research questions. Chapter 4 will present a detailed account of the programme of workshops, reflective comments and feedback from participants; analysis will be incorporated into the account. Chapter 5 will discuss the findings in the light of the relevant theoretical and research background and practical issues. Chapter 6 will present a brief summary, conclusions and recommendations, and will indicate further investigations that might be developed from the research.

Chapter 2: Summary and Up-date of Literature Review

In the review of literature presented in Document 2 (DBA, 2004) theories and concepts of organizational stress and their implied definitions were outlined and discussed. A brief review of the main traditions of research and theory is provided in this chapter to set the context for the research inquiry. The review will deal predominantly with psychological theories of stress. The research questions have been thought out and developed within a psychological framework reflecting my background in organizational psychology. It is recognised that there is a wide sociological literature related to organizational theory and that alternative perspectives cold be adopted to frame the research. However, given the nature of my interest in the research questions, it was decided that the most relevant research and theory would be found in the psychological literature related to organizational stress.

Concept of stress

The combination of arousal and active engagement or withdrawal was first described by Cannon (1932) as the 'fight or flight' response, the mobilization of the organism to fight or escape in the face of threat. The mobilization occurs through the combined action of the nervous system and the endocrine system and Cannon's contribution was to show the function of the nervous system. He was interested in the relationship between emotional states and physiological responses. Central to his thinking was the principle of homeostasis whereby the body maintains a relatively steady internal state under varying environmental conditions. He conceived of stress as a disturbance of homeostasis and physiological equilibrium.

Selye (1976) developed the concept of the General Adaptation Syndrome (GAS) as an expansion of the fight or flight response and includes in it a description of what happens to an organism if stressful events continue to challenge it. According to Selye the body naturally responds to stress in a three-staged process. Facing a threat the body has an

alarm reaction; adrenaline and other hormones enter the blood stream creating physiological arousal and a sequence of physiological changes. The body thus mobilises its resources to defend against the threat which might be physical or psychological. There follows a resistance stage where there is continued release of stress hormones and use of defences; most adaptation occurs at this stage. If threats persist the exhaustion stage occurs where adaptive resources are stretched beyond their capabilities. As the body becomes more vulnerable, stress can then lead to ill-health. The theories of stress emerging from the work of Cannon and Selye emphasised the biological and tended to focus on the objective features of the environment (an objective scientific approach).

A psychological model of stress was developed by Lazarus and Folkman (1984); this stress and coping model is based on the assertion that an event is only stressful if it is perceived as such by the individual. Stress arises from the way in which the individual perceives and interprets events which occur in the external environment. Lazarus asserts the importance of cognitive appraisal as a psychological process that occurs as part of the stress response; it is proposed that cognitive appraisal intervenes between the encounter with the environment and the reaction. He distinguishes further between primary and secondary appraisal. In primary appraisal, a person realises something is at stake and gives meaning to the situation in terms of threat or challenge. The secondary appraisal process is concerned with the identification of the coping resources available.

As the concept of stress developed it began to take on some of the meaning traditionally associated with anxiety and other emotions. The emotions associated with high negative affect such as 'being distressed, fearful, or nervous' are part of what people report when they consider themselves stressed. The emotions related to strong engagement such as 'being aroused' also feature in descriptions of stress. Lazarus and Folkman (1984) pointed out that the term stress began to replace a wide range of other concepts including anxiety, conflict, frustration, emotional disturbance in both psychological studies and in everyday language; they argued in particular that there was considerable overlap between the concepts of anxiety and stress.

Averill (1989) has criticised a culture where stress has been excessively popularised and has become legitimised as an explanation in almost any situation to the extent that the concept was in danger of losing its meaning. Newton (1995) has drawn attention to the increase in professional staffs available to treat and research stress, such as psychologists, psychiatrists and social workers arguing that while the increased presence of professional help may not cause an increase in stress, it can strengthen public acceptance of a social phenomenon. Underlying these views is a concern about attributing reality and significance to stress without having questioned how it came into public discourse in the first place.

From a constructivist perspective, Hallam (1985) has argued that emotions cannot have scientific status as they are multi-referential lay constructs. These constructs may refer to specific events, bodily processes, behaviour and cognitive schemas such as attributions of causality; however an individual may experience some or all of these processes and still not report stress or anxiety. Thus Hallam raises the question of whether descriptions of emotions refer to real entities within the person, or denote metaphors used to develop a common language to share information about emotional behaviour. This debate concerning the ontological and scientific status of emotions permeates the development of the stress concept.

The experience of stress and, in turn, strain or excessive stress highlights the relationship between the mental and the physical. It indicates the interconnections between our biological and psychological processes. The language of stress has made it possible to talk openly about many psychological and mental health problems which heretofore were avoided or hidden.

> We have come to recognise the vastly complex intertwining of our biology and our emotions, the endless ways in which our personalities, feelings, and thoughts both reflect and influence the events in our bodies. One of the most interesting manifestations of this recognition is understanding that extreme emotional disturbance can adversely affect us. Put in the parlance with which we have grown familiar, stress can make us sick, and a critical shift in medicine has been the recognition that many of the damaging diseases of slow accumulation can be either caused or made far worse by stress.
>
> (Sapolsky, 1998, p.3)

The definition of stress that has been used throughout this research sees stress as a particular relationship between the person and his or her work environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being. The definition is adapted from Beehr (1995) and incorporates the concept of appraisal and transaction with the environment.

Models of organizational stress

The Michigan person-environment fit model has been described as the most widely used and comprehensive model of occupational stress (Landsbergis and Vivona-Vaughan, 1995). Indeed, many other models rely on it as a basic model and refine aspects of it. The core premise of this theory, is that stress is defined as the degree of misfit between the person and their environment (Edwards et al., 1998) A lack of person-environment fit leads to stress; the discrepancies between needs and abilities of the person on the one hand and demands and resources of the work environment on the other lead to pressure to cope and adapt, protect oneself defensively or suffer psychological strain and perhaps stress-related medical and mental health problems. Originating with the work of Kahn et al (1964) person-environment theories began to highlight the effects of conflicting role demands and have gone on to catalogue many of the stressors and moderators of the stress process.

An influential factor in the evolution of person-environment approaches was Lazarus' development of the stress and coping theory in understanding general stress (Lazarus and Folkman, 1984). They drew attention to the processes that mediate the person-environment relationship, namely appraisal and coping. P-E theories have increasingly emphasised subjective appraisals of the work environment and assumed an important function in explaining individual differences in reactions to stress (Kahn and Byosiere, 1992).

Early person-environment theory was expressed predominantly within an interactional psychological perspective (Bartlett, 1998); its definitions of stress tended to be response-based. Cummings and Cooper (1998) pointed to the limitations of interactional models and developed a cybernetic model reflecting a transactional view of work stress and introducing the concept of feedback loops to account for the implications of stress appraisal (Cummings and Cooper, 1998; Edwards, 1992). The concept of feedback suggests that coping behaviour is purposeful and directed by knowledge of its previous effects. The person-environment relationship is seen as a self-regulating system and its purpose is to minimize discrepancies between environmental inputs and internal standards or expectations; this is achieved through a negative feedback loop which assesses discrepancies and minimizes these by a combination of changing the environment and adjusting standards. The theory posits that while stress has an affect on an individual's well-being, it also stimulates coping responses which will in turn affect the original source of stress.

To understand stress in a particular work context it is helpful to understand the psychological and social aspects of the specific type of work. Work in human service organizations (HSO) has been described by Jenkins and Maslach (1994) as interpersonally and emotionally demanding. Hasenfeld (1983) has argued that work with people is generically different to work with "data" or "things" and has outlined a number of features that characterise work with people within HSOs; these include ambiguous goals, a weak link between methods and outcomes and difficulty observing results. Similarly, Soderfeldt et al (1996, p.1217) argue that a characteristic of HSOs is that there are special emotional demands due to the nature of the work and that the subjective assessment of emotional demands depends largely on norms and values of both the organization and the worker. Social care work is essentially focused on relationships with other people and entails working closely with clients, often in difficult and demanding circumstances. Burnout has been considered an occupational hazard for people-oriented professions such as human services, education and health care. The idea of a mismatch between a person and their environment was developed with reference to the helping professions by Maslach (1998) who used the theoretical framework to

understand professional burnout and the stress responses of those who work in close and intense interpersonal contact with client groups.

Ganster and Schaubroek (1991) describe burnout as a type of stress entailing a chronic affective response to work situations with a high level of interpersonal contact and indicate that it has been consistently linked to cynicism, negativism, absenteeism, labour turnover, and poor mental health. Theories of burnout have suggested that the greater the mismatch between the person and the job, the greater the likelihood of emotional exhaustion, depersonalisation and reduced personal competence. The theory as outlined by Maslach specifies six areas in which misfit can occur: workload, control, reward, community, fairness and values. Of these, the areas of mismatch that seem particularly relevant to the social care sector are value conflicts and the breakdown of positive connections with others in the workplace. The relevance of this model lies in the centrality given to relationships, its focus on identifying chronic stressors in workplaces that are interpersonally demanding, and in its particular interest in healthcare and social services.

The concept of control has been central to the development of the job demand-control-support model (Karasek and Theorell, 1990) of organizational stress. This model originates in a different tradition; both Karasek and Theorell are Scandinavian and reflect values and ideas about work that are more European in origin. In a review of occupational stress research, Ganster and Fusilier noted the influence of Scandinavian research which had a different focus to that taking place in the United States.

> This program of research has to a much greater extent than in the US, been directed toward the formulation of public policy regarding both the design of work (i.e. that it be meaningful, etc.) and the role of workers in determining their fate (i.e., that they have voice and control).

(1989, p.38)

Karasek and Theorell's model focuses on two dimensions of the work environment: job demands and job control. Job demands refer to environmental stressors such as workload, time pressure or role ambiguity. Job control (decision latitude) is described by Karasek as influence by employees in the work process decision and is made up of two components, skill discretion and decision authority. Karasek and Theorell (1990) argue that the risk of psychological strain and physical illness increases in a demanding job only when the demands are combined with low job control. Dollard et al conclude their evaluation of the model in the following way:

> Jobs characterized by high demands, low control and low support from supervisors or co-workers are at the highest risk for psychological or physical disorders.

> (2000, p.501)

According to Karasek, it is not the demands of the work itself but the organizational structure of work that plays the most significant role in the development of stress-related illness. Thus there is considerable emphasis on the psychosocial work environment. "The DC model makes change of work organization salient, not change of individual behaviour" (Soderfeldt et al, 1996, p.1219).

A model which seeks to integrate the essential concepts of these models is that of Beehr (1998). The model is outlined as a series of related facets or aspects of the overall stress process. Thus occupational stressors lead to stress responses which may lead to individual strain and negative organizational consequences. The stress response encompasses various psychological and physiological responses of the person. These can include cognitive appraisal processes, physiological responses, or psychological responses such as uncertainty. Coping and adaptation refers to any actions taken to deal with the stressors, the strains or the organizational outcomes. Beehr outlines a number of moderators of the stressor-response relationship some of which refer to relatively stable characteristics of the person, such as personality and abilities while others refer to situational workplace factors. The stress response of uncertainty can occur at individual level and may be defined as a condition in which the employee is required to make a response but is not sure about important outcomes that might follow as a consequence. It

can also occur at organizational level, reducing overall predictability for members of events inside or outside the organization.

The concept of uncertainty as an integral part of the stress response is relevant to the social care sector. Working with difficult and sometimes volatile clients can create serious uncertainty and unpredictability in the environment. Many workers describe situations where clients exhibit bizarre, inappropriate or aggressive behaviour without forewarning. Events in a client's family or background, quite unconnected with the residential centre, can lead to unexpected emotional outbursts. Competent social care workers can cope with such uncertainty; less competent, inexperienced, untrained staff or, indeed experienced staff who are tired or overworked, will experience difficulty.

Conceptual Framework relevant to this research

The conceptual model developed in Document 2 (DBA, 2003b) and used to elaborate the research questions for the first two stages of data collection was influenced primarily by the integrative model of organizational stress outlined by Beehr (1998) and is illustrated in Figure 1. The first focus is on stressors in the workplace and it is implied that they have a causal role in leading to stress responses. The two-way arrow between stressor and stress response implies a transactional definition of stress whereby an individual's perception and appraisal is necessary before an event actually becomes stressful.

Stress responses can be experienced at physiological, cognitive, emotional or behavioural levels. It is at this stage that the individual copes or fails to cope with the stressful events. Coping and adaptation are here seen as an integral part of the stress response. This is in line with Lazarus and Folkman's (1984) stress-coping model which argues that the appraisal of coping resources is actually part of the stress response. However a preference for using certain coping strategies rather than others is seen in this model as a moderator of the stress process; the use of aspects of coping as response and moderator is in line with other models of stress (Bartlett, 1998). The extent to which stressors lead to
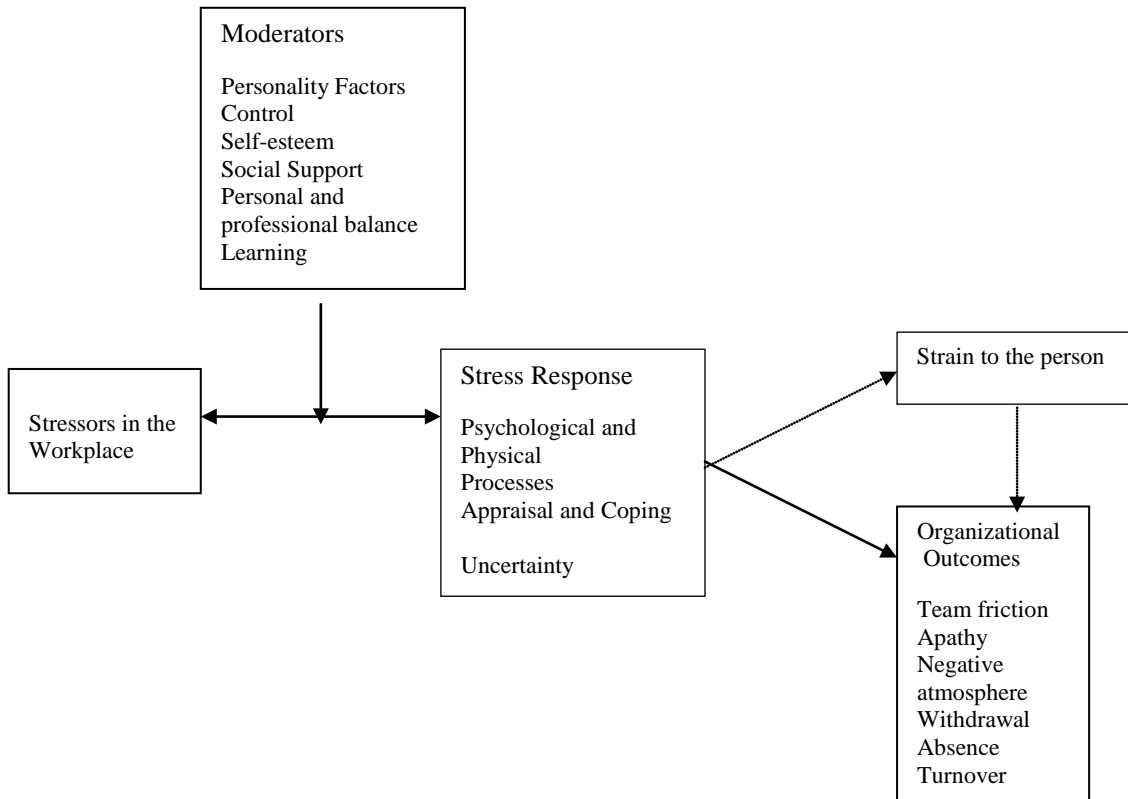
Figure 1: Framework outlining the key processes in occupational stress (Adapted from Beehr, 1998)

the experience of stress is influenced significantly by personality and situational moderators.

If an individual fails to cope with the stressful event he or she may begin to suffer strain and show this in emotional problems such as, anxiety, depression, anger, burnout or behavioural problems such as unhealthy eating patterns, alcohol or drug abuse. The consequences of strain may also affect the organization. It is also possible that the individual does not consciously experience strain but their reactions to stressful events

lead to consequences for others in the organization. The broken arrows in the diagram of the model imply that personal strain may arise out of the stress response and have negative organizational outcomes; however the inability to cope with stress almost always impacts on the organization whether the person is aware of it or not. This was argued in Document 3 (DBA, 2004a) on the basis of the interview data which seemed persuasive enough to make explicit in the model.

The organizational consequences of mismanaged stress can be substantial. Quick et al (1997) advise that organizations need to take into account both the direct and indirect costs of stress. Direct costs include reduced on-the-job performance, reduced overall participation in the workplace, the loss of an individual through absenteeism or turnover, the payment of compensation awards or health care benefits. Indirect costs can be seen in broken and disrupted communication between people, poor morale, faulty decisions, aggression and violence in the workplace. Quick et al argue that many of these behaviours reflect a lack of responsiveness and resiliency on the part of workers or managers who have lost the adaptive energy to cope with stress.

While the general models of occupational stress provide frameworks within which various aspects of the stress process can be conceptualised and systematically researched, Sparks and Cooper (1999) note the limitations of such models. They emphasise the adaptation of models to include situation-specific factors or variables and argue that models are considerably strengthened when adapted to suit the needs of particular occupational settings. Depending on the specific demands of a job, an employee may need specific corresponding types of control and social support to cope with these demands. In the research carried out in the earlier stages of this project, data was collected related to moderating factors in the social care context. Moderators of the stress process continue to be of central interest to this research.

Moderators

Social support from those in one's organization or immediate environment is considered to be an important factor in lessening the effects of stress. Instrumental support is

characterised by giving practical assistance such as advice or knowledge to complete a task. Emotional support is characterised by caring and listening sympathetically to another person. These types of support are often closely intertwined especially when they are provided from the same source (Fenlason and Beehr, 1994). The sources of social support are usually an employee's co-workers, supervisors, friends and family. It is generally considered that work-related stress is most effectively dealt with by using work-related sources of social support and this was borne out in the survey carried out in Document 4 of this study where respondents indicated that colleagues were the primary source of support in stressful situations (DBA, 2004b).

Research on moderators in residential care and related fields has paid considerable attention to the availability and use of social support. Studies of care staff in residential settings have reported that social support from other staff and from one's immediate manager are important moderators of the stress process (Rose, 1993). In a recent study of the causes and alleviation of stress in child care protection work, social workers reported that more support and contact from colleagues and senior workers was a key factor in reducing stress (Dillenburger, 2004). Similarly Alexander and Hegarty (2000) reported that in the case of staff working in community homes low levels of staff support were associated with high levels of stress.

However social support needs to be of the right kind; in a review of research (on social support) in various occupations Kahn and Byosiere (1992) found that there were instances where the presence of social support seemed to heighten the stress-strain relationship; that sometimes engaging and sympathising with a stressed person about the bad, unpleasant, or negative things in the workplace might not be supportive and could lead to increased focus on and suffering from stress. Similarly Fenlason and Beehr (1994) reported a study where social support was conceptualised as the contents of communication and found that negative job-related communication had the effect of making stressed people feel even worse. A way in which this can happen was reported in Document 3 of this research; some staff mismanage the personal and professional

boundaries in their work relationships. This was summed up by one interviewee as follows:

> The difficulty of separating the personal from the professional is always there, but more for some than others. Mixing friendship and work in residential work can be a problem. Long shifts can be a factor here; live nights are very problematic, you are vulnerable, you are tired, you are upset about something. I tell you about something, and hope you won't spread it; but you are someone who can't keep a secret. People end up disclosing very personal things. So they have to learn to handle that kind of intimacy.   Social care residential work is rife with misunderstanding. Crossed wires — people are living in very intimate settings together and seeing each other throughout the whole 24 hour period.
>
> (DBA, 2004a, p.34)

The comments illustrate the ways in which inappropriate, intimate communication may not provide the benefits of effective social support and in fact may lead to complications and difficulties in team relationships.   It can create alliances between certain staff members which exclude others and result in divisiveness on the team. On the other hand managing the boundaries between personal and professional life is likely to be an important positive moderator.

Quick et al argue that there is considerable scope for the development of various forms of social support as moderators.

> Unlike some of the other moderators that influence individual responses to stress, additional social support may be engendered by management, and to the extent that this is possible, it can serve as an important preventive intervention.
>
> (1997, p.59)

A factor in the work situation which has been considered an important moderator is situational control which denotes the extent to which an individual believes he or she can exert control over specific aspects of the job. Karasek and Theorell (1990) describe situational control as decision latitude and argue that it is a significant moderator of the impact of job demands on psychological strain.   In relation to care staff, Hatton and Emerson (1993) reported that lack of participation in organizational decision-making was associated with stress. Interviewees in Document 3 of this research indicated clearly the

need for a care worker to have an adequate level of control during their work-shift. It was eloquently expressed by one interviewee:

> I think the single most stressful thing for any social care worker must be feeling you are not up to the job and a sense of not being able to have or to exercise control. In other words you are unable to control the situation. I'm not saying you need to be controlling all the time – it's the sense of being in control. And that transfers on to the kids because they can sense, when they are with you in the house, if you are in charge or not. If they feel someone is in charge in the house and can take control they will relax.
>
> (DBA, 2004a, p.30)

Appropriate control was described as being based on relationships with clients on the basis of which most issues could be negotiated; inappropriate control or failure to control meant that staff resorted to inflexible interpretations of the rules and over-reliance on structure.

A related personality factor which is also likely to play a part as a moderator of stress is a person's perceived locus of control (Bartlett, 1998). Thus people whose locus of control is internal will respond to stress by taking action whereas those whose locus of control is external are more likely to see effective action as beyond their power. Relevant also is a person's level of self-esteem. Jex and Elacqua (1999) have developed the concept of organization-based self-esteem to reflect an individual's self-perceived competence within an organization; they report that organization-based self-esteem moderated the effects of role stressors on physical and physiological strains.

The tendency or disposition to consistently use certain types of coping mechanism has been described as coping style and has been conceptualised as a personality disposition or trait (Harris, 1995; Bartlett, 1998). Coping strategies have been categorised by Lazarus and Folkman (1984) into two main types. Problem-focused coping aims to reduce stress by overcoming the source of the problem whereas emotion-focused coping consists of efforts to manage our emotional reactions to stressors rather than trying to change them. There are a number of forms of emotion-focused coping: distancing, self-control, accepting responsibility, avoidance. Avoidance coping has been measured in a number

of coping scales (Carson and Hardy, 1998; Cooper et al., 1988) and was also investigated as part of the survey in Document 4 (DBA, 2004b) where it was found that a wide range of coping strategies were used by staff and managers. It is arguable that a certain amount of avoidance coping is not harmful and may even be helpful. However Rose et al (2003) found that care staff who made frequent use of one form of avoidance coping, namely, "wishful thinking" were more prone to stress; so some ways of escape or avoidance may be less helpful than others. Further investigation of the use of emotional and avoidance coping is an aim of this study.

Maddi and Kobasa (1991) identified a personality style she called hardiness which was evidence of a resilience in an individual that protected him or her from the impact of stressful experiences. An effect of hardiness is that an individual's coping skills are enhanced. Thus Nelson and Simmons (2003, p.110) note that hardiness can lead to reappraisal of a stressor such that it is less threatening or is perceived as an opportunity rather than a threat. Florian et al (1995) found that hardiness was related to reduced threat appraisals and to the increased use of problem-focused and emotion-focused forms of coping. On the other hand some individuals may have personality dispositions with a lower threshold for stress; Rose et al (2003) investigated personality factors in care workers and found that staff with high scores on measures of neuroticism were more likely to suffer negative psychological outcomes and exhibit maladaptive coping strategies. Shortt (2000) reported that social workers who exhibited high levels of negative affectivity were also more likely to use ineffective coping strategies.

A number of other personality factors are seen as moderators of the stress process and are likely to play some part in how a person copes with stress. It is necessary to mention the Type A behaviour pattern as it has been studied in a wide range of occupations. Quick et al (1997) conclude that it does constitute an important cardiac risk factor but add that recent research suggests that the component increasingly considered to be the most dangerous is the combination of anger, hostility and cynicism. Those in the social care sector who are prone to burnout and might exhibit some of these behaviours are most at risk but there is little evidence to suggest that it is a major problem in the sector.

Thus the relevant types and use of moderators of the stress process are central considerations for this document and they will form an integral part of the development of preventive stress management strategies.

Organizational Health

Organizations have often been understood as "goal-based systems which can be designed, managed and controlled like an engineer manages and controls a machine" (Watson, 2002, p.4). Watson argues that they can be more usefully framed as "ongoing human relationships involving processes of constant negotiation, exchange, persuasion, power etc" (2002, p.4) and that this view represents a movement from a system-control framework to a process-relational one. This view of organizations is also more useful for the present research and represents more closely my changes in thinking about organizations during the course of the DBA. Through the modules of the DBA I have come to appreciate increasingly that organizations do not have an existence that is independent of those who live and participate in them. As I intended to present ideas to the research group related to organizational stress, I wanted at some point in the workshops to stimulate discussion about organizations.

Morgan (1997) suggests that through using different metaphors "to understand the complex and paradoxical character of organizational life, we are able to manage and design organizations in ways that we may not have thought possible before" (1997, p.13). Morgan describes a range of metaphors that have been used to represent particular views or constructions of organizations; for example, organizations have been construed as machines, cultures, psychic prisons, or political systems, depending on the views and purposes of the writer. For the purposes of this research it seemed appropriate to me to consider organizations from the perspective of health and to use this to ask questions related to the health and stability of the organization. The concept of organizational health seemed to me a useful one in that it could give a wider perspective than examining solely the effectiveness of the organization, and might help to promote positive ideas of

growth and development. While it was of course possible that participants might focus more on the unhealthy or unstable aspects of organizations, the perspective seemed rich enough to allow a range of alternative perceptions to be explored.

Various conceptions of organizational health have evolved, some focusing on organizational criteria, others more on processes and adaptations (Bennet et al., 2003); the latter approach will be adopted in this document. Jaffe (1995) suggests that organizational health implies an expanded idea of organizational effectiveness adding dimensions such as the health and well-being of those working in the organization, the way the organization treats its members, and the growth and development needs of employees. Quick et al (1997) argue that three characteristics are particularly important in distinguishing healthy from unhealthy organizations: adaptability, which refers to the ability of an organization to change and resist becoming rigid and is concerned with long-term functioning; flexibility, which is concerned with adjusting to internal and external emergencies; and productivity, which refers to the quality and amount of service(s) provided by the organization. In order to achieve and maintain these features healthy organizations need to be self-renewing and self-examining. This organizational awareness relates in particular to the ability to maintain intra-organizational and extra-organizational congruence. According to Bennett et al an organization is internally congruent when "it keeps employees informed, allows employees to learn quickly, and enables them to transfer knowledge across organizational levels" (2003, p76). Many internal adjustment activities are aimed at having the people, the structure, the methods of working and the main tasks work in harmony. A misfit between two or more of these dimensions may cause internal health problems for the organization. In social care the many team issues mentioned by staff in Documents 3 (DBA, 2004a) and 4 (DBA, 2004b) are relevant here. Extra-organizational congruence refers to the organization's adjustment to the external environment; in the social care field therefore changes in the administration of social services, the legislation related to the delivery of social services and the emergence of new client groups constitute important factors that challenge the organization.

Preventive stress management

The theory of preventive stress management in organizations is based on concepts used in public health and preventive medicine. Quick et al (1997) have integrated these concepts within an organizational stress process framework and have proposed a three-tiered model, incorporating both individual and organizational levels.

The aim of primary prevention is to reduce the nature or sources of stress at work. At an organizational level, primary prevention is aimed at controlling or altering stressors in the working situation. At an individual level, it is intended to help individuals control the frequency and intensity of the stressors they are confronted with. There is considerable variation in the tolerance levels of individuals in relation to stressors (Quick et al, 1997). Primary prevention tends to focus on organizational structures and strategies and may entail changing the job content, increasing a worker's control and participation, team building, or developing social supports at organizational level. Primary prevention is considered to be the most effective approach to stress management (Quick et al, 1997) and it is concerned particularly with longer-term solutions; however often more immediate action is required to resolve organizational problems of stress.

Secondary prevention is directed at controlling the stress response itself. The aim is to change the way that individuals respond to stressors associated with work and thus prevent negative health consequences. It often concerns staff who already show some signs of stress and is designed to increase coping capacity and prevent strain or illness occurring. Secondary prevention methods usually attempt to increase awareness of stress and include techniques such as sensory or somatic techniques, cognitive-behavioural skills training, imagery techniques, the use of disclosure to colleagues or supervisors, and the use of social support. It is generally argued that secondary prevention is most successful when it is comprehensive and works with stress responses at emotional, physical, cognitive and behavioural levels (Bennet et al., 2003). Tertiary prevention is concerned with minimizing organizational costs and individual strain and illness resulting from the experience of too much stress. At the organizational level this can take the form

of crisis intervention; at the individual level it can include medical care, counselling, psychotherapy or psychiatric care.

A parallel can be drawn between the levels of preventive stress management and ways of coping with stress. Thus the problem-focused function of coping can be seen as managing or changing the source of stress as in primary prevention; the emotion-focused function of coping which is concerned with regulating stressful emotions, can be seen as paralleling secondary prevention. The focus of this research is more on factors related to primary and secondary prevention, especially at organizational level, but tertiary prevention measures will also form part of discussions, as the handling of crisis situations is inevitably an important concern for care workers. While much of the work of developing and improving moderators of the stress process in social care work might be addressed by the secondary level of prevention, it is important to set this in the context of broader organizational change (i.e. primary prevention). As managers are also inevitably concerned with immediate problems some attention would also need to be paid to some of the existing organizational consequences of stress. Thus ideas could be adapted from all three modes of prevention.

Quick et al (1997) outline five principles that underlie their approach to preventive stress management. As the development of the research programme in this project is also broadly in line with these principles it is worth elaborating them.

1. Individual and organizational health are interdependent. Organizations cannot achieve a high level of productivity, adaptability, and flexibility without vital healthy individuals. By the same token, individuals may have a great deal of difficulty maintaining their psychological and physical health in unproductive, rigid, unchanging organizations.
2. Leaders have responsibility for individual and organizational health and have a key role in pursuing individual and organizational health through diagnosing stress and implementing methods of preventive stress management suited to the specific

organization. Employees are seen as responsible also for both their own health and the health of the organization.

3. Individual and organizational stress are not inevitable and are not a necessary evil of work. It is necessary to anticipate and influence the demands that are the source of stressful events as well as to employ methods for shielding the individual or organization from their harmful effects. Demands are seen as inevitable, strains are not.

4. Organizations are ever-changing, dynamic entities. Preventive stress management needs to pay attention to the changing nature of the specific organization. The nature of the stressors faced by the organization as well as the nature of the demands generated within it, change over the course of its life cycle. In the social care field there is constant change and new demands and the strategies and techniques that are effective in managing stress at one stage may be ineffective at a later stage.

5 Each individual and organization reacts uniquely to stress. The uniqueness of organizations requires that interventions be chosen and implemented in the light of the particular characteristics and needs of the organization.

It is proposed in this research project that a framework can be provided within which these principles of developing a stress prevention programme can be accommodated and that a focus on uniqueness and change in an organizational context can be maintained.

Chapter 3: Research Methods

The stages of research reported in Documents 3 and 4 (2002a; 2002b) made use of both structured and unstructured methods. The research inquiry has been seen as occurring in an iterative process of collecting data, analysing the data, revisiting the sites to feed back, testing interpretations and collecting new data. This kind of applied research requires an adaptive approach; thus this next stage of inquiry will make use of some aspects of the methods used earlier and will also incorporate elements of an action research approach. Before outlining the specific ways in which the research has been developed in this section of the project, it is useful to examine some aspects of the theoretical background of research methodology and to indicate justification for the choice of methods employed here.

Different approaches to research adopt different methodological positions which entail certain assumptions. One set of issues is concerned with the epistemological questions of how we acquire knowledge. A second set relate to the ontological status of social reality and the extent to which we do or do not attribute an objective existence to social reality independent of the observer or researcher. Two important traditions can be identified.

Positivism

Positivist approaches set a context in which the ideal methods of inquiry are based on objectivity, acquired and maintained by a detachment from the objects or people under investigation. The facts of the world are there to be studied and exist independent of the observer; the goal of positivist science is to predict and control the world. Positivist methods are based on the application of rational or scientific analysis to social and psychological issues. From the positivist standpoint

> a researcher can be a neutral collector of data who can objectively access the facts of an *a priori* reality.
>
> (Johnson and Cassell, 2001, p.128)

Thus all claims to truth can be objectively assessed and verified by reference to empirical facts. This implies a social reality which exists independently of how people make sense

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of it and a "commitment to epistemological realism" (Johnson and Cassell, 2001, p.128). From a positivist perspective, the subject of this project, organizational stress could be seen to have an existence "out there", as a condition which exists independent of our conceptualization of it. It could therefore be measured and the differential effects on individuals might be explained by reference to objective environmental factors and personality dimensions.

Interpretivism

Interpretivism stems from the phenomenological tradition in philosophy and is associated with critiques of positivism in the social sciences (Schwandt, 1998). An aim of interpretivism is to seek and understand the meanings of social phenomena; thus one of the goals of the present study is to develop an understanding of the meaning of occupational stress in the context of social care work.

Interpretivist approaches see social reality as the outcome of people's interpretive activities and are concerned with ways in which they construct meanings to help them cope with the world (Watson, 2003). Whereas the goal of positivist science is to predict and control the world, the goal of interpretivist approaches is to understand the world of lived experience from the point of view of those who live it. This world of lived reality is constructed by social actors in specific situations; to understand this world, it must be interpreted. There are therefore many social realities and the question arises as to whether there is a "real" world to which these realities refer or are these social realities the only ones that we can know.

A difficulty for interpretivism is resolving the tension between phenomenological subjectivity and scientific objectivity. Schwandt (1998) outlines one approach to this problem as being to choose "the middle ground of methodology", thus rejecting the negative characteristics of empiricist thinking but avoiding "the subjectivity and error of naive inquiry through the judicious use of method" (Schwandt, 1998, p.224). Judging interpretations based on such methods entails using criteria such as thoroughness, coherence, applicability to the actual situation and comprehensiveness.

A constructivist perspective is compatible with and relevant to these issues. Denzin and Lincoln (1998) argue that the constructivist paradigm assumes a relativist ontology and a subjectivist epistemology. While there are debates about how a constructivist position is employed, the research and analysis in this document seem to fit broadly within this perspective. Thus the view is taken that there is no objective basis for knowledge claims but that knowledge and truth are created and agreed through a process of social exchange. In this way the generation of meaning is shaped by social processes. In the context of this study important aspects of the meaning of 'stress' and 'coping' will have to do with the staff's relationships and shared work experiences as well as with their individual experiences.

Interpretive and constructivist approaches emphasise the understanding of people's experience. While the understanding achieved has value in itself, it is more likely to be used to inform social action or to bring about social change. The truth or validity of knowledge claims is related to the extent that they fit functionally to achieve a goal.

> The relationship between knowledge and reality is instrumental, not verificative. To know is to possess ways and means of acting and thinking that allow us to gain the goals we happen to have chosen.
>
> (Schwandt, 1998, p.240).

Eikeland (2001) argues that this view of applied knowledge can be traced to Aristotle's concept of practical knowledge; practical concepts of knowledge were taken as self-evident starting-points for thinking and were considered fundamental even for theoretical insights. He argues further that this influence has been tacitly present in western thinking and philosophy since Aristotle's time. There is a clear connection between the concept of practical knowledge and the epistemological approach taken by the modern American philosopher Dewey who believed that the real sources of knowledge were to be found in action rather than in philosophical speculation.

> Perhaps the most characteristic feature of Dewey's approach is his steadfast refusal to separate thought from action. For Dewey everything is forged in action.
>
> (Greenwood and Levin, 1998, p.73)

Scientific knowledge was seen as simply another form of knowledge which could also be developed through cycles of action and reflection. Dewey's' approach to epistemology is described as pragmatist because knowledge is always tested by its application to practical situations.

> The centre of gravity is always the learner's active pursuit of understanding through puzzle-solving activity with the material at hand. The solutions achieved are only the best possible at that moment with the materials at hand, hence the denomination of his philosophy as pragmatism.
>
> (Greenwood and Levin, 1998, p.74)

Dewey's pragmatist philosophy has been an important influence on certain types of social research in that it provides a philosophical justification for action-oriented research.

Action-oriented research

One of the first systematic programmes of research embracing Dewey's epistemological approach has been attributed to Lewin. Lewin (1943 cited in Greenwood and Levin, 1998) developed a participative approach to social change developed from research he carried out with American housewives in World War Two aiming to reduce the civilian consumption of rationed foods. He began to see research as a tool that could advance science, deal with practical social problems and help in understanding and changing human behaviour. Research can thus be seen as

> a cyclical inquiry process that involves diagnosing a problem situation, planning action steps, and implementing and evaluating outcomes.
>
> (Elden and Chisholm, 1993, p.124)

Lewin's work influenced the Tavistock Institute of Human Relations in England, where an approach based on psychoanalytic thinking and an action orientation was emerging (Greenwood and Levin, 1998). A significant study of the coal-mining industry (Trist and

Bamforth, 1951) broke with the conventional approach whereby research on people at work was focused on finding the most technically efficient way to organize work with little regard for the social aspects of the work environment. Using a variety of ethnographic and action-oriented methods the research showed how production technology and work organization were interlinked. The socio-technical systems approach developed by the Tavistock Institute placed action research at the centre of its research programme and held that action research could lead to progress in theory as well as producing positive and practical social change (Eikeland, 2001).

These traditions of research conducted with a strong applied emphasis created a climate in which action-oriented and problem-focused research could develop. Significant contributions to such development have been made by researchers who adopt an action research approach. Action research approaches typically employ ongoing cycles of experiential and empirical research, reflection and feedback to either community or organizational participants and seek to adopt a systematic, scientific approach. On the basis of a review of the various uses of action research, Elden and Chisholm (1993) identified the elements that are essential to systematic action research:

- The inquiry needs to be both scientific and oriented towards practical problem-solving. Researchers should follow the basic rules of the social sciences for the systematic collection and analysis of data.

- The focus should not be limited to the "concepts, theories and epistemology of a particular discipline" (Elden and Chisholm, 1993, p.158), but should focus also on the content of the problem and the participants' views of it.

- Those who supply the data in a research project should also participate to some degree in the other phases of the research.

- The solution to the problems addressed by the research should add value to the body of knowledge in the particular area and the findings should relate to existing literature.

These criteria seem useful as a guiding framework for the research procedures used in this project and a broad adherence to them should serve to enhance the overall validity of findings.

One relevant type of action research is that developed by Revans (1983; 1998). Action learning is a cycle of learning and reflection involving a group or set of people working together to resolve issues and problems. It has been widely used in organizations both to promote learning and development as well as for research and inquiry (McGill and Beaty, 1995). It is used most often in business settings but has also been used in the public sector especially where organizations seek to "emulate successful collaborative business management practices" (Kemmis and McTaggart, 2003, p.341). A value of action learning is the emphasis on both the research and learning aspects. An important criterion of success of the project described in this document will be the extent to which learning occurs as a result of the programme of workshops on stress. Another relevant aspect of action learning is the value it places on the group as a context in which to develop and support research and learning. While the learning set as used in action learning is a very specific groupwork method (McGill and Beatty, 1995), the group setting developed in this research has similarities particularly in the facilitation of learning and data collection.

The principle of collaboration with the research group is important for this research. Reason's (1994) participative action research emphasises the involvement of participants in the process of inquiry and a strong value is placed on the lived experience of people in their local communities or organizations. Thus a key aim is "to produce knowledge and action directly useful to a group of people – through research, adult education and socio-political action" (Reason, 2003, p.328). While the level of participation of the group members in this research is more limited in that they have not had a role in the

development of the research questions, it is envisaged that their involvement will provide important evaluation of the model of organizational stress and contribute to the elaboration of the stress prevention programme. It is further envisaged that through involvement in this process there will be significant learning for the members of the group which could impact on their social care practice.

Validity and generalization

No matter which approach to research is taken questions of truth and validity are encountered. The use of the cyclical process of discussion, action, reflection and feedback will be central to the development and analysis of the project. The carefulness and rigour of this process is crucial to the validity of the research findings. One's methodological position is essential to the way in which truth-claims are made. In line with a pragmatist view of knowledge many action researchers view knowledge as inextricably linked to its application to practice and practical situations. A measure of the value of knowledge is the extent to which it is effective and can be used to help "fulfil whatever projects one was pursuing in the area of activity covered by the knowledge" (Watson, 2003). In this project the measure therefore of the value of the knowledge lies in its applicability to organizational stress in a social care setting.

Reason (2001) argues that an important procedure in increasing validity is to use inquiry cycles, moving several times between reflection and action. Similarly Heller asserts that

> validation is through the learning-action process itself and, whenever possible, through co-interpretation of outcomes with the participants.
>
> (2004, p.150)

In this research there is movement between reflection, feedback and discussion; while staff were engaged in active learning and inquiry about work stress, much of the action is based on the selection of interventions and the ways of applying them. Some of this will take place after the reporting of the research for this document; so it is envisaged that the

project will continue and that the ideas will be further tested for applicability in other organizations.

Applied research is frequently carried out in specific circumstances, often intensively with small numbers of people; thus statistical generalization is not usually possible. However it does not necessarily exclude some generalization to similar situations. Thus Williams suggests that some generalization is possible in interpretive research. He refers to "moderatum" generalizations where aspects of a subject being investigated can be seen as instances of a "broader recognizable set of features" (2002, p.131). He sees this type of generalization as the basis of inductive reasoning and different from generalization based on laws or statistical probability. The iterative process of presenting the findings to the same or similar informants and seeking further or more precise information should help strengthen potential generalization to other similar settings in the social care sector.

Methodological position adopted in this research

Dewey's pragmatist framework has been influential in framing the research questions and methods for this inquiry especially in the emphasis on applied research whose value can be judged by its usefulness or possibilities of application. The idea of a cycle of research and learning has been incorporated from action research and it is considered that a group context is the most appropriate setting. The choice of specific methods of data collection and analysis, while planned in advance, can however be adapted to best fit the demands of the situation. This position might aptly be described as methodological eclecticism; it is argued that this represents a fruitful approach and can be justified in terms of its adaptability to the fluid and changing context of a social care organization.

A broadly interpretivist position has been taken epistemologically as it seems to best characterise the assumptions being made as to what knowledge is, how it is acquired and applied, and also characterises the view taken of the ontological status of central concepts such as organizations, work-related stress, coping mechanisms and prevention strategies. Thus it is assumed in this study that one can make inquiry only about people's

perceptions and experiences of stress or their understanding and perceptions of their work organization.

The next sections will outline in detail how the methods were designed and developed.

Selection of the organization and initial contacts

I sent a letter to the organizations where the survey had been carried out (See Appendix 1). Managers from three of the organizations replied quickly showing interest in discussing a programme related to organizational stress. Replies from three other organizations expressed interest but at a later date; two other replies suggested that it was not a suitable time to engage in such a programme although they were generally interested in the area. I followed the letters with phone calls and it became clear that the management of one organization – 'The Lodges' – were keen to begin negotiations immediately. They felt that a number of staff had suffered stress in the recent past; the management were keen to find solutions and ways of supporting staff in an ongoing way. This seemed to suit the plans I had for developing a programme, so the first arrangements to meet were made. Contact summary sheets were kept of all meetings; examples of contact sheets appear in Appendix 1.

'The Lodges' is a long-established organization providing a residential care service for children and young people, a short-term residential mother and baby unit and a nursery. It is located on two sites in an inner city suburb. The organization is a voluntary body but nowadays receives its entire funding from the Department of Health. A management committee which includes representatives of the area health authority oversees the running of the organization; a director appointed by the committee is responsible for the administration and development of the services. There is a manager for each of the four sections and the residential units also have team leaders to supervise each shift. There is a full-time staff of 30 with 10 relief staff who are employed on a regular basis. The action research project was carried out with the staff of the two residential units. Each unit caters for between 6 and 10 young people and is responsible for providing residential

care and appropriate therapeutic interventions. Increasingly the clients referred have serious emotional and behavioural problems and are very vulnerable.

The research issues I had in mind when arranging meetings were as follows:

- If the research findings on organizational stress were useful, how might they best be harnessed for the development of preventive strategies through feedback and elaboration with participants from the earlier stages of research?

- If the model of organizational stress makes sense to people in the field, how can it be integrated into and influence thinking and practice in the specific organization?

- How can the model of organizational stress and the research findings be integrated into the development of appropriate Human Resources Management modules? While this was primarily an issue for the Dublin Institute of Technology (DIT) department of social sciences, the views of people working in the sector would be an important influence on course developments.

- Further investigation of relevant and useful coping and preventive strategies and ways of assessing levels of commitment to them.

Based on these considerations I developed the following agenda:

- Information about the research to date
- Ideas for a programme related to understanding and preventing stress in the workplace
- Coping and preventive interventions

- Confidentiality
- Practical arrangements

I was invited to meet in the first instance with one of the unit managers. I gave a short outline of the organizational stress survey mainly to indicate the kind of information that would form part of the programme. This was seen to be interesting and likely to be stimulating for staff and management; it was also likely to help validate the findings. The manager was keen to emphasise the potential learning, training and development that would occur for staff through participation in a programme. I agreed that a balance between research inquiry and learning would be essential and that it would be discussed with the group at the first workshop.

The importance of confidentiality was stressed; I explained that my intention was to produce an agreed written report for the organization; I also explained that an analysis of the findings would be developed as part of my doctoral studies at Nottingham Trent University and that members of the organization were welcome to read those accounts if they wished. (A fuller discussion of the relevant ethical issues is developed later in this chapter). I expressed my hope that these early meetings would foster a sense of collaboration where the aims of the overall programme would be shared by staff, managers and me as "outside" researcher.

Before circulating an outline of a programme it was agreed that I would meet with the acting director. This meeting took place a fortnight later and followed a similar agenda. The director had been briefed by the unit manager and was well disposed towards the idea of the programme. She had contact with all sections of the organization and was keen that staff from both of the residential units became involved. I drew attention to the research value of what we were embarking on; while she considered this important she again wanted to have equal emphasis on the training and learning aspects of the programme. I was happy to ensure that both aspects of the programme would receive adequate attention; also the participants would have opportunity to influence the sessions as they developed. She felt that that issues related to coping with stress would be of

interest to staff and management; the topic of prevention would be of particular interest to managers and supervisors. Again the research and confidentiality issues were discussed as well as the interests of DIT in course development and my interest in writing up the project as part of the DBA. There were no concerns expressed but it was agreed that the board of management would have to be informed before the programme began.

A good proportion of this meeting was devoted to considering the practical arrangements. I offered to make a short presentation at each of the staff meetings to launch the programme; the director felt that an informative written statement and invitation to the programme would suffice; the staff meetings tended usually to be very busy and it was unlikely that I would achieve any extended discussion until the first formal meeting. It was agreed that if an adequate number of staff expressed interest, the programme would go ahead. A minimum number of 6 people was considered a viable number. A two hour period on Wednesday mornings was suggested. Staff meetings took place at midday and it was felt that people would be willing to commit the time prior to these meetings; furthermore it would not entail extra visits for staff to the workplace. Some voluntary commitment might be required but with varying time-table rosters it seemed that no staff would be unduly inconvenienced.

Once it was agreed with the board of management that a programme could be developed I drew up a plan for 4 workshops which was circulated throughout the organization and people were invited to participate and to offer comments. Within two weeks I received word that there was considerable interest and willingness to commit to the programme of 4 workshops. It was intended to discuss and elaborate the aims at the first workshop through a set of working principles which would emphasise collaborative learning and research. Some initial meetings with interested staff would have helped to strengthen the sense of joint ownership and collaboration. In practical terms, this did not seem to be possible; instead dates were quickly arranged and it was agreed that workshops would take place in the organization's boardroom, a comfortable room in an old Victorian building.

It was essential that the sort of data collected in the workshops would be relevant to the main research questions of the overall project. Winter and Munn-Giddings comment: "In order to extend our current understanding of a situation, it is important to gather fresh 'data' to give us something new and precise to reflect on" (2001, p.218). A few different types of data had already been collected as part of Document 3 (2004a) and Document 4 (2004b). Thus in Document 3 ethnographic data was collected in a range of social care organizations through a set of interviews related to various aspects of organizational stress. In Document 4 more structured survey data was collected from the same set of organizations. It was possible now through the programme of workshops to find and develop new data, and also to present some of the data already collected to social care staff and managers for validation and comment. Winter and Munn-Giddings argue that the varied types of data collection can contribute to the overall validity of the findings.

> The main problem about data-gathering is always how to arrange exposure of our initial thinking to evidence which will test it, i.e. ensure that we explore it further. One simple and familiar method here is what is called triangulation – gathering different sorts of data so that one sort will act as a check on the others.
>
> (2001, p.225)

One significant aspect of the present setting was the opportunity to collect data with a group of staff and managers in a collaborative way over a sustained period. Through the use of exercises, discussion, supplied readings and materials, and the presentation of data form the earlier stages of the study, new rich data could be generated to shed light on the research questions.

The use of Nominal Group Technique (Delbecq et al, 1986) and other structured exercises in this project were designed to maximise the generation of data. (The use of Nominal Group Technique will be outlined in detail in chapter 4 as part of the account of workshop 4). Thus data-gathering was seen as an active, collaborative process which encouraged participants to pose their 'own' questions and contribute their experience and opinions. I had raised the possibility of recording the sessions by tape-recorder with managers and asked that it be mentioned to staff; all expressed a preference not to record. While this might limit the retention of data I felt it was best to abide by participants'

wishes; this had the positive effect of alleviating worries about confidentiality. An implication was however that I would need to take as comprehensive notes as the situation and my role would allow. Perhaps the most serious drawback was that sequences of dialogue and particular ways of describing events might be lost. As I was not using a method that relied predominantly on linguistic analysis such as discourse analysis, I could overcome the threat to the validity of the data by the careful use of the structured exercises and discussion; some of the data was to be collected by asking participants to use index cards and 'post-its' to note points made during these discussions. A valuable aspect of collecting some written data was that quieter members of the group would have more opportunity to give opinions and produce ideas or suggestions. It would also help to reduce the likelihood of more assertive or experienced members dominating meetings.

Analysis

The sessions were organized to run over a period of two months. Analysis entailed a systematic documentation of the work carried out in the sessions as well as reported thoughts and ideas that occurred in between sessions. Sets of research questions and aims were drawn up for each workshop and the data collected was considered and cross-referenced with these expectations. Written data was also coded where appropriate and compared with data already collected in earlier stages of this research project (DBA, 2004a; DBA, 2004b) and checked against the model of organizational stress in which the research has been framed. Critical reflection, commentary and analysis were developed as part of the documentation of the workshops. Feedback on the previous session was considered at the outset of each day's work and group contributions and comments added to this.

It is useful to interpret data, experience and events in relation to their context. The important contexts for this project were the personal and organizational contexts of the group members (including the researcher); the broader world of the social care sector provides a wider context and a further level of interpretation. The relating of data and

experience to these contexts led inevitably to different interpretations and understandings on the part of members; the reflective analysis and construction of commentary and feedback entailed comparison of different views and sometimes the identification of contradictions in interpretations. Thus when examining organizational health in one of the workshops, quite different views and opinions emerged which led to interesting critical evaluation of conceptions of organizational health (workshop 3). In another workshop where data relating to stress responses of staff were being discussed, staff and management perceptions were contrasted in a useful way; the inconsistencies and tensions generated important interpretations (workshop 1).

Elden and Chisholm argue that by harnessing the contextual focus of the analysis one can ensure that

> ordinary members can generate valid knowledge as partners in a systematic empirical inquiry based on their own categories and frameworks for understanding and explaining their world.
>
> (1993, p.128)

The construction of commentary on the sessions sought to use the views and perspectives of the participants and to balance them with the interpretations and explanations that emanated from the underlying conceptual model. Elden and Chisholm point out that a successful use of the insider perspective can contribute to the overall validity of the research. In this project a balance was sought between insider and outsider views and this was suggested as a principle of working in the first workshop.

In order to have an opportunity to test reflections, comments and interpretations I decided to involve a colleague in the role of 'critical friend'. Winter and Munn-Giddings describe a critical friend as

> a person who is not involved in the project as a stakeholder or participant, and who is thus able to offer feedback, alternative interpretations or other advice from an 'independent' position.
>
> (2001, p.217)

The person concerned was an academic colleague who had a good knowledge of the social care sector and had previous experience of action research. The possibility of involving someone in this kind of role was discussed with the group in the opening session; they were in agreement as long as it was guaranteed that data would be discussed without reference to names or organization.

The use of reflection and feedback meant that analysis began at an early point in the project and a continuous evolution of data collection, reflective commentary and feedback developed. The proposed research cycle is illustrated in Figure 2. While some of the research questions and aims were determined by the earlier research in Documents 3 (DBA, 2004a) and 4 (DBA, 2004b) and by the conceptual framework, some new related research questions and aims could be integrated as they arose and efforts made to collect relevant data. Before proceeding to the account and analysis of the workshops it is useful to summarise the steps involved in setting up and carrying out the project. The sequence of steps was as follows:

- Selection of organization
- Meetings with managers
- Distribution of announcement to staff (illustrated in Appendix 1)
- General statement of interest from the staff and agreement to go ahead with the programme
- Programme of 4 workshops
- Workshop 1: March 9th 2005
- Workshop 2 March 16th 2005
  (Easter break, not possible to run session)
- Workshop 3: April 6th 2005
- Workshop 4: April 13th 2005
- Draft report sent to participants
- Interview with 1 manager evaluating the workshops
- Interview with 1 member of front-line staff evaluating the workshops
- Summary report sent to the organization

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┌─────────────────────────────────────────────────────────────────────┐
│ Research questions and Model of Organizational Stress                 │
└─────────────────────────────────────────────────────────────────────┘
                              ↻

┌─────────────────────────────────────────────────────────────────────┐
│ Workshop 1                                                            │
│ Feedback from the questionnaire on organizational stress completed by staff │
│ Stress at individual level: biological psychological and behavioural factors │
│ Stress at organizational level:  Model of organizational stress       │
└─────────────────────────────────────────────────────────────────────┘
                    Reflection
                    Planning and action towards second workshop
                    Research questions for workshop 2
                              ↻

┌─────────────────────────────────────────────────────────────────────┐
│ Workshop 2                                                            │
│ Feedback to group                                                     │
│ Coping and moderators                                                 │
│ Outline of coping in the stress process. Moderators of the stress process │
└─────────────────────────────────────────────────────────────────────┘
                    Reflection
                    Planning and Action towards Workshop 3
                    Research questions for workshop 3
                              ↻

┌─────────────────────────────────────────────────────────────────────┐
│ Workshop 3   Feedback to group                                        │
│ Explore the concept of a healthy organization                         │
│ Stress prevention strategies                                          │
└─────────────────────────────────────────────────────────────────────┘
                    Reflection
                    Planning and Action towards Workshop 4
                    Research questions for workshop 4
                              ↻

┌─────────────────────────────────────────────────────────────────────┐
│ Workshop 4                                                            │
│ Prevention: Prioritise stress management interventions                │
│ Planning an intervention; consider ways of monitoring and evaluating. │
└─────────────────────────────────────────────────────────────────────┘
                              ↻
                    Interviews
                    Report
                    Evaluation of conceptual model
```

 Figure 2: Proposed Research Cycle

A feedback questionnaire covering all aspects of the process and content of the workshop programme was included in the final workshop. The results of this questionnaire will be considered with the findings. A final report based on the full programme of workshops was constructed by the researcher and sent to all participants for comment and suggestions; these were incorporated into a final report and sent with recommendations to senior management. A copy of the report appears in Appendix 6.

Ethical issues

At relevant points in the development of this project it was necessary to consider ethical issues. The ethical codes of the British and Irish Psychological Societies were the guiding principles of the research and were seen as relevant to both the carrying out of the research and to any issues of professional conduct that might arise. Apart from the practicalities of gaining access to develop the research, certain ethical concerns also had to be borne in mind at the outset. The negotiation was carried out in an open and transparent manner and hopefully in a way that leaves the organization and wider sector open and willing to deal with other researchers in the future. A clear statement of the research project was presented to staff and management and was made available to the board of management; there was no formal ethics committee to meet. In this way participants were well informed about the research and while encouraged to attend the full programme of workshops were reminded that they had the right to withdraw at any stage.

> Whenever possible, the investigator should inform all participants of the objectives of the investigation. The investigator should inform the participants of all aspects of the research or intervention that might reasonably be expected to influence willingness to participate.
>
> (British Psychological Society, 1992, 3:1)

The research was likely to generate information about specific residential units as well as material related to people's attitudes and values; thus it was important to be explicit and

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to reassure participants by showing a seriousness about the confidentiality of both the discussion and written material.

Protection from harm is an important ethical concern. Emotional harm is a relevant issue when discussing topics such as stress, fear and anxiety. It was considered likely that there would be adequate time and support available throughout the programme; however participants were advised in the introductory material to contact the researcher, if issues arose concerning any of the events or topics discussed.

The issue of anonymity is important especially where material is to be presented or written up in the public domain. A guarantee was given that any published documents would protect the identities of the organization and the participants and, if relevant (as in the case of a publication in a more local professional forum) negotiation would be entered into with members of the organization.

The issue of how the results of research are to be used is an important one. Two considerations mentioned by Miles and Huberman seem relevant here: "clarification of whose interests are to be served in the local setting;" and "the balance of individual and organizational priorities" (1994, p.295). As the identification and development of possible interventions was a particular focus of the later sessions it was likely that there would be adequate opportunity to consider any concerns that members might have about implementing recommendations.

In embarking on this research it was the understanding of the researcher that the discovery of malpractice would place a duty on the researcher to disclose the information to the appropriate authority. In such an eventuality the primary responsibility would be to the wider community and not to the completion of the research or the protection of the organization.

It is worth highlighting two recommendations of the Psychological Society of Ireland's Code of Ethics (1999). They recommend that psychologists should "protect the dignity

and well-being of the research participants" and "maintain the highest standards of scientific integrity in their research" (PSI, Code of Ethics, 1999, 6:1). Every effort was made to keep these guidelines to the fore when carrying out the research described in this document. An ethics statement summarising these points was given to each of the participants and included in the packs of materials distributed at the first workshop (See Appendix 2).

This chapter has outlined approaches to action-oriented research and described the specific methods and procedures developed for the research project. In the next chapter the findings generated by the programme of workshops and group members' feedback will be presented and analysed.

Chapter 4

Report and analysis of the programme

This chapter presents an account and analysis of the 4 workshops carried out in "The Lodges" organization during the period March-April 2005. In each section an account of the workshop will be given based on the aims and relevant research questions, field-notes, the written material, suggestions and comments of the group members. Conclusions reached or questions raised will be described. Comment will be offered at points during each workshop and an overall set of reflective and critical comments will be included at the end of each session. (All reflective comments will appear in separate paragraphs, indented, in single spacing and reduced font.) An overall discussion of the four workshops and the follow-up interviews will then be developed in chapter 5.

Workshop 1

Aims and research questions

The initial plan for the programme of workshops was as illustrated in Figure 3; each stage is concerned with certain aspects of the overall model of organizational stress but some aspects of the programme would be negotiated as the workshops developed. The research questions pertinent to the first workshop were as follows:

What are the most common feelings associated with stress for this group?

What connections are made between stressful situations and stress responses?

How do staff make sense of or interpret the main findings of the research to date?

Do they agree with the priority order of stressors as revealed through the analysis?

What do they think of the suggestion in the organizational stress survey that staff may often not notice the stress-related behaviour of colleagues?

As a general aim I hoped to develop an enriched understanding of the stress process in this particular workplace through exploring together specific contexts where stress occurs.

The first scheduled workshop was cancelled at short notice as one of the young people had absconded and all staff resources were needed to handle the crisis. While the delay caused some worry for the researcher it was a timely reminder of the uncertainty and unpredictability that often characterises residential social care work.

The first workshop actually took place the following week; eight people attended on a voluntary basis of whom two were managers (both female) and six front-line staff (four female and two male). This represented about half of the residential care staff; staff from the other sections of the organization work quite independently and had not been approached in connection with the workshops by the senior manager.

The setting for the workshops was the organization's boardroom which is used for meetings of all kinds including staff training sessions and is in a Victorian house which is separate from the residential houses. They refer to the building as "the big house" and it is seen as the general administrative hub of the organization. While it has potentially a formal atmosphere, staff seemed at ease and chatted on arrival about various issues mostly among themselves. I was treated with courtesy and friendliness.

The first workshop developed in three periods – an introductory phase of about fifteen minutes, a period focusing on general ideas about stress, and a period exploring the survey data from the organizational stress survey.

Session 1

Feedback from the questionnaire on organizational stress completed by staff
Stress at individual level: biological, psychological and behavioural factors
Stress at organizational level
Model of organizational stress

Session 2

Coping and moderators
Outline of coping in the stress process
Range and repertoire of coping skills a) general, b) work-related. The use of
social support; supervision and other coping strategies and their place within a
social care organization.
Control, predictability and uncertainty
Explore the concept of a healthy organization

Session 3

Prevention
Moderators of the stress process: specifically within work context.
Short presentation about moderators
Prioritise stress management interventions using material from questionnaire
especially the suggestions made by each respondent.

Session 4

Planning an intervention; consider ways of
monitoring and evaluating process and effects

Figure 3: Map of proposed development of workshops

Commentary and reflective analysis of workshop 1

I introduced myself referring to my role as a lecturer at DIT and as a researcher completing a research project as part of a doctoral degree. I outlined briefly the origins of my interest in organizational stress and the stages of the study so far completed; most of those present had participated or were aware of the survey carried out last year and indicated interest in hearing some of the results. I outlined the research questions which interested me at the present stage of the research and invited them to be participants with me in this endeavour. At this point I referred to the information packs I had distributed earlier and outlined the kind of research questions that were in my mind and suggested

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Contents of this pack

1 Outline of sessions	7 Types of coping
2 Principles of working	8 Organizational health (notes)
3 Some thoughts on stress	9 Preventive stress managements (notes)
4 Model of organizational stress	10 Prevention (classification sheet)
5 Example of a Stress Log	11 Ethics statement
6 Questionnaire (Organizational stress)	12 Suggestions sheet

Readings

Reading 1:
"Why zebras don't get ulcers?" Chapter 1 from R. Sapolsky's book "Why zebras don't get ulcers" (Sapolsky, 1998)

Interesting account of some basic stress processes

Reading 2:
"Health". A section of chapter 14 from "Social Psychology" by Brehm, S., Kassin, S. and Fein, S. (Brehm et al., 2002)

Academic but hopefully readable account of basic stress processes illustrating some of the research in the area.

Reading 3:
"Understanding the nature of stress: organizational hot spots". A section of chapter 4 from "Strategic stress management" by Sutherland, V. and Cooper, C. (Sutherland and Cooper, 2000)

Highlights some of the areas that most give rise to stress at work. Interesting to see if the same factors apply to the social care sector?

Figure 4: Material given to group members

that one purpose of the sessions was to come up with some ideas to implement. (Illustrations of each of the items in the packs can be seen in Appendix 2).

As can be seen from the list of materials (Figure 4) the members of the group were presented with an overall programme; however flexibility was emphasised in that workshops were open to change in directions that participants might see fit. This was further elaborated using a set of working principles or methods which might guide the operation of the workshops. These are illustrated in Figure 5 and are based partly on concepts used in action research (Reason and Bradbury, 2001; Kemmis and McTaggart, 2003) and partly on the model of organizational stress underpinning this research.

Learning	→ ←	Collaborative Research
Explore, Discuss, Reflect	→ ←	Action Application
Emotional, intuitive	→ ←	Rational, cognitive
Individual aspects	→ ←	Organizational aspects
Insider perspective	→ ←	Outsider perspective
Confidential	→ ←	Share with others
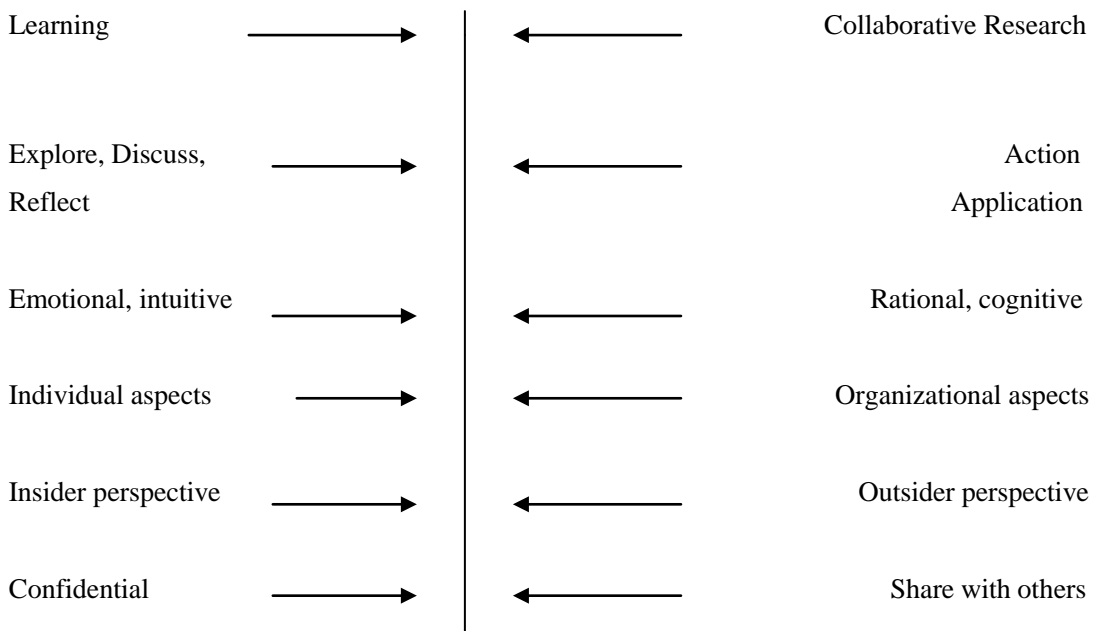
Figure 5: Set of working principles

They were intended to indicate tensions that might exist between different considerations of priorities, e.g. learning and research inquiry, reflection and action, dealing with the individual versus the organizational aspects of stress. Thus my interests as a researcher might be different to theirs as practitioners. Views expressed suggested more interest in

learning about and developing awareness of stress, and in possible action to cope with and prevent stress. We agreed the aim was to maintain a balance between the needs and interests of different members. I endeavoured to highlight a collaborative approach to learning and research making use of everybody's contributions and feedback, and emphasised a commitment to considering the organizational aspects of stress as well as the individual.

A practical issue emerged from this discussion on the planned dates for the meetings. They preferred to meet weekly (rather than fortnightly) where possible as they felt that in this way a certain momentum would be maintained and it would maximise interest and motivation. This was agreed although I realised that I would be under greater pressure with the shorter time to reflect, prepare and construct ideas for the next workshop.

I made the following post-session comments about this first section of the workshop.

> I had hoped that the discussion of principles of working would elaborate the research aims a little more; it seemed after brief discussion that they were keen to move on to the work on stress itself. The staff seem much more interested in learning and practical application and less interested in research. However the principles later formed part of the evaluation of the sessions and their introduction here paved the way for their use in that way.

In order to explore their thoughts and feelings about stress I set the context by presenting some ideas on stress in general. I outlined some ways of understanding stress and coping as ongoing transactions between the person and their environment. Using extracts from the readings provided in the packs I opened discussion on:

- mental and physical factors in health,
- the biological, emotional and cognitive aspects of the experience of stress,
- and Selye's (1976) model of the general adaptation syndrome drawing attention to what happens when the stress response malfunctions.

A lively discussion developed with contributions relating predominantly to people's own experience both at work and in general. Group members were quick to evaluate events being discussed and distinguished spontaneously between acute and chronic events which were noted on a flipchart. At this point in order to focus more specifically on work situations, I suggested the following exercise:

Think of a work situation that caused you upset.
What were the triggers?
What feelings did you experience?
Write down on the post-its provided a phrase or a few words that describe the triggers and feelings. Write as many as you can think of, and use as many post-its as you like.

Participants identified a range of physical and emotional reactions associated with stressful situations. These are summarised in Table 1:

Triggers	Feelings	
Situations linked to work role	Stretched physically Burnt out – no more innovation. Tired; Feeling disheartened Low level of tolerance. Motivation suffered Sick in the stomach Felt like giving up and walking away Why bother Felt used Let down; not valued Abused	Anxiousness Guilt Annoyed Anger Hurt feelings Tearful Worry
Situations where aggression, threats of violence or intense emotion feature, Allegations	Worry Uncertain Fear Upset Anxious Isolated	

Table 1: Range of reactions to stressful situations

Two types of trigger situations were referred to; one set described situations at work where role overload, confusion or misunderstanding occurred, the other described incidents where aggression and threats were a feature. These feelings were seen to be dealt with often by the individual in his or her own way; however sometimes they

affected others in the organization with negative consequences for the team and clients. It was also pointed out that stress is experienced in a variety of ways by different people. There was good involvement in this discussion with all group members contributing comments and examples. The managers present made significant contributions but did not seem to be too dominant in the discussion.

> The tentative connections drawn by the group between poorly handled stress reactions and negative organizational outcomes were interesting and in line with the model of organizational stress underlying the research. The trigger situations or stressors were also broadly similar to those which were considered most stressful by survey respondents to the questionnaire in Document 4 (DBA, 2004b). It was also noteworthy that in the overall discussion there seemed to be little difficulty sharing personal feelings; this gave confidence for the introduction of exercises and activities in future workshops. As part of this exercise I had planned to organize the post-it data on a board to look together for any patterns; I felt it was important to spend some time the first day exploring a section of the data that had been collected from care workers so I made the decision to go directly to the survey data at this point.

This exercise and discussion led easily into a discussion of some of the data from the survey on organizational stress. More than half of the group had completed the original questionnaire. (There was a copy of the questionnaire in the pack of materials for those who had not seen it). The survey carried out in an earlier stage of this research asked respondents for their views on six areas generated by the underlying model of organizational stress:

- Job content, role and job control
- Stressful situations
- Rates of stress
- Stress responses
- Coping with Stress
- Prevention

It was proposed to present summaries of relevant sections of the data to the group members throughout the programme of workshops. Feedback from the group was deemed to be useful for three reasons. The reactions of the care workers and managers to the data could provide a certain measure of validity to the findings; the feedback could also contribute to testing the relevance and range of applicability of the conceptual model; and it would involve the group members in elaborating and refining the research

issues. The material was presented in a set of tables which I described briefly to the group. It was made clear that what was of interest was their initial and spontaneous reactions to the data. If they wished, they could later read the tables more carefully and analytically and were encouraged to note and submit any further comments. The data is shown in tables 14 to 21 in Appendix 3 (Survey Data). The responses to open questions in Tables 20 and 21 have been categorised loosely without headings to facilitate open responses.

Having outlined some general points I suggested the following procedure:

Write on the cards any comments, questions that you think of.

Here are some questions: you may think of others

Which findings seem most interesting to you?
Are there any situations that one could do something about?
Are there behaviours or responses expressed that would worry you particularly?
Are there any actions that might be taken in relation to those behaviours

(Questions were written on a flipchart)

There was noticeable interest in the data and discussion flowed freely; some checked the specific questions, others jotted down thoughts every now and again. Table 2 summarises points made by the group categorised according to key themes in the discussion. The survey data had indicated that 'client suicide attempts', 'violence and physical abuse towards staff', and 'losing control of work situations' were considered the most stressful situations. The group agreed with this but some expressed surprise that 'fear of allegations' was not ranked higher as a source of stress. Difficulties with team and interpersonal relationships were also seen as an important source of stress.

With reference to stress responses the group felt that the behaviours mentioned in the survey data were indeed common; there was surprise however that many staff reported not noticing these stress-related behaviours whereas they were frequently noticed by more senior staff. Members of the group pointed out the contradiction whereby there is

Focus of comments	Comments written on cards	Discussion points and explanations
Team	High number of stressful situations related to teamwork Not surprised at the high levels of team not pulling together (91%) as a stressful situation. Teams not working together very high. Must be across the board in residential work. Very high %s in team problems.	General concern about the difficulty of keeping an effective team together
Situation with clients	Agree with ranking of stressful situations with clients. Low % is strange in possibility of client making an allegation Thought possibility of client making allegations would be higher. Worrying: staff losing control and maintaining adequate control	
Rates of stress and Home/ work balance	Prevents you giving time to family and loved ones, only 21%. Thought it would be higher. Expected % of finding work stressful and time to family to be higher especially overnights. 28% find work stressful; thought it would be more	Thought there would be more tension between home and work because of long and overnight shifts.
Daily situations.	Most interesting to see people's views of stressful situations and reactions in their own words. Because they are described by staff, easier to relate to.	
Noticing Stress Responses	Surprised by how many times eating and overeating is mentioned Most of these responses occur in my experience. Concerned at high % of care workers never or hardly ever noticing particular behaviours Concerned at number of workers who don't notice when staff are angry Staff not noticing – this is very worrying. What's happening in the team? Most interesting – difference between manager response and care worker response. Worrying: difference between care workers and managers. Care worker not noticing the different stressful situations among team members, i.e. withdrawing from work not being noticed on shift. Staff not pulling their weight – very high %.	Explanation offered: When people are enmeshed in teams, don't always see what is in the team, how it is working; so manager who is removed sees what is happening. Useful for staff to become more aware
Prevention and awareness	Probably very workable to look at prevention. Putting things in place to look at stressors.	Use of supervision; hand-over meetings.

Table 2: Discussion points developed in response to survey data

general concern among the care workers surveyed that poor team work contributes to a rise in stress levels; but on the other hand the stress-related behaviour of staff is often not noticed by front-line staff or other team members. One suggested explanation was that when staff become enmeshed in team dynamics it is hard to be detached and observe the behaviour of others; a manager on the other hand is more likely to disengage and notice patterns of behaviour. Overall it was felt that trained care workers have the skills to appreciate changes in mood and behaviour in others and should notice and be able deal with such changes.

They enjoyed reading the data from the open questions which referred to the daily hassles that cause stress for care workers. While some of these were connected with interpersonal relationships, others had to do with excess paperwork, dealing with health authorities and the frustration of lack of placements for clients. They found it particularly interesting to read the actual comments of care workers as they could relate easily to many of the situations and responses.

There was consensus in the group that a greater awareness of stress-related behaviour and its causes would be valuable for all staff and that mechanisms could be found to work on this within the organization. It was agreed that it would be worthwhile to allow time in the remaining sessions to consider ways of developing such awareness. As a conclusion to this session I asked for any immediate suggestions or ideas they had for the next week's meeting and distributed a sheet with the following questions;

Are there any particular areas you would like to see developed and discussed in future sessions?

Do any questions related to stress occur to you that might be researched?

Do any questions related specifically to organizational stress occur to you?

Of the issues considered today, which ones seem the most important to you?

Are there any particular stressful situations or experiences that you feel the group might benefit from exploring?

They suggested taking the page with them and returning it the following week. I was pleased with this as it provided a stimulus to give some thought to the workshops in the meantime. The workshop ended with a bustle of activity as they hurriedly made their way to their house meetings.

Overall Comments on Workshop 1

Reflecting on this first workshop I was impressed by the willingness and energy of the group to explore their personal experiences of work and stress. I had made an arrangement with a colleague to act as a critical reader of the field-notes and draft reports. As part of my evaluation of the workshop I discussed the field-notes with him. I had doubts about the amount of material I had presented to the group; as an outsider he thought that they had assimilated the material and produced interesting and sensible ideas. I also felt that I had spent too much time on the general stress discussion; however it may have been necessary to dwell a little on this discussion to ensure that people became adequately involved and participant. We concluded that this had been achieved and would pay dividends in later sessions.

Another concern I had was the difficulty of capturing and retaining the richness of the discussion; I had gathered useful information through the use of written cards as part of exercises and notes of my own during and after the session. In my initial negotiations it had been made clear that recording the sessions would not be considered; in any case it would be difficult to achieve successfully. I planned for future sessions to be as alert as possible to any opportunities to build my own notes and to maximise written feedback. I had also noticed however that the group members preferred discussion to writing, so I realised my ambitions would have to be tempered by the limitations of the situation.

With reference to the research questions posed for this workshop useful information had been collected. Group members agreed generally with the survey findings in terms of the relative importance of the different stressors; one notable exception was that they thought that workers' fears of allegations by clients might have been understated. Group members gave insights into the range and types of feelings they associated with stress and linked these in a relevant and realistic way to work situations. The feelings described and connections made were in line with and thus to some extent validated the questionnaire data and the underlying model. Furthermore their comments were often expressed through examples which gave a sense of how staff perceive stress and its significance in the organization. At this point I judged that while they considered that stress affected many people in the organization more than it should, they did not seem to see it in a way that was out of proportion to issues and problems. I wanted therefore to explore this further as we developed an organizational perspective. I hoped to reintroduce these issues in workshops three and four in the context of organizational health and stress prevention.

The issue of awareness of both stressors and stress responses seemed an important one to the group. In particular they noted with concern that staff often may not notice the stress-related behaviours of colleagues. One explanation offered was related to the intensity of

involvement in team and client relationships and the difficulties sometimes encountered in managing this. Thus the development of awareness of stress and its effects on interpersonal relationships at work should be considered in workshop 4 in the context of stress prevention programmes.

Workshop 2

Aims and research questions

The aims of the second workshop were to introduce and discuss the model of organizational stress underpinning this research and to hear the group members' views on its applicability. It was also planned to explore ideas related to coping with stress and moderators of the stress response. It was important to build connections with the progress achieved in workshop 1. Some additional material was distributed to the group as background reading and for use in discussions and exercises; these are illustrated in Appendix 2.

The research questions relevant to this workshop were:

> Does the model of organizational stress make sense to the group members?

> Is the model useful in understanding aspects of the stress process at work?

> Is the model likely to lead to possible interventions and preventive measures?

> How is coping perceived by this group? Do they see task-focused as common or as more useful? Do they think emotion-focused has a place? Do they think avoidance coping has a place?

> What do they see as the most important moderators of the stress process?

> Do they see control as a significant factor in work stress?

> To what extent is supervision seen as important to helping workers cope with stress?

Commentary and reflective analysis of workshop 2

The session opened with a brief review of the last workshop. I reminded the group of the value of maintaining a collaborative approach and was pleased that all but one had filled out answers to the set of questions distributed at the end of the last session; it was agreed that I would collate the information for the next meeting. They made positive comments

about the process and content of the first session and expressed strong interest in the themes proposed for today's workshop. I was interested to know if any of the group had made use of the readings; they responded that the readings were important to have as background but only one member had actually spent time reading them. It seemed that they were happy to think in a general way about the issues raised at each session but "did not want to feel under pressure to do homework" (comment by one group member). I made clear that I was happy to proceed with the workshops in the manner that best suited their needs, emphasising however the importance of bringing to the sessions thoughts, feelings and insights they might have in between sessions.

I briefly outlined the model of organizational stress underpinning the current research indicating its origins in the work of Beehr (1995) and its use as a framework for the survey questionnaire (Figure 10, Appendix 2). I illustrated it on a flipchart; the group quickly assimilated the elements of the model and the implied interrelationships between the factors. A lively discussion followed which focused on the relationship between strain and organizational outcomes and on the factors that moderate the stress response.

One person commented that the model helped to put last session's discussion of stress responses in context and to consider the effects of extreme stress responses on other staff, clients and the overall organization. 'Going sick' was seen as one common consequence of strain; the general view was however that it did not occur too often and that there were in fact times when some workers, who might benefit themselves and others by taking sick leave, remain at work. So a situation could arise where a worker was 'under the weather' and was carried by the team; that person's negative or angry mood could affect others. One group member expressed the difficulty for such a person's colleagues:

> There is no point in being a martyr. As the person alongside, you get caught in the middle; it affects your loyalty to the team, to that person (you are working with), and to the organization; it can even affect your health.

On the other hand it was felt that there were also people who ring in sick regularly or "come in to get sent home". It had become acceptable for a doctor's certificate to state

'stress' as a reason for absence; while some people were seen to take advantage of this it was felt that many still do not want to show that they cannot cope. Some compared this to some areas of nursing where it was acceptable to take 'stress days'. It seemed that an attitude towards sickness and health develops in an organization and that this can affect how people cope with stress. The general feeling seemed to be that the expectation in this specific organization was that a care worker should be able to cope and that there was a certain pressure to do so.

Moderators such as the 'availability of social support', the 'type of personality you are', 'the level of control you have or need to have' were all seen as factors that can augment or diminish the effects of stress and thus avoid strain and destructive organizational effects. These issues were briefly discussed here but were elaborated much more fully later in the workshop when discussing the survey data; accordingly all of the relevant discussion will be considered with the exploration and responses to the survey data.

> This discussion drew attention to attitudes and beliefs about stress in an interesting way. It was prompted by the presentation of the model of organizational stress and drew out links between stress responses, strain and organizational consequences. It was important to see that the model was relatively easily understood and led to relevant issues; this suggested that it could be further exploited to develop people's understanding of the individual, group and organizational aspects of organizational stress.

The discussion set a useful framework within which to explore sections of the organizational stress survey data relating to the ways care workers cope with stress and their attitudes towards their job. Summary tables of the questionnaire data were provided and are illustrated in Appendix 3 (Tables 22, 23).

The following questions for consideration were posted on the flipchart:

> What strikes you about care workers' coping strategies? (Any surprises, reactions, thoughts)
> Which stand out as being more adaptive?
> Which stand out as being less adaptive?
> Please put comments on cards.

While the request was to write their thoughts and reactions on cards, participants examined the data with notable eagerness; they showed particular interest in the unstructured data and the conversation was animated and flowing.

> I had a dilemma here as to whether I should interfere to encourage more strongly the writing of responses or allow the dialectic of the conversation and the consequent evolution of ideas through this process. I decided to do the latter although I was aware that recall of the many contributions would be challenging. I took notes throughout the discussion and decided that written information from a related exercise planned for later in the workshop would help to provide more detail.

They were in agreement with the survey findings that care workers generally can have considerable control over their work; however they also agreed that 'the taking of breaks' during a shift was a real problem for front-line workers in that it is often very difficult to be away from clients at all during what might be a very long shift. They pointed out that this issue came up regularly at staff meetings but no easy solution could be found. In their view it is significant in the context of stress as even a small period of 'time out' could give a person breathing space especially in emotionally demanding situations. The group also discussed situations where a staff member lost control of clients in their care; this was seen as highly stressful for the worker concerned and often too for the other members of that team.

> Interviewees in the first stage of this research (DBA, 2004a) had emphasised this aspect of control (i.e. losing control of the situation while on duty) as possibly the most serious source of stress for a staff member and claimed that it contributed significantly to overall levels of stress in the organization. The group members seemed to hold similar views.

An aspect of work that they considered stressful was the sense of being at the centre of conflicting demands. The situations they described were where they might experience demands from different clients along with demands from colleagues, managers and social workers from outside agencies. Dealing with this required a strong sense of priority, whereas confusion could leave the worker quite stressed and unable to cope.

Group members thought that the coping mechanisms rated highly by survey respondents were widely used and were for the most part healthy and adaptive ways of coping (Table 22, Appendix 3). They saw such mechanisms were often valuable not only in reducing stress but also in stopping the stress process before it became a problem.

Group members then began to consider other moderators. One participant described a type of personality who seemed to be able to remain calm even in extreme crisis, to be 'unflappable'. Some saw this as a desirable trait in a worker whereas others saw it as something that would annoy other members of a team. It was felt that there was a crucial distinction between being 'hardy' or 'unflappable' in an appropriate way and on the other hand exhibiting a 'hardiness' that was based on cynicism and lack of care for clients or other staff. However they felt that there definitely was a set of traits which combined a belief in the value of the job, along with a sense of commitment and a belief in yourself. Furthermore they felt that to some extent this attitude or set of traits could develop with experience and tended to show in a balanced approach to situations at work. Crucial to this balance was a person's ability to limit the 'emotional baggage' accumulated and internalised through intensive interpersonal interactions with clients and staff.

They felt however that negative strategies could often be observed in the workplace. One example was where a worker consoles themselves by viewing work with clients "as only a job"; while this might be helpful as a tactic occasionally, it can be harmful if it becomes a habitual mode of handling stress. A person who adopts this attitude on an ongoing basis tends to lack commitment to the team and the work and their lack of involvement affects colleagues; group members felt that in such a situation stressful events and crises are poorly handled by the staff.

> A negative attitude towards work was seen as an important negative moderator, increasing the likelihood of stress for yourself and others; while a person should not become a 'martyr' or 'saint', a degree of commitment to clients, work and other staff is necessary. Where staff have unhealthy attitudes, the group felt that there is increased sickness, absence from work, anger and crankiness in the workplace, people being carried by their team.

Two opposing images of the care worker emerged in the discussion. One represented a perception sometimes adopted by members of the public and summed up in the phrase "you must be a saint to do that kind of work"; on the other hand there was a perception by some members of the profession and some members of the public that "anyone could do it as it amounted to little more than babysitting". Members felt that a healthier view of the professional care worker lay between these extremes. One staff pointed to the contradiction or tension that existed between such different views of the care worker and to the feelings of ambiguity that can be aroused.

To help create a framework within which to elaborate ideas about stress I introduced some concepts of coping and moderators from the material supplied in the reading packs. A categorization of coping strategies was then introduced whereby strategies might be seen as task-focused, emotion-focused or avoidance mechanisms. I suggested an exercise to explore strategies of coping using a sheet which showed the strategies with examples. The following questions (presented on a flipchart) were suggested:

> Which of the 3 types are used more (task-focused, emotion-focused or avoidance)?
> Identify 1 or 2 coping strategies that might be developed more in this setting.
> How might this be achieved?
> For a new care worker, which would you suggest?
> Please put comments on cards.

On this occasion I encouraged them to first consider the questions quietly on their own, to write down some comments and then to share the information with the group. Written comments generated by the exercise are summarised in Table 3 and refer for the most part to examples of different types of coping but also include some interesting issues. In discussion about the coping strategies it was pointed out that avoidance mechanisms were easy to think of and that emotion-focused strategies were commonly used by care workers. A useful point made was that emotional responses tended to be made at an individual level whereas task-focused responses tended more to be at the group or organizational level.

Task-focused	Emotion-focused	Avoidance	Issues
Seeking advice from colleagues is a good way of coping. Debriefing with colleagues is important in our line of work. Debrief with colleagues. Remind myself that it is only a job Planning, reflection.	Moaning to friends, family about work Bitching session about what stresses you at work Let off steam Express anger and resentment to colleagues before it gets too serious	Drinks with friends Going to the pub Shopping retail therapy Sitting back and passing the stressful thing to a colleague Comfort eating. Time with 'partner' Watch tv Sleep: Duvet day. Day dreaming, ringing in sick. Having a bath- relaxation, massage.. Sport and physical activity. Driving, music	How do you combine emotional and task I think emotional coping is used the most 'individually' Task-based is more organizational

Table 3: Types of coping strategies used

When the team responded to stressful situations in a task-focused way it prompted the individual to do likewise; it was seen as very important that teams develop adaptive task-focused coping skills.

One participant raised the interesting question of how to combine task and emotional responses; this seemed an important issue as intense interpersonal situations tended to lead to emotional responses, which might be adaptive or maladaptive. However constructive task-oriented solutions were required to make progress with crisis situations. There was a belief shared by most members of the group that an organization could foster an atmosphere in which there was room for different styles of coping and that would allow a certain permission to cope at emotional levels. This might be through expression of anxieties or feelings of hurt, or outlets for frustration related to their work with clients. Within this organizational context it was suggested that one might encourage the use of supervision to help identify people's different styles of coping and to develop awareness of group-level task-focused strategies.

Social support especially from colleagues was seen as a significant factor in coping with stress; where this was absent it could leave a person very vulnerable and prone to stress. This was usually a bigger problem for relief and temporary staff and sometimes for newer staff who had not yet integrated into the organization. The survey data had not particularly emphasised support from management as crucial; some members of the group were surprised by this and thought that a lack of management support could be very undermining.

Finally I introduced an example of a stress log (adapted from Sutherland and Cooper, 1998) and illustrated in Figure 11 (See Appendix 2) which might be used to record and reflect on stressful incidents occurring during a specified period of time. As there was a break of three weeks before the next session because of Easter holidays, it was agreed that the stress log might provide a stimulus to generate issues and reflections for the remaining workshops. There was enthusiasm for the idea at the time and copies were also taken to distribute to any other members of staff who might be interested. The session then ended in a similar bustle of activity as last day with all moving swiftly to their respective meetings.

Overall comments

> As the session ended and I was left in the room to organize my material the silence was very noticeable in comparison to the sense of 'business' of the preceding two hours. It was accentuated by the 'old world' atmosphere of the room. It struck me that the participants brought an abundance of energy and interest to the sessions and had worked hard during the session.

> The aims of the workshop were adequately achieved; thus we explored the model of organizational stress, the factors related to coping with stressful situations and moderators of the stress process. Relevant information was collected in connection with the research questions.

> The presentation of the model of organizational stress drew out links between stress responses, strain and organizational consequences. It also drew attention to attitudes and beliefs about stress in an interesting way. It was important to see that the model was relatively easily understood and led to relevant issues; this suggested that it could be

further exploited to develop people's understanding of the individual, group and organizational aspects of organizational stress.

There was valuable discussion of their views of coping and moderating factors. They were quick to work with the suggested classification of coping which augurs well for the development of coping mechanisms. While they found many examples of avoidance strategies they were appreciative of the value of task-focused coping. The suggestion of finding ways to combine task and emotion-focused coping strategies was a particularly good one; the emphasis placed by the staff on emotion-focused strategies needs to be taken into account in a stress management programme. There was also recognition that coping strategies can be used at both individual and group levels. I was impressed by the observation that emotional strategies were often used by the individual whereas task-focused might be used more at group and organizational level. The possibility for an organization to develop the right atmosphere to foster this suggests stress management interventions at organizational level. Social support was seen as both a way of coping when there were difficulties and as an available network of people that could help a worker feel more secure; in the latter sense it operates as a moderator and may prevent stress responses from becoming more serious.

Control over one's job was seen as valuable in moderating the effects of stress. Job control has two meanings however in the social care situation. It also refers to having adequate control over the clients in one's care; inadequate control was seen as likely to lead to increased stress for both the individual and the team.

Discussion of moderating factors emphasised the workers' attitude towards sickness and health and the attitude towards the job itself. The awareness of conflicting perceptions of the care worker role both inside and outside the workplace could be interpreted as a type of role ambiguity and likely to render a care worker vulnerable to uncertainty and stress. Developing a balanced sense of identity as a care worker was seen as a positive moderator of stress; it is likely that an organization is capable of strengthening or validating the self-image of its care workers; the opposite is also possible where an organization might undermine the self image of certain groups of workers. This aspect of professional development might be considered further in elaborating preventive strategies.

I felt that the role of the role of supervision and counselling services had not been fully explored and merited further attention. I wondered whether to present at the next workshop a proposal of how supervision might be used as a positive moderator of stress based on the analysis of interview material in Document 3 of this study. I discussed the possibility with my colleague and decided that it would take time and focus away from the main issues of the next session and also might place me too much in didactic mode. However I could have the illustrations available should the opportunity arise.

Workshop 3

Aims and research questions

A primary aim of the third workshop was to explore aspects of stress within a more explicitly organizational framework. This was to be achieved by focusing on the themes of organizational health and preventive stress management. The relative emphasis placed on each topic would be decided by the group's interest and motivation. Information relevant to the two main topics was assembled in short hand-outs with references to the sources of the main ideas supplied. The material related to organizational health was based on the work of Quick and Tetrick (2003), Nelson and Simmons (2003). A second set of notes contained material related to preventive stress management and was based on the work of Jaffe (1995), Quick et al (1997), Quillian-Wolever and Wolever (2003).

The research questions relevant to this workshop were as follows:

What contributes to developing an organizational level of thinking in staff?

What is a useful or relevant concept of a healthy organization in this specific organization?

How can stress prevention work for different staff of different ages and different kinds of contract?

How can coping strategies and stress prevention be aided through:
supervision
staff meetings
social support networks

Commentary and reflective analysis of workshop 3

As the third workshop opened I was informed that the acting director was leaving the organization to go to another job. Advertisements were about to be placed to appoint a new director and in the meantime a person had been asked to act as director in a part-time capacity, essentially to support the unit managers and staff. I asked how people were feeling generally and the response was that there was little manifest worry or

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unhappiness. One member commented that there was a degree of uncertainty and a sense that there could be quite significant changes over the coming months. People were at the moment busy planning a celebration for the departing acting director who was popular with staff.

One practical consequence was that staff meetings were due to begin slightly earlier and there was a request for the workshop to finish twenty minutes earlier; it was agreed that a longer session would be possible the following week to make up any lost time. I outlined the aims for the next two workshops as being related to organizational health and preventive stress management pointing out that we would develop work from the earlier workshops. I noted also that we had adapted the overall programme and that this was determined mainly by the interest taken by the group in the issues to date.

I asked if there were any comments or reflections related to coping strategies that had been discussed in the previous session. Some people mentioned that they had tried to make use of the stress log a few times and had noted their reactions to a stressful event. They had found it difficult to use at the end of a shift as there was usually other compulsory writing and commentary to be carried out for day-books and hand-over meetings. Others had thought about using the stress log but described themselves "as never in the humour when it came to the end of a shift". It was agreed that it served a function in reminding them of the topics and issues of this programme but that it would need a very concentrated approach to use it as a research or reflection diary.

At the end of the first workshop I had asked the group to give written feedback about their practical and research interests in occupational stress. Their comments are summarised in Table 4. Some of the issues the groups were interested in discussing further had already been included; the other areas were to be integrated in to the remaining sessions. Some of the research issues were incorporated into the research questions relevant to today's workshop so I used the opportunity to focus on them. The discussion helped to remind the group that there were overall research issues for the programme as well as the more immediate practical issues that arise for their

organization. Members thought it was important to investigate the different ways in which stressors, coping strategies and interventions might work for staff with different levels of experience and different types of contract with the organization (i.e. part-time, relief, temporary contracts). It was agreed that issues such as sickness absence and labour

Group could benefit from discussing	Looking forward to discussing preventive stress management Interested in concept of healthy organization Looking at individual aspects as well as organizational Staff meetings and the attitude towards stress Management of change Lack of resources, finance, planning Working with changing personnel and new staff The concept of a healthy organization
Research issues	Does stress affect older or younger workers more? How does it affect workers who have been working in the area for a long time as opposed to short term? Do they cope in a different way? Staff turnover and sick leave rates Find out how many organizations have a policy on stress

Table 4: Summary of group's research and discussion interests

turnover were important but might be more efficiently researched through a systematic survey of social care organizations.

I introduced the concept of organizational health outlining some ways it could be examined in relation to their organization. We identified some characteristics that distinguish healthy from unhealthy organizations and discussed facets of both the internal and external environment of the organization. To help elaborate these issues I distributed a questionnaire related to organizational health and asked if they would use it to assess the relative health of their own organization. It was completed quickly and prompted a number of discussion points.

	10	9	8	7	6	5	4	3	2	1	
Adapts well to the long-term situation 1 person: no score				11	111 **5**	1	**2**			1	Slow to adapt
Shows flexibility in handling emergencies			111	11	11 **7**		**1**		1		Does not show flexibility
Provides an appropriate level of service			1	11	**3**	11	11 **5**		1		Provides much less service than it could
Promotes the health of staff			1	1111	**5**		**2**	1		1	Does little to promote the health of staff
Supports personal development		1	1		**2**	11	111 **6**			1	Does little to support personal development
Works to integrate staff in different units				1	**1**	1	1 **7**	11	111		Does little to integrate staff
Encourages learning and the development of skills				1	11 **3**	1111	1 **5**				Does little to encourage learning and the development of skills
Taps into the creative energy of staff 2 no scores			1	1	11 **4**	1	**2**		1		Does not tap into the creative energy of staff
Adapts to change in a way that is healthy for clients				1111	11 **6**		**2**	1		1	Slow to adapt to change appropriate to clients
Responds adaptively to social care sector and wider community				1	**1**	111	111 **7**			1	Slow to responds adaptively to social care sector and wider community
	10	9	8	7	6	5	4	3	2	1	

Table 5: Staff ratings of organizational health

A rating scale to measure organizational health was constructed as a basis on which to develop a discussion of issues relevant to the organization. The dimensions for this rating scale were based on the seven core aspects of organizational health as outlined by Bennett, Cook and Pelletier (2003). The purpose of the questionnaire was primarily to stimulate discussion. However the results are summarised in Table 5. The numbers indicating a particular point on each scale have been totalled; to identify trends scores on each scale between 1 and 5, 6 and 10 have also been totalled. Positive and negative ratings cited here are based on these totals. It is recognised that this division (1-5, 6-10) is arbitrary but it was helpful in giving a summary of opinions to the group. The feedback describing these results was actually given at the beginning of the next session but is included here as part of the overall discussion of organizational health.

As can be seen from the results in Table 5 the group gave relatively positive ratings to the following aspects of organizational health:

- Adapts well to the long-term situation
- Shows flexibility in handling emergencies
- Adapts to change in a way that is healthy for clients
- Promotes the health of staff

People rated the following aspects less positively:

- Supports personal development
- Encourages learning and the development of skills
- Works to integrate staff in different units
- Responds adaptively to social care sector and wider community

In the discussion mixed feelings emerged about factors within the organization. Generally staff felt that the organization had the capacity to adapt to ongoing demands and emergencies and that there was a positive attitude towards the physical and psychological health of both staff and clients. However there was also a strong feeling that considerable growth and development was necessary. It was felt that the integration

of staff was an important issue and not enough was done to integrate part-time and relief staff or indeed the staff from different sections of the organization.

> Clearly organizational health could have quite different meanings for staff with short-term or long-term contracts. In terms of the research question concerning different kinds of contract there seemed to be a feeling that they were less integrated and that their needs were less likely to be met.

While the organization showed an ability to handle emergencies and to take on board necessary changes it was seen to be severely tested when dealing with a constantly changing and demanding environment.

I thought this interesting and put the following question on the flipchart:

> "How do you see relationships with external agencies and other professionals?"

I asked them to record specific comments on cards quietly on their own before proceeding to discuss the issues. When the written exercise was completed I created a grid on the chart asking roughly how frequently such issues occurred. This information is summarised in Table 6. With reference to the external environment strong views were expressed on the relationship between the health authorities and the organization, and the difficulties encountered in maintaining constructive working relationships. Strong opinions were expressed about the ways in which staff were sometimes treated by other professionals (such as social workers, medical staff) in private or health authority clinics. One group member described feeling a sense of invalidation from some professionals who had a condescending and negative attitude towards care workers; this was summed up by one participant – "I've met you fifteen times before on this case, but who are you?" It seemed to imply an attitude that the care worker was of low status and had only a minor contribution to make to any client's case. In another example a member described attending a case conference with a strong representation from their agency: "we attend with a senior manger, a manager and a key worker; the health authority person doesn't even turn up".

Type of difficulty	Specific difficulty	*Type of external agency or profession*			
		Voluntary or Private Clinics	*Social workers*	*Other professionals (medical, teachers)*	*Health Boards*
		Frequency	Frequency	Frequency	Frequency
Negative Perception of care workers	Outside agencies; lack of respect for our views Different ethos and perspectives between agencies Bullying; using power	Often	Sometimes	Sometimes	Sometimes
Difficulty with placements	Unresponsiveness from outside agencies Make a decision about removing a child. The placement is not suitable causing further stress on children and staff.	Rarely	Sometimes	Rarely	Very often
Difficulty with bureaucracy and decision-making	External stresses- no control over Delaying making a decision Don't know what to expect Uncertainty Bureaucracy - Unnecessary time wasting Being told you have to move up the system	Rarely	Sometimes	Rarely	Very often

Table 6: Staff perceptions of relationships with external agencies and other professionals

A recurrent problem was the unresponsiveness of outside agencies in cases where the placement of a client in this agency's care proved unsuitable. Requests for special resources or re-evaluation of the placement would become embroiled in bureaucracy with no decisions taken. The often lengthy ambiguity surrounding inappropriate placement could lead to a combination of ill-feeling, aggressive outbursts, anxiety or depression on the part of the client and to stress and strain for both clients and staff. Where the sources of difficulties were within their own organization it was possible to seek solutions; in

situations where the source of difficulties lay in the external environment there was increased uncertainty and a strong sense of having no control.

> An interesting link was made by this member of the group to the concept of uncertainty as outlined in the model of organizational stress; he specifically drew attention to the model as discussed at the previous session highlighting that this kind of uncertainty increased levels of stress within the organization. I considered it important that the model as a way of thinking had carried through and thought that this was a good indication that a more comprehensive understanding of the stress process could be developed.

The tensions associated with these factors could give rise to stress for staff at all levels and were seen to create difficulties for maintaining constructive working relationships with other agencies. There was a challenge for the organization to respond to these 'external' demands. A debate developed as to whether care workers themselves sometimes contributed to some of the problems. One participant commented that care workers did not project a sufficiently professional approach to this kind of activity; thus representing a client as advocate in a public forum such as a case conference or courtroom required a level of preparation and an image of competence that should be manifest to other professionals. Another participant recommended that the organization take a more proactive approach to building relationships with professional groups and agencies. He suggested running coffee mornings and lunch-time seminars which might disseminate information and project a positive and professional image. The group were in agreement with the proposal but were doubtful that the time and energy were there at that moment to engage in a major public relations project.

I had planned to explore with the group data from the organizational stress survey related to stress management interventions. As the time left in the session was now quite short I decided to postpone this until the next meeting and to introduce instead some ideas about preventive stress management which might provide a framework for discussions at the final workshop. Referring to the notes I had distributed earlier I described the primary, secondary and tertiary levels of prevention with particular emphasis on the types of change implied at each level. Group members were able to elaborate examples easily at each of the levels but their attention gravitated towards secondary prevention where interesting connections were made with the discussion of coping strategies in the

previous workshop. I pointed out that secondary prevention was considered to be most successful when it changed stress responses at physical, cognitive, emotional and behavioural levels. This input was used to examine some of the examples generated by the group. Thus while social support was seen to be a helpful coping strategy at an emotional level, it might achieve little at the other levels of prevention unless conscious effort were made to expand its value. Social support was thus seen as usually helpful; there were also however occasions where a social network was used as a forum for complaining to peers. Some felt that one had to work hard in an organization to make social support effective. The group found this critical approach to evaluating various strategies interesting; it was revealing also that a number of strategies were considered in this light to be quite limited in value.

I also highlighted the distinction between interventions which operated at individual and organizational level. Members were keen to explore ways in which individual and group aspects of a strategy might be integrated; they had also expressed a similar idea in the previous workshop where they felt that coping strategies that had support from the organization would be more effective.

Team-building emerged as an important factor in stress prevention; a debate developed as to whether it was a primary or secondary strategy. I suggested exploring the issue by writing on cards the different meanings they attached to 'team-building'. I put the following question on the flipchart:

'How do you see team-building in this organization?'

I suggested they write down on cards anything they thought important related to team-building. The data from this exercise is summarised in Table 7.

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Cards on team-building	What is team-building for this organization? After PSM presentation and discussion	
Purpose 1	Problem solving Working together Important to be about building the team, not just training. Finding your role in the team Learning skills to work with different personalities Stronger team, open team, relaxed team	Serious activities
Purpose 2	Not training Fun Hopefully a day, possibly outside of work where all can go for selection of outdoor activities — something to suit everyone – lots of fun, management included Getting to know your colleagues outside the workplace Use the outdoors as a method of team-building.	Fun, relaxation Non-work activities
Integration into the system	Needs to be maintained Needs to be continuous – some sort of regular team session, e.g. once a month, every 2 months Challenge to bring this into everyday work Needs to be maintained on a regular basis. Outside the workplace Need the whole team to participate	How it should be run.

Table 7: Staff views of team-building

Team-building was seen to serve two distinct purposes. One interpretation gave priority to problem solving, finding one's role in the team, learning skills to work with different personalities, and the overall development of a stronger team. The second interpretation highlighted fun, using the outdoors to enjoy activities together, and getting to know colleagues outside the workplace; above all it was not to consist of more 'job-related' training but could take place on-site or off-site. In discussion some people thought that team-building required both functions to be taken into account but at different times. Regardless of which was seen as priority there was a strong feeling that team-building needed to continue over a duration of time and to be integrated in to a programme of events. Some had experienced team-building exercises as 'single' events and felt that little was gained other than a 'pleasant day out'. To have value as a prevention strategy it would have to be part of an ongoing programme. Furthermore it was considered vital

that all members of a team including management and part-time staff participated in such a programme.

This session had quite a hurried ending; as mentioned at the outset staff meetings were scheduled to begin a little earlier than usual. There was thus little time for formal reflection or planning of the next stage. We agreed that it would be useful to think about and note potentially effective interventions between now and the next session.

Overall comments

It was a relief to find that the group members were still interested after the Easter break; changing circumstances in the organization might also have resulted in the workshops becoming less of a priority. In the event the atmosphere and level of interest were similar to the previous meetings.

The presentation of feedback to the group on the written suggestions they had made for discussion items and research issues helped to provide some continuity. A value of this exercise was that it provoked thinking and prompted members to bring up relevant issues as the workshops developed. As such it was a good exercise in between sessions; it seemed easy for the participants to carry out and linked well with the ongoing work. It was also useful for the group to feel they were involved in research at a more general level and it encouraged reflection on issues that were broader than the immediate one of their own organization. In terms of the principles of carrying out the action research it was important to keep a balance between the process of learning and the complementary but quite different process of being involved in research.

The feedback on the use of the stress log was helpful and suggested that it was unlikely to be used unless it was a major focus of the research and received corresponding support and encouragement. To an extent I was disappointed in that I felt it could provide some rich personal data; however little would be gained in this study by reducing emphasis on the ways in which data was being created in order to develop the stress log more fully.

The questionnaire on organizational health and the ensuing discussion seemed to be an important step in adopting an organizational perspective and I was pleased that all of the group found it interesting; while I might have expected the managers to be interested, I was less sure that this would be the case for the rest of the staff. I was also impressed by some of the links made by the staff to the model of organizational stress introduced at the previous session. This suggested that there had been assimilation of the concepts and ideas and the development of a framework or way of thinking that might be beneficial beyond the life of the present workshops. Clearly different views were held by the staff on aspects of organizational health; these differences possibly helped to stimulate the discussion. The integration of part-time and relief staff and of staff from different sections of the organization was seen to need more attention and this is arguably an important issue throughout the sector. It seemed to me that some staff were more

concerned about this than others. (As events unfolded in the organization two units were amalgamated and consequently the staffs were to be integrated. Thus the importance of the issue grew; it is to be hoped that the airing of views on the overall issue of integrating staff will have highlighted the matters that needed to be addressed).

The issue of "difficulties with external agencies" was seen to reflect the organization's weakness in responding to the wider community and the health sector as a whole. Certainly there were strong feelings and opinions on this issue and the related issue of professional identity and confidence. It struck me that frustration and anger were clearly experienced by staff from time to time; interestingly the discussion did not often refer directly to stress. I wondered whether these issues should be pursued further in the final session and discussed this with my colleague. We concluded that while the issues were important the focus on the main theme of organizational stress should not be lost. I decided to summarise the points and present them at the beginning of the final session and only to pursue them further if staff showed a particular keenness to do so.

While the time spent discussing prevention of stress was brief it was helpful in setting the context for the final workshop. The decision not to use the survey data to explore prevention was necessary but left me a little anxious that there would be too much to be accomplished in the final session. In consultation with my colleague we agreed that it was important however to consider the data and that it would have value in progressing the discussion at the next session.

A key aim of this workshop was to develop an organizational perspective on stress with the group. The use of the organizational health questionnaire and the ensuing discussion along with the consideration of the preventive stress management framework seemed to be instrumental in achieving this aim. The general use of incidents and examples by both members of staff and management seemed to me to indicate an ability and willingness to work within an organizational perspective. The participants also made good connections between concepts and ideas used in the previous sessions and could readily see the place of coping and secondary prevention strategies within the preventive stress management framework. The level of discussion and quality of ideas raised in the discussion of team-building augured well for the development of an action plan within the preventive stress management framework.

Workshop 4

Aims and research questions

The fourth and final workshop continued to focus on preventive stress management. The idea of prevention had been briefly explored in the third workshop; using the data from the organizational stress survey it was planned now to discuss issues further, and to attempt to reach a consensus on a set of interventions that would be helpful to this organization and its staff.

The specific aims for the workshop were to consider applications of the model of preventive stress management (Quick and Tetrick, 2003) and to distinguish short-term and long-term measures. It was also planned to further develop an organizational level of thinking about stress and within this framework to identify relevant stress management interventions. Nominal Group Technique (Delbecq et al, 1986) was to be used to investigate the range of possible interventions and to establish a ranking of the most preferred options. In Document 4 (DBA, 2004b) support was expressed by respondents for a wide range of stress management interventions; but it was not possible to estimate the level of commitment or effort that respondents were willing to give to them. It would be useful to evaluate such commitment with group members.

It was also important in this session to gather feedback from the group members on the process and content of the overall programme. A questionnaire was constructed to achieve this purpose (See Appendix 4). Opinions were sought under the following headings:

> Principles guiding the running of the workshops
> Organization of the workshops
> Materials used
> Knowledge and awareness of stress
> General comments

The research questions relevant to this workshop were as follows:

What kind of preventive stress management is possible in this organization?

Where in the present system can interventions be developed and best integrated to support staff?

Which interventions should be developed at group or team level?
Which should be developed at organizational level?

How can stress prevention be accommodated in supervision?

How does the plan we come up with make sense in terms of the model? Where are interventions best included in the model of organizational stress underpinning this research?

Commentary and reflective analysis of workshop 4

At the beginning of the workshop I reminded the group that this was the final meeting and that it would be worthwhile as an outcome to identify a set of stress management interventions to propose to the organization. There was consensus that group members were keen to achieve this outcome. As part of the review of the work of the previous session we considered the groups' views of organizational health as summarised in Table 5 (reported in the account of workshop 3, p.76). There was agreement that some areas needed to be taken more seriously by the organization; in particular the need to 'support personal development' and to 'respond adaptively to the social care sector and wider community'. It was also agreed that the development of a strong professional identity would play a part in advancing the relationship with the sector and that this was an ongoing issue for staff development. Some members expressed surprise that the organization was considered to 'adapt well to the long-term situation' arguing that it did not adapt well. After some discussion of this point it was agreed that people had quite different criteria for evaluating adaptation and that the work of today's session was important to this issue especially where long-term measures were being considered. Reflection on the work of last session suggested that people had enough familiarity with the model of preventive stress management (PSM) to pursue it further. Houtman and

Kompier (1995) provide a useful framework within which to consider interventions (Table 8).

	Primary prevention	Secondary/tertiary
Work Environment	1	2
Individual/ Group	3	4

Table 8: Classification of stress prevention measures (Houtman and and Kompier, 1995)

They suggest that interventions can be applied to the work environment or focused on the people of the organization and assessed in terms of short-term and long-term value. As the group members examined this framework they reckoned that the focus in last week's discussions had been mainly on secondary prevention at both individual and group level.

> A worthwhile aim would be to develop a set of measures for an organization which related to all quadrants of the framework. I reinforced at this point that they themselves had noted in the last session the importance of integrating strategies into an organizational structure; an important aim of this session therefore was the identification of PSM interventions coupled with possible methods of integrating them into either existing organizational structures or structures that might be developed.

I explained that I would use a precise method of establishing priority on stress management interventions. I then described briefly the origins of Nominal Group Technique (Delbecq et al, 1986) and how it was typically used. I pointed out that this would result in me taking a more directive role and asked how they felt about that. The group felt that if the method was efficient they were happy to tackle the issues in this way.

Summaries of relevant data from the organizational stress survey were then explored. Table 24 (Appendix 3) outlined respondents' ranking of a range of stress management interventions. Table 25 (Appendix 3) listed responses to the open question –"What

would you consider the 3 most important ways of preventing stress in your organization?" I suggested some questions to consider while examining the data:

> Which interventions had short-term value and which had long-term value?
> Which interventions were more likely to be supported by the organization?
> Which interventions were people more likely to commit time and energy to?

Group members were quick to distinguish those measures which were of immediate value from those which had more long-term benefits. Thus 'team-building', 'increased stress awareness', 'learning different ways of coping' were seen as having long-term benefits, whereas 'relaxation techniques', 'keep-fit programmes' were likely to be used enthusiastically for a period and then discontinued. It was pointed out that while the data from the research was interesting it did not give an indication of how much effort or commitment people were willing to give to implement any of the stress interventions. They felt it was easy in a questionnaire to show interest without having to consider the effort or cost. There was discussion about how to evaluate commitment in a practical way but no immediate solution emerged.

They were generally in agreement with the ranking of interventions but some concern was expressed at the low ranking of counselling especially where it might be provided on an anonymous basis outside the organization. They also noted the overall support for measures that related to teamwork and team-building and felt that this was in line with their comments at the previous workshop. Having discussed the data it was now time for the group to draw up a list of the most useful interventions for their organization. In order to do achieve this Nominal Group Technique (Delbeqc et al, 1986) was to be employed. Dunham outlines the stages of NGT as follows:

> Generating ideas
> Recording ideas
> Discussing ideas
> Voting on ideas

The issues to be weighted and ranked had been in part provided through the discussion of the data from the organizational stress survey. The next step was for the participants to consider these and to generate ideas of their own. They were asked to work silently and independently for five minutes on this task. I then gathered the ideas from the group by asking each person in turn for one idea and continuing this procedure until all ideas had been collected and listed on the flipchart. There followed a short discussion of the list to ensure we were all clear about what was meant by each intervention. In the case of team-building the original list differentiated on-site and off-site events as well as work-related and 'non-work related' team-building. It was decided that the main idea here was team-building and it was not necessary to include the varieties as separate interventions.

In the next stage the items were ranked; each person selected five interventions, gave a score of 5 to the most important, 4 to the next and continued until they scored their five choices. One person then collated the overall score for each intervention and this was noted on the flipchart. The ranking of the full list of interventions is illustrated in Table 9.

The group went on to discuss the top five interventions with particular emphasis on the issue of implementation. Team-building was voted the most important intervention and it was considered that it could have both short and long-term benefits. Furthermore it was felt that this measure would have widespread support among the rest of the staff. Cost was seen as a difficulty but methods of creating the necessary funds should be investigated. Thus it was important to persuade senior management of the potential long-term benefits for the organization of an ongoing programme of team-building events. While supervision was seen to have many functions within the organization it was felt that it could be used in a constructive way to help staff develop their coping strategies and as a forum within which existing or potential stressors could be identified. To be successful in this way supervision had to be given a high priority within the organization and investment made in training staff to be effective supervisors. While some of these

Votes	Interventions
17	Team-building events
14	Effective supervision (individual)
12	Clarity on staffing; (reduce acting posts, role ambiguity)
11	More suitable environment (physical, psychological; space, facilities)
8	Personal development
5	Stress awareness techniques (individual and group)
4	Staffing numbers
4	More 2 way communication; ensuring and maintaining it (e.g. at meetings)
4	Team support, prioritise it
3	Outside counselling (regular; individual; not only in crisis; not obligatory
2	Social outlets
1	More training accessible
0	Develop the ability to switch off
0	Flexible work arrangements
0	Immediate crisis debriefing; possibly external
0	Effective group supervision
0	Audit of stressors (ongoing)
0	Use recognition of stress (Honesty, openness, a culture which allows this
0	Interpersonal skills

Table 9: Ranking of full list of interventions in NGT exercise

points related to the long-term development of supervision some improvements could be achieved quickly. A degree of vigilance was necessary to see that supervision happened regularly for all staff and that the supervision process explicitly address issues related to stress.

Attention to the personal development of staff was considered to have significant long-term value but it received insufficient support at present. Ways in which personal development could be fostered were through the use of the supervision process, access to counselling, through encouraging and facilitating staff to follow their particular professional interests whether therapeutic or managerial and through developing a

climate of social support in the organization. It was recognised that there was a certain contradiction surrounding the use of counselling; in the organizational stress survey it had been one of the least supported measures. There was perhaps still a stigma attached to seeking counselling; it might be construed as weakness or inability to handle the emotional aspects of the work. If however it were available not just in circumstances of crisis but as a way of facilitating personal growth it could be attractive to some staff.

The interest in management and staff role clarity arose because a number of positions in the organization were filled at present by people in acting capacities; it was felt that this needed to be addressed speedily and a more comprehensive approach to staffing and recruitment be developed so that the present situation would not arise again. The role ambiguity that was seen to exist at the moment led to uncertainty and unclear expectations of staff and management. Junior staff often carried problems and issues that should be handled by more senior staff. This could impact on decisions to be made on behalf of clients as well as contributing to an increase in stress levels. While it was clear that this was primarily a matter for senior management to resolve, some of the group members were adamant that pressure from staff was a vital element in bringing about the necessary action.

A particular reason for the strong interest in improving the environment and facilities lay in the unsuitable location of one of the houses where staff worked. The house was situated in a very settled, suburban community where any unusual behaviour on the part of clients merited strong disapproval. There had been numerous approaches to staff by local politicians and the residents association, and some of these meetings had been difficult and acrimonious. It was felt that the offending behaviours were relatively minor and had been dealt with by the staff; however there was a constant feeling of being observed and staff found this to be quite a pressure. The house was also considered too small for the number of occupants. Staff from both houses however felt that there was a need to develop the space and facilities available to staff and clients. For instance, it was often difficult to find space to carry out one-to one work with clients. There was clearly a cost to increasing space and facilities; so the improvements would have to be planned and

negotiated as part of a long-term strategy. However the group were confident that such improvements would play a significant part in stress prevention.

Overall Comments

Most of the opening period of this workshop centred on feedback from the previous session and clarification of the aims for the present session. Work done in workshop 3 had not been forgotten; with a little prompting, ideas of secondary and primary prevention developed again. It was also important to remind the group that tertiary level prevention techniques had a place in a prevention programme.

The feedback relating to the organizational health questionnaire was of necessity dealt with rather quickly but it served to re-establish an organizational perspective in the discussions.

In outlining the aims of the session it seemed important to point out that they already employed many coping strategies, sometimes as individuals, sometimes as a group or a team, and that they themselves had pointed out that these strategies were usually at secondary prevention level. What could now be achieved was to support these strategies at different levels of the organization. In this way they might take on a more long-term value as primary prevention mechanisms. It seemed important also to emphasise the aims of selecting specific PSM interventions for this organization, of considering ways of implementing them and of attempting to relate our efforts to the broader context of research on the prevention of stress.

The framework developed by Houtman and Kompier (1995) to classify different types of intervention was useful to help recall and reflect back on the discussion of workshop 3. Originally I had planned to use it with NGT at the end of the workshop; I discussed this plan with my colleague; we agreed that there was a danger of imposing too much structure on the session. Hence I used the grid simply as a way of thinking about the focus of primary, secondary and tertiary interventions.

As we discussed the research questions I introduced the data related to preventive interventions from the organizational stress survey. The survey results had shown strong agreement with the interventions but it was difficult to gauge the level of commitment people would be prepared to make. It would be important to have some measure of commitment if an organization were to invest money and resources in prevention. It was pointed out in Document 4 (DBA, 2004b) that Bradley and Sutherland (1994) had used a more searching set of statements to measure commitment; however their survey was entirely focused on preventive interventions whereas the survey in Document 4 covered a wider range of issues. There was discussion about how to evaluate commitment in a practical way; while no immediate solution emerged we agreed that action research might be seen as a way of encouraging commitment and of seeking measures as a group that might measure commitment over a longer time-span.

As in other sessions the use of the survey data had helped the group to get in touch with the relevant issues quickly and had shown that the work done in session three had not been forgotten. Many of the interventions suggested in the data and by the group were at the level of secondary prevention; I tried where possible to encourage the group to keep the tertiary level of prevention in mind. The concern that counselling was not widely or indeed adequately used emerged as a question that needs further investigation.

The pacing of the session changed with the introduction of the NGT activity. I had considered using the technique at an earlier stage of the research project; however I was glad I had refrained as it added an energy to this final workshop. The group took to the tasks with enthusiasm even though it meant they were being given instructions in quite a structured way. The group worked efficiently and seemed pleased with the way in which a selection of interventions was made and priority established. As important was that they were satisfied with the order of priority that unfolded and that the selection of interventions would form part of an action plan.

One research question from this workshop was to estimate the commitment people were prepared to make to interventions. Strong interest was expressed in developing preventive strategies but the ultimate answer to this question can only be furnished by the actions of the members of this organization over the coming months. It is to be hoped that the provision of a report with recommendations will be translated into a realistic and practical action plan. Certainly some participants showed strong interest in an action plan. I undertook to incorporate their suggestions into a report (see Appendix 6) which I would forward to each member and to the management committee.

Overall, it seemed to me that the use of the model of organizational stress contributed to the identification of relevant and appropriate interventions for the organization. At a theoretical level it would b helpful to integrate the concepts of primary and secondary prevention into the model as a way of highlighting the various possibilities for intervention. This would also help in adapting the programme for use with other groups.

Having reviewed the data generated by the programme of workshops I will consider now the participants' views of the process as expressed in the feedback questionnaires and in two interviews carried out some weeks after the workshops with two group members (one manager and one care worker). The full questionnaire and interview topics can be viewed in Appendix 4; the data from the questionnaire is summarised in Appendix 5. It was intended that the questionnaire and interviews would help assess the programme and contribute to assessing the validity of the findings.

Feedback from the group members

I had introduced a set of principles of operation to the group at the opening session; in the questionnaire I asked the 8 participants to rate each scale. The summary of ratings appears in Table 10.

	1	2	3	4	5	6	7	
Collaborative Learning		(1)	(1)		(6)			Collaborative Research
Discuss, reflect		(2)	(2)	(3)	(1)			Action, application
Emotional, intuitive				(3)	(4)	(1)		Rational, cognitive
Individual aspects			(1)	(5)		(2)		Organizational aspects
Insider perspective			(5)	(2)	(1)			Outsider perspective
Confidential				(2)	(4)	(2)		Share with others

Table 10: Group participants' ratings of the principles guiding
the running of the workshops

The majority of the group considered that collaborative research had featured a little more than collaborative learning, so it was encouraging that there was some identification with the process of inquiry and augurs well for the development of what Winter and Munn-Giddings refers to as a "culture of inquiry" in the organization (2001, p.23). Both the learning and research functions were seen by the researcher as important.

Participants seemed to think that the workshops made more use of discussion and reflection than action and application of ideas. However it is important from the perspective of action research that a number of participants found that reflection played a significant role.

All participants considered that there had been more emphasis on a rational, cognitive approach than an emotional, intuitive one. I wondered if this implied that experiential learning had been under-used. When I asked interviewees some weeks later about this they actually thought that the exercises and the reflections on experience had allowed people to "bring themselves" into the workshop discussions.

> It was a good idea to look at and recognise what stress is for a person – the self-exploratory bit. Nobody found it intimidating. You need to acknowledge and recognise emotions in this work. You are working with people on an emotional level; and you need to be in touch with yourself and be able to acknowledge and recognise that you are stressed.
>
> (Interviewee 1)

It may be worth considering for future development of the programme that emotional aspects of stress need more direct attention. However it seems sensible also to maintain a balance between cognitive and emotional aspects.

Participants felt that there had been slightly more emphasis on the organizational aspects of stress. This view was reinforced by the two interviewees who considered that the organizational aspects had featured significantly.

> I think people did show the ability to look at it from the outside, to move from the individual to the organizational. Also, if people come back with stuff and their suggestions are taken on board, they will feel more part of things. Problem-solving comes from joint work, working together.
>
> (Interviewee 1)

> The difference between the organizational outcomes and the personal ones were appreciated by people; it made sense to them.
>
> (Interviewee 2)

It was a primary aim of the programme of workshops to increase awareness of the organizational aspects of work stress. Both the feedback questionnaire ratings and interview comments suggest that this was to a considerable extent achieved.

Participants rated the insider perspective as having been the more dominant throughout the sessions. This suggests that they considered that their views and perceptions were central to the discussions and conclusions reached.

As to the dimension relating to the confidentiality of the workshops, the participants seemed to feel that the ideas and information could and should in general be shared with colleagues. In the unstructured section of the questionnaire comments were made that the ideas should be spread more widely through the organization to gain most benefit. This indicates an interest in seeking applications outside the specific group and possibly also reflects an awareness of the research function of the programme.

It was important to gather views of the way in which the workshops were paced and facilitated. Participants were positive about the overall organization and running of the workshops. They felt the workshops were appropriately organized and that the pacing was suitable (See Appendix 5, Questions 2 to 5). With regard to facilitation I wondered if I had been too directive at times; responses indicated that the workshops were led with 'about the right level of direction'. One of the interviewees commented that a degree of structure was necessary and that as a group of staff they had enjoyed the sense of coming along to the sessions with an expectation that some new material, ideas or concepts would be introduced:

> We all went in, ready to go; what are we going to do with it today? We were happy to see what the plan was for each session; to drift off on tangents then as we needed or wanted. But we came back to the focus. The danger is we could all moan on for ten hours.
>
> (Interviewee 2)

I asked interviewees about the benefits of running a two-day intensive workshop instead of the present system. They felt that the time in between sessions was important as

questions and issues came up for people during that time. It was therefore valuable for people to have time to digest the issues and bring back reflective comments.

> I preferred 4 workshops. 2 full days, you could start to feel – this is going to go on forever. 4 sessions allows things, events incidents to come up in between. People could think about things in their own way. There was room for discussion of this as we went along.
>
> <div align="right">(Interviewee 2)</div>

I also asked if more structured tasks might have been assigned in between the sessions. Both were emphatic that structured homework would not have been welcome and might actually put people off attending the next session.

> I don't think it would help to give people homework... could become a stress in itself. You start to think... "I haven't done the work for the session coming up".
>
> <div align="right">(Interviewee 2)</div>

While these are accurate comments it is worth also pointing out that participants had carried out some exercises and provided useful data as a result (e.g. their suggestions of appropriate research question and issues to explore carried out between workshops 1 and 2). Some people had also considered using the stress log but found it difficult to engage with.

> The only thing I did not use much was the stress log; it was complicated; how would I use it? How would I sit down at the end of at the end of the day and say "What were my stresses today?" I don't know exactly how I would. Maybe if there were something I could tick, a checklist. It is easier to discuss an incident than to write on your own about it.
>
> <div align="right">(Interviewee 2)</div>

Muncer et al (2001) and Toterdell et al (2006) have reported successfully using a diary approach in investigating the prevalence of stress in nursing staff (in Muncer's study) and in portfolio workers (in Toterdell's study). Their studies however used a form of diary as the primary method; in the present study the stress log was one among a number of ways of collecting data. To be successful it would clearly need to be more strongly resourced and emphasised.

I was interested to know how useful participants had found the materials supplied as part of the programme (i.e. readings, notes, survey data) and how this might have contributed to their knowledge and understanding of issues related to stress (See Appendix 5, Questions 7 to 18). Most participants considered the materials to be relevant both personally and to their work. All concurred that the material was not at any stage too personal or uncomfortable. This view was echoed in the interviews; they felt that emotionally relevant material was used but not "in an intimidating way" (Interviewee 1). As to the readings provided, the same interviewee made the following comment:

> The readings were good to have and looked interesting. I just read the beginnings and ends of readings. But I might read them when I have time. But worth including.

Where readings had been distributed during the workshops I had summarised the contents for the group; so while readings looked interesting and helpful they were probably not seriously studied.

The use of the data from the organizational stress survey (DBA, 2004b) was seen in a positive light by participants. Interviewees felt that people could easily identify with the information but that there was a range and richness of data that was hard to assimilate in the time available. This material was seen as stimulating and relevant but also merited further attention. Published articles and reports relevant to the sector were suggested by one interviewee. While this would be valuable it still does not guarantee that participants would devote more time to studying the data and its implications.

The responses to question 17 are also pertinent here. Participants were asked to indicate in what ways their overall awareness of stress might have changed. While all responded that their awareness had changed, five participants added comments which are summarised in Table 11. It is interesting that three of the comments express an appreciation of other people's views or stress levels implying perhaps an increased empathic awareness. This must however be balanced against the views expressed in responses to question 9 which asked to what extent the materials used had led to an

Comment	Focus
Makes me aware of stress; what we could do to manage it	Self
Awareness on both sides (management and staff). I feel now attempts will be made to recognise and prevent stress at work.	Others
Looking at stressors; trying to manage personally	Self
How others look at stress and think differently	Others
A little; increased awareness, to look at others stress levels	Others

Table 11: Changes in awareness of stress as reported by
group participants

increased understanding of their own organization. Only one person thought that their understanding had increased a lot; others felt that their understanding had increased a little or not much. While it was not a specific aim of the study to work with perceptions of the overall organization one might have expected some increased understanding as a by-product. Another possible interpretation is that understanding may have tacitly developed but a conscious appreciation might only emerge in the future.

All participants considered that their overall knowledge of stress had increased (Appendix 5, Question 15) and most would consider doing an extended college-based module on stress if it were available (Appendix 5, Question 16). Where participants made additional observations (Question 18) the comments were positive and they are summarised in Appendix 5.

Participants were asked in questions 13 and 14 to indicate which aspects of stress they had learned most about and would like to learn more about. Table 12 summarises the responses. Participants felt that they had learned more about 'causes of stress', 'stress responses' and 'organizational aspects of stress'. It was encouraging that they felt learning had occurred as this was an important aim of the project. It was also important that most members considered they had learned specifically about the organizational

aspects of stress; this would tend to reinforce the applicability of the model of organizational stress employed throughout the workshops.

	Learn most		Like to know more		Comments
Causes of stress	11111	(5)	11	(2)	
Stress responses	11111	(5)	111	(3)	
Coping with stress	11	(2)	11111	(5)	
Organizational aspects of stress	111111	(6)	11	(2)	
Other					

Table 12: Learning about aspects of the stress process as reported by
group participants (Number of participants: 8)

'Coping' was noted by most of the group as an area in which they would welcome further opportunities to learn. In workshop 3 one of the aims was to focus on 'coping with stress' and a concurrent aim was to highlight the organizational context as much as possible. It is likely that the achievement of a fuller understanding and awareness of organizational factors may have been gained at the cost of under-emphasising individual coping resources. It may be possible to achieve a more satisfactory balance between the development of individual coping mechanisms and the exploration of organizational aspects of stress in a more comprehensive programme where an entire session could be designed and allocated to individual coping. However it is also likely that there is an inevitable tension between a focus on what benefits the individual and what benefits the organization. An overall aim of this set of workshops was to tilt the balance towards an organizational perspective and the feedback would seem to suggest that to a considerable extent it was achieved.

The overall feedback would suggest that the programme was useful in considering a number of aspects of work stress in the social care field in an organizational framework using a model that has been derived from previous research and theory. It is now important to review the findings in the light of the theoretical models and research reviewed in chapter 2, to consider the applicability and usefulness of the findings in the

social care sector and to evaluate the methods used to collect and analyse the data. A discussion of these issues will be presented in the next chapter.

Chapter 5: Discussion

Research questions revisited

The programme of workshops considered two central research questions:

- The applicability of the model of organizational stress used in this research to the work context of social care staff and managers.

- The construction of a meaningful, relevant stress prevention programme at organizational level that can have a value beyond immediate requirements.

Related to these main questions, a set of subsidiary questions concerned the participants' views of moderators of stress, coping with stress, and attitudes towards organizational stress.

A programme of research workshops was run with the group which led to a range of relevant findings. It emerged through the workshops that there was a clear perception of the links between stressors, stress responses and certain individual and organizational outcomes. The model of organizational stress was accessible to staff and managers and they demonstrated during the workshops that it was possible to apply the model to a range of situations. Group members showed themselves to be competent at viewing stress within an organizational perspective.

The participants highlighted the importance of stress awareness. This was seen as particularly important in the recognition of stress in one's colleagues; supervision was seen as an important vehicle for learning about stress and coping. Coping strategies could be enhanced by developing the positive moderators in the organization and by reducing the strength of negative moderators and the ensuing destructive effects. There was a felt need for better integration of staff from the different sections, including

temporary and relief staff; in evaluating organizational health, integration of all sections of staff was seen by the staff as an area in which much improvement was required. A certain type of team development was seen to be required to achieve this; thus teams need to be capable of open communication with teams in other units and sections of the organization. The prioritisation of team-building by the group as an intervention in preventive stress management reflects the staff's interest in achieving overall integration and the potential gains it would bring.

The set of workshops sustained their interest and feedback suggested that they considered them valuable and relevant to their needs at work. A key outcome was the selection of a set of interventions which can provide the basis for an appropriate ongoing stress prevention programme.

The findings will now be reviewed and elaborated in relation to the research questions, the theoretical context of the model, the practical consequences for this organization and potential implications for the social care sector. An evaluation will also be undertaken of the methods employed to collect and analyse the data.

Theoretical framework

The credibility of findings can be considered by judging to what extent they are congruent with or confirmatory of prior theory. It is valuable to examine the significance of the findings in the context of theories of organizational stress. Three themes that have been emphasised in stress models are the concepts of control, social support and coping; each of these were discussed and considered important by the members of the group. The model underpinning this research is based on Beehr's (1995) integrative model which employs concepts from a range of theories of organizational stress.

The emphasis on control and social support and their connections with stressors and moderators are congruent with Karasek and Theorell's (1990) demand-control-support

model. However whereas their theory privileges the concepts of control and social support these concepts are seen in this study as important moderators among others. Karasek and Theorell's (1990) model proposes that control is the most significant factor in adapting effectively to stressful and demanding work situations. In this study staff saw control as important, but as one of a number of factors. In many respects they felt they had adequate control over tasks to be performed but not over factors in the external environment. They felt however that the impossibility of taking breaks while on shifts was one area where they lacked control. This was acknowledged by the managers in the group but it seems that a satisfactory solution is difficult to find.

A second meaning of control in a social care setting is related to the ability to maintain appropriate control over the behaviour of clients; failure to do so is stressful for the individual and has serious repercussions for the rest of the staff. If a member of staff is unable to maintain appropriate control, the likelihood of stressful events (such as clients acting out or becoming violent) is increased, leading to difficulties for the team and potential staff disharmony.

The demand-control model and the person-environment models consider social support to be an integral part of a theory of organizational stress viewing it as a significant resource in coping with stress (Pierce et al., 1996; Karasek and Theorell, 1990). Two types of social support were identified in this research; a) the availability and willingness to use support networks and b) access to support in a crisis. Support networks often arise informally through colleagues who are seen as the most important source of support but there is a function also for the organization to provide supportive structures. This is in keeping with findings in previous research with care staff (Rose, 1993; Dillenburger, 2004). Questionnaire respondents in the survey of organizational stress in Document 4 (2004b) had not rated the support of line managers as significant; participants in the workshops however questioned this and felt that support from management was a crucial support; this is again in line with the studies of Rose (1993) and Dillenburger (2004).

Participants also indicated that social support can be used in ways that might be negative, undermining and a contributory factor to increased stress; in particular participants felt that inappropriate and ineffective social support may lead to complications and difficulties in team relationships. This seems to corroborate the findings of Beehr and Fenlason (1994) who reported that increased stress can arise from negative support and the resulting dysfunctional communication. Quick et al (1997) argue that management have a role in developing social support as a moderator of stress and that it should not be left solely to the informal system. Thus the present findings seem to concur with other research in highlighting the need for an organization to take a role in developing positive social support systems.

An aspect of social support about which there is some ambivalence is the use of counselling. Survey findings (DBA, 2004b) suggested that it was very under-used whereas this group indicated that a positive view of counselling can be taken by staff especially if it is outside the organization, confidential and, most importantly, if using a counselling service is not seen as failure to cope.

Lazarus and Folkman's (1984) transactional theory of stress and typology of coping strategies were useful in helping the group to examine strategies and styles of coping. Theoretically, the concept of appraisal of coping resources as an integral element of the stress response, is advocated by many of the theories influencing the model of stress underpinning this research (Lazarus and Folkman, 1984; Beehr, 1995; Cooper and Cummings, 1998). Awareness is closely linked to the concept of appraisal and increased awareness was seen by the group as likely to impact on the ability of individuals and teams to appraise stressful situations and coping resources more accurately and speedily. The group thought that all types of coping were in evidence in the workplace and that while problem-focused coping was valuable there was also a place for emotion-focused coping in a social care setting. While specific emotion-focused mechanisms were not outlined in the workshops, the identification of appropriate emotion-focused coping mechanisms was seen as an important goal for a social care organization. It is also a task for an organization to reach agreement as to what level of emotional expression is

permitted and supported. Again some forms of avoidance coping were accepted as almost universal where others caused concern to the group. An example of the latter was a tendency for some workers to frequently remind themselves that "it's only a job". While such a mechanism can sometimes be necessary and useful, if it is habitual it be can unhelpful and indicative of a degree of burnout. Researchers such as Rose et al (1993) have suggested that certain avoidance mechanisms can actually leave an individual more prone to stress.

On the other hand the development of appropriate hardiness in the individual seemed to be strongly valued; the group's view of hardiness entailed belief in the value of the job, a sense of commitment and a belief in yourself; it would also seem to include elements of both emotion-focused and problem-focused coping. A crucial consequence of hardiness is the ability to limit the accumulation and internalization of 'emotional baggage' and to maintain a healthy balance between the personal and professional aspects of relationships with other workers. The understanding of hardiness expressed by the participants in the workshops is close to the concept of hardiness as outlined by Maddi ansd Kobasa (1991) but the discussions also seemed to place an emphasis on the value of self-perceived competence in the workplace which resembles the concept of organizational self-esteem as developed by Jex and Elacqua (1999). The achievement of a level of hardiness can be facilitated through supervision and personal development, and organizations were seen to have a role in supporting and valuing such development. While some members of the group expressed disquiet at the term a more successful one was hard to find. Where some of these issues were presented at a conference of social care managers, the terms "emotional strength" and "emotional resilience" were suggested (Resident Manager's Association Conference, 2005). While there was again some dissatisfaction with the term 'hardiness' there was support for the idea that certain personal and emotional resources are essential for care workers and that organizations must play a major role in fostering the development of such resources.

Theoretically the adapted version of Beehr's integrative model provided a framework within which to consider many aspects of the stress process and the findings yielded

make sense within the context of theory and research on organizational stress. The level of contributions and discussion in the workshops were further evidence of its usefulness. An aim of the workshops was to identify practical and relevant stress-prevention interventions; the interventions selected will now be examined in the context of stress prevention management and in terms of their potential application.

Interventions and Preventive Stress Management

The work of the group members in the workshops showed that organizational approaches to stress could be understood and made use of by staff once that focus is introduced, and a relevant context is set. A practical outcome was the selection and planning of some preventive measures relevant to this organization.

Quick et al (1997) suggest that prevention is more likely to be successful if it affects organizations at different levels; thus it can have short-term aims as well as longer-term aims which may require organizational change and development. The preventive model of Quick et al (1997) would thus suggest that secondary and tertiary-level interventions have a significant value in making some immediate improvements but the longer term gains of primary prevention will ultimately provide more benefit to the organization through developing moderators and reducing stressors. Conceptualising the stress process and interventions in this way can provide a method by which one can monitor and evaluate interventions in an organizational context. It is useful to consider the interventions selected and view their place within a preventive framework.

Table 13 summarises the interventions and indicates the extent to which they might have short and long-term application. Some of these interventions can be seen as primarily management functions. Thus role clarity can be achieved through filling the acting positions in the management structure with permanent staff and through engaging with staff to redefine roles where necessary.

	Long-term Primary prevention	Short-term Secondary and tertiary prevention
Team-building (on-site, off-site, work related, non work-related)	Yes	
Using supervision with specific focus on stress related issues	Yes	Yes
Role clarity	Yes	Yes
Personal development	Yes	
Environment and facilities (improvement)	Yes	

Table 13: Interventions selected as the most important by the
group participants

A number of environmental facilities were seen by staff to need improvement. The allocation of funding and execution of changes require management decisions and commitment. Staff's role in this would be to remain persistent in their demand for improvement and to reiterate their view that such improvements would play a part in the elimination or reduction of stressors.

Personal development was seen by group members as poorly supported by the organization. This can be ameliorated through a more proactive approach to learning and development on an ongoing basis. The view of participants was that increases in personal resources rendered a person better able to make us of a wider range of coping mechanisms.

The other interventions entail a more central involvement by staff albeit with the support and involvement of managers. The vital role played by supervision was indicated by participants. A primary requirement was that supervision needed to happen regularly; to achieve this both staff and managers have to commit themselves to the process. The enhancement of supervision skills is also essential to the process. The participants in this

research have identified here an area where important practice development can take place throughout the organization with consequent value for stress prevention management as well as for other aspects of professional practice.

The most important intervention for the overall prevention of stress was considered to be team-building. Team issues have been mentioned as a concern in all stages of the research. Impaired team functioning immediately affects ongoing work; it also feeds a cycle of processes where it can reduce the effects of moderators of stress and diminish the overall ability of staff to handle stressors as they arise. In particular the group's reduced ability to make use of problem-focused coping mechanisms was highlighted. In this organization there was a felt need for better integration of staff from the different sections of the organization. A certain type of team development is required to achieve this; thus teams need to be capable of open communication with teams in other units and sections. In evaluating organizational health, integration was seen by the staff as an area in which much improvement was required. The issue of temporary and relief staff was mentioned in the workshops and in the earlier stages of this research suggesting that for better team development to occur it is necessary to become more inclusive of such workers. In organizations where temporary care staff are widely used Albertsen (2001) has reported that issues such as team cohesion and reliability became particularly important.

The prioritisation of team-building by the group as an intervention in preventive stress management reflects the staff's interest in achieving overall integration and the potential gains it would bring. It can also be argued that effective team functioning enhances other moderators and tends to lead to positive organizational outcomes. Based on her study of child protection workers Dillenburger (2004) argued that stress was alleviated if more stability was felt on the team and in the leadership of the team.

Many of the difficulties that are associated with stressors and maladaptive stress responses are seen to lead to problems at organizational level and are expressed in operational difficulties such as withdrawal and passivity while on duty, lack of interest and energy, cynicism, and increased absence. The interventions selected by the staff to

form part of a preventive stress management programme seem to indicate an awareness that actions taken at various levels can have positive consequences for the organization and in turn for the individual. Figure 6 suggests a way in which constructive response to stressors aided by preventive interventions can lead to positive organizational outcomes. The outcomes reinforce the value of positive moderators which are thus enhanced in value and effect. Through the developing team resources the intensity of some stressors may be reduced and some removed altogether.
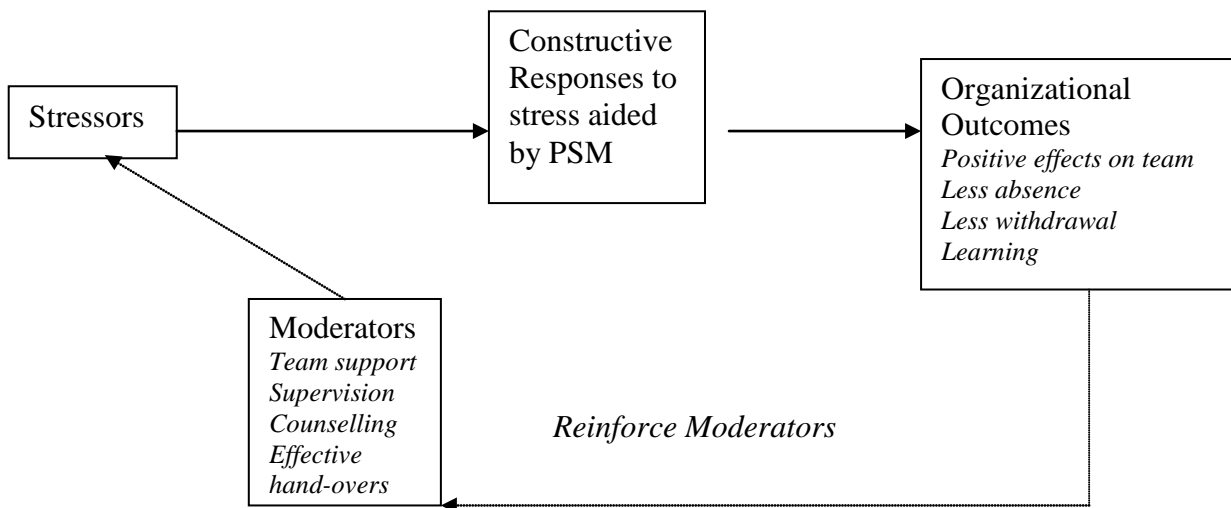
Figure 6: The relationship between constructive responses to stress,
positive outcomes and moderators

However effective teamwork only comes with focused development and support. Carter and West argue strongly for specific training in groupwork skills in health care organizations in order to achieve effective teamwork:

> To enable people to work effectively in teams requires that there is specific
> training for working in teams and the development of teamwork competencies.
>
> (1999, p.200)

It is useful to locate the role of interventions explicitly in the model of organizational stress. I noted in the reflective analysis of the data from workshop 4 that the integration of the preventive levels into the model of organizational stress could render the model more useful to other organizations in their planning of prevention strategies. Figure 7 illustrates a way of achieving this and indicates that interventions are likely to affect the stress process at a few levels.

| Primary Interventions | Secondary Interventions | Tertiary Interventions |

Moderators

Personality Factors
Control
Self-esteem
Social Support
Personal and professional balance
Learning

Stressors in the Workplace

Stress Response

Psychological and Physical Processes

Appraisal and Coping
Uncertainty

Strain to the person

Organizational Outcomes

Team friction
Apathy
Withdraw
Negative atmosphere
Absence
Turnover

Figure 7: The role of preventive interventions in the model of organizational stress underlying the research

The main thrust of interventions recommended by the participants in this project is towards longer-term change by strengthening the value of the moderators and reducing

the stressors. As is illustrated in Figure 7 however interventions are likely also to affect the organizational outcomes and individual strain.

When interventions focus effectively on the removal of stressors there is most gain for individual, team and organization. It is an important part of strategic planning for the organization to work towards the reduction of stressors in the organization's internal and external environment. While valuable, the removal of stressors is not easy to achieve, especially where many of the stressors arise from relationships with clients and relationships with other staff.

When interventions focus on moderators, the result is likely to be more learning on the part of staff with positive individual, group and organizational outcomes. It is likely that this is where staff and management can be most effective. As has been highlighted in this discussion, their prioritised interventions could play a significant part in developing preventive strategies of managing organizational stress. The findings certainly confirm the group's interest in the moderators of the stress process.

It is valuable now to consider to what extent the methods used were effective in collecting and analysing the data.

Review of methods

In the outline of methods for this project it was suggested that Elden and Chisholm's (1993) criteria for the effective use of action research were suggested as a guiding framework within which to monitor and evaluate the methods used. They suggest that all forms of action research should use the rules of social sciences for the systematic collection and analysis of the data, and should be oriented towards practical problem-solving,

The group setting created an environment in which learning and research inquiry could occur. The choice of a group setting for the research project was influenced by Revans'

action learning (1983; 1998); while the use of the group situation did not follow the precise methodology of action learning sets, the processes of reflection and feedback to the group were used throughout the set of workshops. The content and process of the workshops was systematically documented and an outsider view was employed through the interaction of the researcher with a critical friend. The cycle of reflection and action did not always follow the original plan (Figure 2, p.47) but was adapted to the demands of each session.   While the interests and needs of the group members were accommodated as much as possible, the focus demanded by the main research questions influenced many of the decisions in the running of the programme. There was however movement between reflection, feedback, discussion and action; the action was related to the exploration of the model of organizational stress and coping mechanisms, the selection of interventions for stress prevention and ways of applying them. Some of the action will take place in the context of the participants' practice after the reporting of the research for this document, and it is envisaged that the project will continue. The exercises employed were effective in eliciting useful and relevant data; in particular Nominal Group Technique (Delbecq et al, 1986) provided a very efficient method of prioritising the interventions selected by the group.

The feedback from participants indicates that all felt they had learned about aspects of organizational stress and had engaged with the research process. While they appreciated the nature and value of the research inquiry and its potential usefulness in their organization and the wider sector, they were not involved in the development of the research questions nor in the analysis of the data. So whereas they were aware of involvement in the process of inquiry they would not have had a strong determining role and equal power over the development of the research questions and content of the programme. As noted in the feedback from the group however the members seemed to appreciate working to a certain degree of structure but to have some freedom within that to introduce their own views and interests.

A strict participatory action research approach would entail a more equal ownership of the programme (Reason, 2003). On the other hand what was achieved in this project was

the maintenance of a focus on the use of an organizational model of stress, developed from the literature which was used to elaborate a set of issues through discussion and group exercises. The data generated was systematically analysed and some of the analysis was fed back to the group either in the workshops or through the draft of the final report and in this way a degree of collaboration and consensus was achieved; this contributes a degree of confidence to the findings and recommendations. Thus the project has made considerable use of action research principles but is better represented as employing a methodologically eclectic approach. The most appropriate methods were sought and elaborated to develop a more thorough understanding of the main research questions in the context of the organization.

Throughout the workshops there was a concern with the issues and problems that arose for staff and management in the course of their work and the extent to which the proposed model of organizational stress might be relevant to them. Thus it can be argued that the identification of problems and search for solutions was an important focus of the research programme. It was proposed earlier in this document that pragmatist criteria would be used to assess knowledge claims. A pragmatist conception of truth demands that such knowledge be converted into strategies and programmes that are comprehensible and functional for those who work in the social care sector. It is argued that the work described in this document constitutes some of the steps in achieving this.

The participants helped to interpret, validate and raise questions about previously collected data; they helped to create new data. Through the use of data from earlier stages of this research some triangulation of findings has been achieved. Schwandt asserts that it is possible to judge interpretive accounts "on the pragmatic grounds of whether they are useful, fitting, generative of further inquiry" (1998, p.247). In the final workshop of the programme the stress management interventions were selected by the group members themselves and are likely therefore to be useful and appropriate to the setting. The long-term success of the interventions will have to be assessed at a later date.

It is worthwhile examining to what extent the findings in this study can be considered applicable to other settings in the social care sector. As noted in chapter 3 Williams argues that some generalization is possible in interpretive research, in that aspects of a subject being investigated can be seen as instances of a "broader recognizable set of features" (2002, p.131). Thus the iterative process of presenting the findings to the same or similar informants and seeking further or more precise information helps to strengthen potential generalization. The programme and the model on which it is based have been thoroughly evaluated in this organization; with minor modifications it is likely that the programme could be successfully adapted to the needs of other social care organizations. It is also worth noting that the model of organizational stress and its potential application to social care work situations was outlined as part of a conference presentation to managers in the sector (RMA Conference, 2005). Comments and feedback suggested that the model was both accessible and valuable in understanding work-related stress, and was seen to have potential use in developing preventive measures. This feedback is valuable and is also an instance of knowledge diffusion as recommended by Elden and Chisholm (1993).

In the final chapter the outcomes of the research reported in this document will be located within the context of the overall research on organizational stress carried out for the DBA. Some recommendations will be made and suggestions for further research investigations and practice development will be outlined.

Chapter 6: Conclusions

This document has presented a report on a programme carried out in one organization where a collaborative approach was taken to researching and learning about work stress. It is part of an overall project of which the aim was to contribute to the development of a model of understanding, coping with and preventing work-related stress in social care organizations.

At the outset of the overall DBA research project a set of research questions were outlined as part of the proposal for Document 1 (DBA, 2003a). One set of questions concerned how care workers and managers perceived stressors and stress responses; another set of questions related to the perceived effects of stress on work and the organizational outcomes such as absenteeism and labour turnover, and to people's perceptions of a healthy work environment.

In the ethnographic research which formed the first stage of the research (DBA, 2004a) it was found that both acute and chronic stressors occurred and were seen to have increased; organizational stressors were also likely to be more persistent and chronic when they occurred. Interviewees were concerned particularly with the psychological and social effects of stress responses; these were seen as often having destructive effects on the work team and the quality of its work. Labour turnover was considered to be less of a problem in the sector than heretofore and stress-related sickness absence was seen as a possible outcome of stress but depended on prevailing attitudes in the specific organization towards taking sick leave. Withdrawal from effective engagement with clients was seen to occur more often; the effects of this on teamwork and morale were considered a serious problem. Impaired team functioning was a common concern among the interviewees. Supervision, debriefing and hand-over meetings were considered important moderators of the stress process.

Originally I had planned to investigate absenteeism and labour turnover more thoroughly; having evaluated the data collected in the first stage of the research it seemed that there were more important issues from the perspective of those working in the sector. A key aim of the next stage of research was to survey a wider range of staff and managers to establish if there were significant differences between their perceptions of various aspects of the stress process. It was found that there was consensus as to what the main stressors were. Client-related situations where violent, abusive behaviour and suicide attempts occur in emotionally-charged atmospheres were seen by all respondents as very stressful. Difficulties relating to teamwork and staff relationships were seen as a serious source of stress. These difficulties interfere with the teamwork and close interaction required by this kind of work. There was similarity in the value placed on specific coping strategies by both groups but managers seemed to make more use of coping strategies. Positive attitudes towards stress management interventions were expressed by both groups.

The findings in the first two stages of the research indicated a number of issues that merited further investigation in this final stage of the DBA project.

A more in-depth analysis was developed of staff and management perceptions of coping, positive and negative moderators of the stress process, and team and organizational issues. Using an action-oriented research approach, the model of organizational stress developed in DBA Document 2 (2003) was found to be accessible to staff and managers who demonstrated during the workshops that it was possible to apply the model to a range of situations. The programme of workshops that was run with the group sustained their interest and feedback suggested that they considered the programme valuable, and relevant to their needs at work. Understanding and awareness of work stress was enhanced through an emphasis on the organizational aspects of stress. Thus participants perceived clearly the links between stressors, stress responses and certain individual and organizational outcomes. They highlighted the importance of stress awareness emphasising the recognition of stress in one's colleagues; supervision was seen as an important vehicle for learning to recognise stress as well as for enhancing coping strategies. The development of an appropriate level of hardiness was considered an

important coping resource which comprised both problem-focused and emotion-focused strategies. Social support was seen as an important coping resource and positive moderator of the stress process; counselling as a support was seen to be under-used and participants thought that it needed to be more accessible.

The research was carried out within a pragmatist framework and therefore privileged the development of knowledge that would have application in organizational settings. A practical outcome was the identification and planning of preventive measures relevant to this organization. The most important interventions for the overall prevention of stress were considered to be team-building, the focused use of supervision, and organizational support for personal development and learning. The interventions identified in the workshops could play an important role as moderators of the stress process. The impact of this should be felt in developing coping strategies, reducing negative organizational outcomes and individual strain, and reducing or eliminating stressors. These interventions were conceptualised within the preventive stress management framework of Quick et al (1997) and were seen as having implications for primary and secondary prevention. Thus the main thrust of the interventions selected was towards medium and longer-term change as part of an ongoing stress prevention plan.

As a result of this research the following recommendations can be made.

Recommendations

It is a valuable project for an organization to identify the stressors which are most serious for staff and management and to develop in staff an appropriate level of awareness of the stress process. This will contribute to care workers' abilities to recognise stress in themselves and in others. It can be achieved by a programme such as the one reported here; the advantages of the present approach are in understanding the nature, intensity and meaning of particular stressors and in understanding a wide range of stress-related behaviours.

In the development of supervision skills some clear focus on stress recognition and coping strategies should be included. It is important that the organization provides the resources to foster an advanced level of supervision practice.

The development of an appropriate level of hardiness was sees as a useful coping resource by the group members in this study. Staff development programmes which help staff to identify their strengths and weaknesses in this respect would contribute to overall coping levels. Again the use of ongoing supervision can make an important contribution to this process.

Much social care work is carried out in small groups or teams. This study has highlighted the importance of team-building and its integration on an ongoing basis to a social care organization. It is likely that his would be a useful and beneficial intervention in other social care organizations.

While the development of supervision, the fostering of personal development and team-building were seen as important moderators for this group it is possible that other moderators may be more significant in other organizations. Thus as a general principle the identification of positive and negative moderators and the integration of the positive moderators into the organization's processes should form an essential element of a stress prevention programme.

The staff of a social care centre should be encouraged to take an organizational perspective from time to time in order to set issues related to stress in context. The framework developed in this research is one way of achieving this. Other organizations may be able to achieve this through different kinds of staff development work. It is also possible for an institution such as Dublin Institute of Technology to provide more generic modules to help understand and prevent stress and motivate people to make use of all organizational resources available to them.

Further investigations and developments

A number of issues arise out of this research for further consideration. An issue that is worth further investigation concerns the use of counselling. Survey findings suggested that it was under-used in the social care sector; the participants in this study indicated that a positive view of counselling can be taken by staff especially if counselling happens outside the organization, is confidential and if using a counselling service is not seen as failure to cope. A more thorough investigation of what would make counselling more attractive to staff could lead to the creation of more successful avenues to counselling. From this research it seems that organizations are well disposed to providing access to counselling but few have found a successful way of actually exploiting it as an effective support.

In many social care centres there are temporary and relief workers who have needs which may be different from the permanent staff. It is a specific challenge to integrate these workers into stress prevention programmes. The development of coping strategies for such staff is also an issue, as they usually do not have access to the informal support available to full-time staff. In organizations where temporary care staff are widely used Albertsen (2001) has reported that issues such as team cohesion and reliability became particularly important. The development of mechanisms to integrate temporary staff is a challenge to many social care organizations and in the context of stress prevention would have benefits for the organization as a whole.

While the interventions to prevent stress were selected with enthusiasm by the group the question of how exactly they can be incorporated into the practice of staff and management remains. A systematic monitoring of this process would contribute to learning at an organizational level and would be beneficial to other social care organizations if reported to the sector.

Bradley and Sutherland (1994) have highlighted the importance of evaluating commitment to stress management interventions. While it was recognised in this study

that such commitment is important, the task still remains of identifying which factors are significant in creating and maintaining commitment and motivation. It is again through systematic evaluation of the ways in which interventions are used and developed that commitment can be measured.

The model of organizational stress developed in this research can provide a framework within which these further research inquiries and related issues of practice can be pursued with consequent benefits for the social care sector.

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Appendices

Appendix 1

Letter of invitation to organizations

Contacts with selected organization

Statement and description of programme for staff

School of Social Sciences
Dublin Institute of Technology
43 Mountjoy Square
Dublin 1
Tel: 01 402 4217
Email: brian.mccarthy@dit.ie

Dear

I have been developing research on organizational stress in social care with a particular emphasis on methods of stress prevention. The purpose of this research is to inform the development of modules to support staff and management at various levels of social care work. It also forms part of ongoing doctoral research on organizational stress that I am carrying out at Nottingham Trent University.

Based on recent interviews and a survey carried out in social care agencies I am developing a programme to examine aspects of stress and stress prevention in collaboration with staff and management. I am looking for opportunities to explore the programme and I would be interested in discussing with you the possibility of working with your agency to achieve this.

I would ask you to consider my request positively as I think the research could result in increased understanding of social care organizations as well as developing relevant programs. All information collected will be treated in strict confidence.

I will ring in the next week to see if you can facilitate me. In the meantime if you wish to discuss the research or related issues, please contact me at the above address, email or telephone number.

Yours Sincerely

Brian McCarthy
Senior Lecturer

Contact sheet (Notes)

Name: Unit manager

What were the main issues or themes that struck me?

Interest in general theme of stress; interest in feedback
Lot of training workshops run on a regular basis.
Supervision taken seriously; on when I arrived.
Long discussion of findings

Salient points
Practical: To run the programme for staff from 1 or more units
          Wed 9.30 or 10.00 would be good times

Summarise the information on each of the target questions.

Went through some of the data from the survey with manager

Question	Information
Feedback	Tables very useful for feedback; develop them.
	Use of structured feedback
	Use of open questions
Stressors	Both types: staff related etc
	incidents and events
Organizational and Individual	Manager very aware of this distinction
Behavioural responses	Denial as a possible explanation of fact staff often don't notice
Coping	Not using counselling struck manager as interesting
Preventive measures	Unstructured material struck her as interesting.

Conclusions: 8 weeks maximum to prepare for first week of March

         To ring: Tuesday 18th Jan
          To arrange meeting with Acting Director

Contact sheet (Notes)

Name: Acting Director

<div align="right">

Site: The Lodges
Date: 25th Jan 2005
Written: Thursday 27th Jan 2005

</div>

Agenda:
Issues:
1. If research findings are useful, how can they best be harnessed for the development of preventive strategies through feedback and elaboration with original participants?
2. If the model of organizational stress makes sense to people in the field, how can it be integrated into and influence thinking in different organizations?
3. (In connection with DIT) How can the model of organizational stress and the research findings generated be integrated into the development of appropriate Human Resources Management modules?

What were the main issues or themes that struck me?
Long discussion of findings. Interest in idea of staff involved in research.

Summarise the information on each of the target questions.
Reactions to the questionnaire findings, especially contradiction between behaviours and work stressors.
Coping and prevention. Interest in exploring.

Anything else that struck me as important, salient or interesting?
Interest in prevention measures.
Manager's hands-on approach, an advantage or not for sessions?

What new (or remaining) target questions do I need in considering the next contact with this site?
Staff and management together at sessions. Manager thinks it will work; staff opinions would be useful . Since it will be voluntary, those who attend will not be bothered by this. To this extent are they self-selecting and are key members of staff left out who might be more prone to problems of stress and have more to say about it; on the other hand they have had a chance through questionnaire to give views.
To work out way of reporting back, for them to have a form of report.

Confidentiality agreed.

Agreed dates and arrangements
Week: 21st March, possibly Wed mornings.
Outline of programme for participants
Some reading; one short photocopied article per session to provide context and ideas.

Organizational stress workshops

Dates: Convened by: Brian McCarthy
Wed. 2nd March, 16th March;   Lecturer in Psychology
Wed. 6th April, 20th April   Dublin Institute of Technology
Time: 10 00 to 12.00

Based on the research carried out on organizational stress in the social care sector a series of workshops will be held to explore the information collected so far. Related to this a number of aspects of work stress will be discussed using relevant background information and theory. Some readings will be provided and should be seen as useful (but not compulsory) material.

The emphasis will be on using a collaborative approach to learning about the topic of stress and developing ideas in such a way that they can have value to those working in the field. The overall aim therefore is to contribute to the development of a collaborative model of understanding, coping with and preventing work-related stress in social care organizations. As part of this, a practical outcome would be the identification and planning of some preventive measures relevant to this organization which could be monitored over an agreed period of time.

Over the course of the four sessions it is planned to consider the following issues:

- Feedback from the questionnaire on organizational stress completed by staff of a number of organizations in September 2004.

- Background to current ideas about stress, work stress and its biological, psychological and behavioural consequences.

- Looking at stress from an organizational perspective

- A model of organizational stress as a framework within which to apply preventive measures.

- Moderators of the stress process: what factors mitigate the effects of stress in the workplace?

- Healthy organizations: Creating and maintaining healthy organizations in relation to stress.

- Coping
     Adaptive and maladaptive coping
     Range of coping skills a) in general; b) work-related

- Preventive stress management: Individual and organizational interventions
  Planning and evaluating a stress management intervention(s).

Appendix 2

Materials supplied to participants at the workshops

List of materials given to each participant

Contents of this pack

1 Outline of sessions   7 Types of coping

2 Principles of working   8 Organizational health (notes)

3 Some thoughts on stress   9 Preventive stress managements (notes)

4 Model of organizational stress   10 Prevention (classification sheet)

5 Example of a Stress Log   11 Ethics statement

6 Questionnaire (Organizational stress)   12 Suggestions sheet

Readings

Reading 1:
"Why zebras don't get ulcers?" Chapter 1 from R. Sapolsky's book "Why zebras don't get ulcers" (1998) New York: Freeman.

Interesting account of some basic stress processes

Reading 2:
"Health". A section of chapter 14 from "Social Psychology" by Brehm, S., Kassin, S. and Fein, S. (2002) Boston: Houghton Mifflin

Academic but hopefully readable account of basic stress processes illustrating some of the research in the area.

Reading 3:
"Understanding the nature of stress: organizational hot spots". A section of chapter 4 from "Strategic stress management" by Sutherland, V. and Cooper, C. (2000) London: MacMillan

Highlights some of the areas that most give rise to stress at work. Interesting to see if the same factors apply to the social care sector?

Session 1

Feedback from the questionnaire on organizational stress completed by staff
Stress at individual level: biological
psychological and behavioural factors
Stress at organizational level
Model of organizational stress

Session 2

Coping and moderators
Outline of coping in the stress process
Range and repertoire of coping skills a) general; b) work-related. The use of social support; supervision and other coping strategies and their place within a social care organization.
Control, predictability and uncertainty
Explore the concept of a healthy organization

Session 3

Prevention
Moderators of the stress process: specifically within work context. Short presentation about moderators
Prioritise stress management interventions using material from questionnaire especially the suggestions made by each respondent.

Session 4

Planning an intervention; consider ways of monitoring and evaluating process and effects

Figure 8: Map of proposed development of workshops

Set of Working Principles

Learning	⟶	⟵	Research
Explore Talk Discuss	⟶	⟵	Action
Reflect			Application
Emotional, intuitive	⟶	⟵	Rational, cognitive
Individual aspects	⟶	⟵	Organizational aspects
Insider perspective	⟶	⟵	Outsider perspective
Confidential	⟶	⟵	Share with others
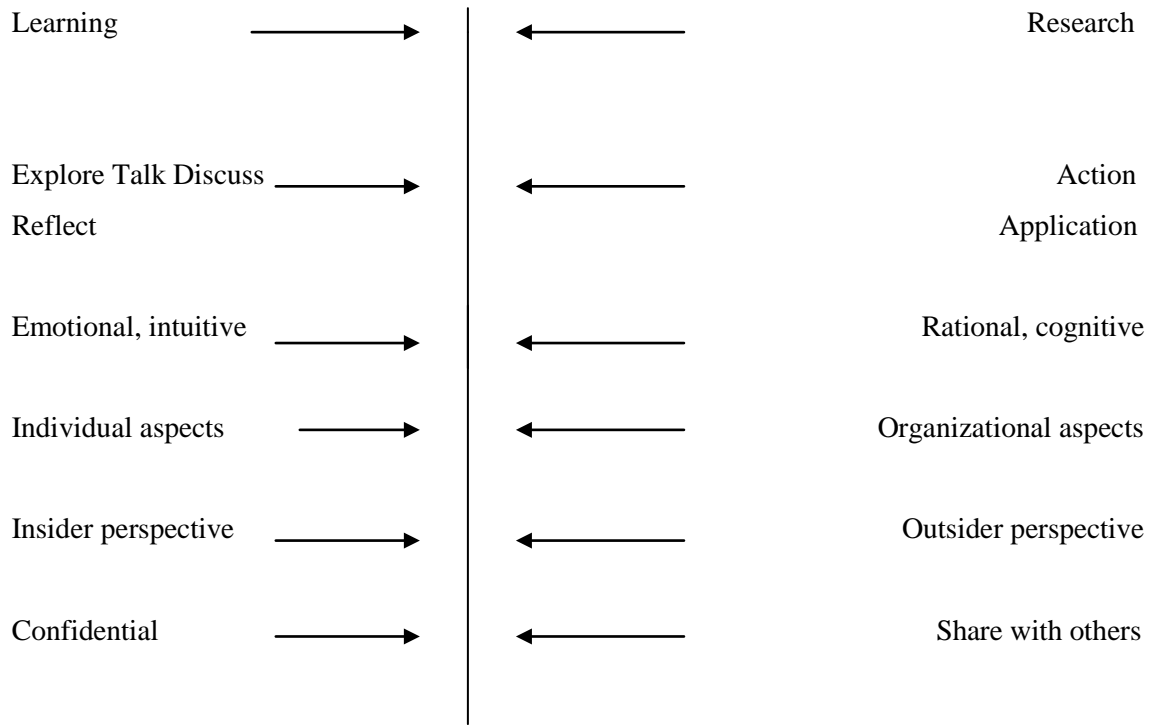
Figure 9: Set of Working Principles

Some ideas about stress (Notes for participants)

It is useful to understand stress and coping as an ongoing transaction between you and your environment.

The experience of stress, and in turn strain or excessive stress, highlights the relationship between the mental and the physical.
It indicates the complex intertwining of our biology and our emotions; the ways in which our personalities, feelings and thoughts both reflect and influence the events in our bodies (including disease).

Robert Sapolsky writes:

"If you are that zebra running for your life, or that lion sprinting for your meal, your body's physiological response mechanisms are superbly adapted for dealing with such short-term physical emergencies. When we sit around and worry about stressful things, we turn on the same physiological responses – but they are potentially a disaster when provoked chronically. A large body of evidence suggests that stress-related disease emerges, predominantly, out of the fact that we so often activate a physiological system that has evolved for responding to acute physical emergencies but we turn it on for months on end, worrying about mortgages, relationships, and promotions."

The stress response refers to:

Rapid mobilization of energy from storage sites and the inhibition of further storage, thus glucose and the simplest forms of proteins come pouring out of your fat cells, liver, and muscles, all to stoke whichever muscles are struggling to save your neck.
If your body has mobilized all that glucose, it needs also to deliver it to the critical muscles as quickly as possible.
Heart rate, blood pressure, and breathing rate increase, all to transport nutrients and oxygen at greater rates.

Digestion is inhibited, there isn't enough time to derive the energetic benefits of the slow process of digestion, so why waste energy on it?

Immunity is also inhibited. The immune system is ideal from spotting the tumour cell that will kill you in a year, or making enough antibodies to protect you in a few weeks, but is it really needed this instant? The logic seems to be – look for tumours some other time; expend the energy more wisely now.

The handling of pain is influenced by stress. With sufficiently sustained stress, our

perception of pain can become blunted. In battle a soldier could be shot, injured and not even notice it. Such stress-induced analgesia is highly adaptive and well documented.

Growth is inhibited during stress; the logic is clear: if you are sprinting for your life extending your long bones shouldn't be at the top of your list of priorities.

Shifts occur in cognitive and sensory skills. Suddenly certain aspects of memory improve, which is helpful if you are trying to work out how to get out of an emergency (has this happened before? Is there a good hiding place?).

Your senses become sharper. Think about watching a terrifying movie on television. The slightest move – a creaking door – and you nearly jump out of your skin. Better memory, sharper detection of sensations – all quite adaptive and helpful.

Acute stressors
Triggers of stress, usually called stressors can occur in different ways.

There are acute physical stressors

For animals like zebras, the most upsetting things in life are acute physical stressors. you are that zebra, a lion has just leapt out and ripped your stomach open, you've managed to get away, and now you have to spend the next hour evading the lion as it continues to stalk you.

An organism can also be plagued by chronic physical stressors.
An example would be constant dangerous fumes in a workplace, if not dealt with.

A third category of ways to get upset includes psychological and social stressors. Essentially, humans live well enough and long enough, and are smart enough, to generate all sorts of stressful events purely in our heads. Viewed from the perspective of the evolution of the animal kingdom, psychological stress is a recent innovation. We humans can experience wildly strong emotions (provoking our bodies into an accompanying uproar) linked to mere thoughts. If someone spends months on end twisting their innards out in anxiety, anger and tension over an emotional problem, this might very well lead to illness.

If there is an acute physical stressor, our body's physiological response mechanisms are well adapted for dealing with shot-term physical emergencies. When we sit around and worry about stressful things, we turn on the same physiological responses- but they are potentially dangerous when provoked chronically.
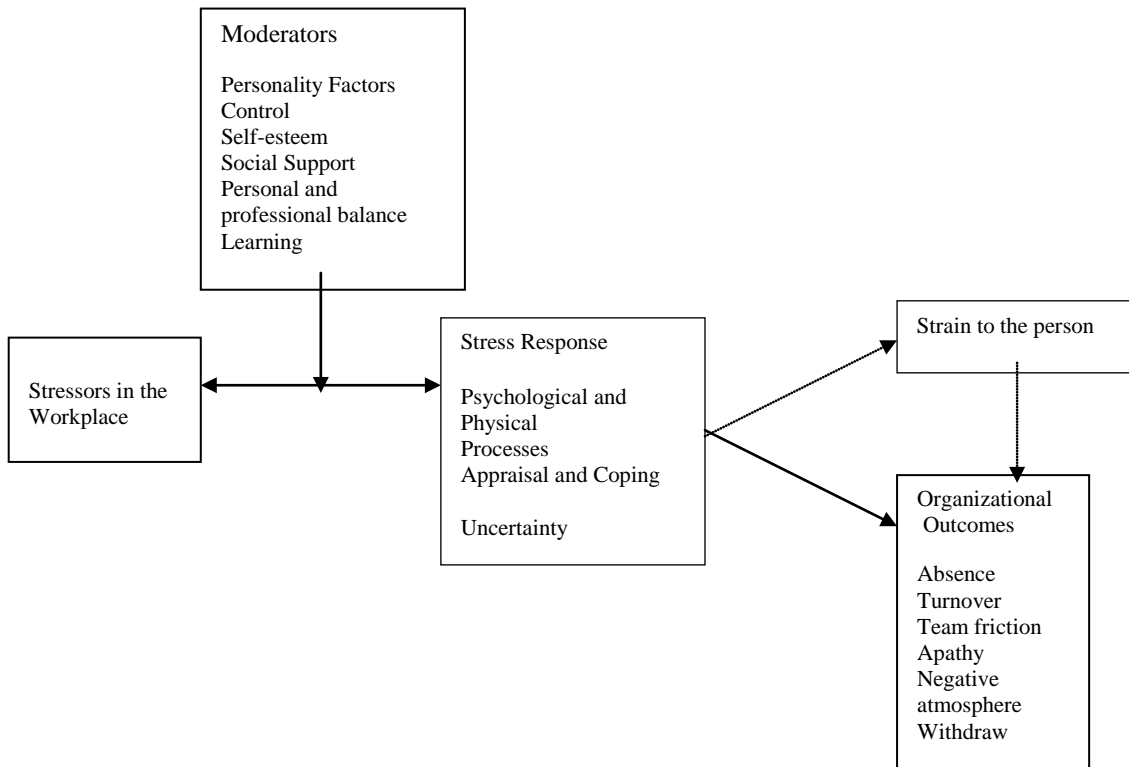
Figure 10: Framework outlining the key processes in occupational stress
(Adapted from Beehr, 1998)

Stress Log

Stress may be perceived as a single, dramatic incident or an accumulation of incidents or events. It might be seen as pressure, strain or tension that creates anxiety, worry, anger or mild irritation.

This log could help to identify and recognise stress.

At the end of each working day, try to identify your most stressful incident.

Complete the responses to stress and the coping strategies sections at the end of the week, when you have had some time to reflect on how you react to stress and cope with it.

Don't cause yourself stress by trying to find something just to fill in the log; however try and be specific if possible abut the source of stress and the people involved.

The material is your confidential property but if you wish to share thoughts and ideas that would be welcome. The aim is to create awareness and understanding of the stress process.

(Stress log adapted from Sutherland and Cooper (2000)).

Example of a Stress Log

Monday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Tuesday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Wednesday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Thursday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Friday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Saturday Incident	People involved/What I did	No. of hours worked…… What I could have done..
Sunday Incident	People involved/What I did	No. of hours worked…… What I could have done..

Please describe:
How do you recognise your own reactions to stress, what do you experience?
How you cope with stress. Describe any techniques that you rely on and /or find helpful.

Figure 11:   Example of a stress log (Adapted from Sutherland and Cooper, 1998)

A Questionnaire on Organizational Stress

Front page only to illustrate the materials received by the participants.
A complete copy of the questionnaire can be viewed in Document 4, Appendix 1 (DBA, 2004b)

This is a questionnaire about stress in social care organizations, its causes and consequences.
I am interested in your perception of stressful events and the things that might prevent them. The questions relate to different aspects of social care work.

The purpose of this research is to inform the development of courses to support staff at various levels of social care work. All centres that have participated in the research will be informed of courses at an early stage. It is intended to pilot the first of these in 2005.

The information that you give is entirely confidential and all responses are anonymous.
The questionnaire will take about fifteen minutes to complete. Please try to answer all questions.
I am particularly interested in *your* opinions, so any information you might like to give in the open questions is very important.

This survey is being carried out as part of doctoral research at Nottingham Trent University
If you have any queries or comments or wish to know more about the research, please contact me at Dublin Institute of Technology (01-4023000) or e-mail: brian.mccarthy@dit.ie.

Please put your completed questionnaire in the envelope and leave it at reception or the staff office for me to collect. Alternatively, you can post it to:

Brian McCarthy
Dublin Institute of Technology
Dept of Social Sciences
Mountjoy Square
Dublin 1.

Thank you for taking the time to complete the questionnaire.

Types of Coping (for use in Workshop 2)

Task focused coping	Emotional coping	Avoidance coping
Establish priorities	Re-enact a stressful situation in an emotionally expressive way	Put the problem out of one's mind.
Come to terms with the nature and parameters of the problem.	Vent frustrations by expressing anger, irritation or anxiety	Take time away from the source of the stress.
Spend time thinking about the stressful event and working out strategies for coping with future, similar events.	Blame oneself for being too emotional about the situation.	Engage in behaviour that temporarily relieves the symptoms of stress (e.g. drinking, smoking or eating).

Figure 12:   Types of coping

Organizational Health (Notes for participants)

The characteristics that distinguish healthy organization form unhealthy ones:

Adaptability: the ability of an organization to change and resist becoming rigid. It is concerned with long-term functioning.

Flexibility: is concerned with adjusting to internal and external emergencies.

Service: the quality and amount of service(s) provided by the organization.

In order to maintain these features,
Healthy organizations are
       self-renewing,   work to recreate energies and plan changes

       self-examining review the consistency of what they do; examine whether parts of the organization work together and communicate.

Thus:

Task Environment
Social care sector
Referral agencies
Area Health Boards

Getting these to work in harmony
Internal Adjustments
Many internal adjustment activities are aimed at having the people, the structure, the methods of working and main tasks work in harmony. A misfit between two or more of these dimensions may cause internal health problems for the organization. In social care the many team issues mentioned by staff fit in here.

External adjustment
Adjusting to the changes in the sector, new client groups.

Relative Health: ⎯⎯⎯⎯⎯→ Long-range effectiveness and survival
Lack of health   Costs: Strain, absence, turnover, disputes, morale.

Planned change

Planned adjustment

Attempts to achieve integration between the people, the structure, the methods of working and the main tasks of the organization.

Individual and organizational health are interdependent.
Management have a responsibility for individual and organizational health
Individual and organizational strain or distress are not inevitable.
Each individual and organization reacts uniquely to stress.
Organizations are ever-changing dynamic entities.

The material related to organizational health was based on the following sources:

Organizational Risk Factors for Job Stress (Sauter, S.L. and Murphy, L.R., 1995)

Preventive Stress Management in Organizations (Quick, J.C. et al, 1997)

Handbook of Occupational Health Psychology (Quick, J. C. and Tetrick, L.E., 2003)

Primary prevention (Notes for participants)

At the organizational level primary prevention is aimed at controlling or altering stressors in the work situation. At the individual level, it is intended to help individuals control the frequency and intensity of the stressors they are confronted with. The goal is not to eliminate stressors but to optimise the frequency and intensity. The level of stressors tolerable varies substantially among individuals and different groups of individuals.

> *Change or Influence the stressor*

Secondary prevention

Secondary prevention is directed at controlling the stress response itself. It often concerns staff who already show some signs of stress and is designed increase coping capacity and prevent strain or illness occurring.

> *Change the response {Physical, cognitive*
> *Emotional, behavioural}*
> *Avoid the situation (stressor)*

Tertiary prevention

Tertiary prevention is concerned with minimizing organizational costs and individual strain and illness resulting from the experience of too much stress. At the organizational level this can take the form of crisis intervention; at the individual level it can include medical care, counselling or psychiatric care.

> *Treat the emergency problem*

We can look at :

| Changing work | versus | changing the person |
| Eliminating risks | versus | preventing conditions from getting worse |

	Primary prevention	Secondary/tertiary
Work Environment		
	1	2
Individual/ Group	3	4

Primary prevention (Examples)

Examples:

> Changing the job content

Increasing a worker's control and participation
Changing shifts, break times.
Team building
Social supports at organizational level

Secondary prevention

is very commonly used at both individual and organizational level.

Examples of secondary prevention:
Emotion-focused techniques
Social Support
Disclosure to colleagues, friends
Writing diaries, reflection

Physical and cognitive strategies
Sensory or somatic techniques
Relaxation
Massage
Also Using: Focus on Breathing
Meditation
Self hypnosis

Imagery techniques
Coping imagery
Motivational imagery
Time projection imagery

Cognitive reframing: Reappraising situations as a form of coping
Changing our beliefs about situations
Changing our beliefs about our health or abilities
Challenging thought distortions.

It is generally argued that secondary prevention is most successful when interventions are at emotional, physical, cognitive and behavioural levels (i.e. changing stress responses at all four levels).

The material related to prevention was based on the following sources:

Organizational Risk Factors for Job Stress (Sauter, S.L. and Murphy, L.R., 1995)
Preventive Stress Management in Organizations (Quick, J.C. et al, 1997)
Handbook of Occupational Health Psychology (Quick, J. C. and Tetrick, L.E., 2003)

Prevention classification sheet

	Primary prevention	Secondary/tertiary
Work Environment	1	2
Individual/ Group	3	4

Table 8: (As in Workshop 4, p.87) Classification of stress prevention measures
(Houtman and Kompier, 1995)

Ethical statement regarding the conduct of this research

The confidentiality of all information generated and shared through this programme of workshops is guaranteed.

All participants are encouraged to attend the full programme of workshops; however you have the right to withdraw at any stage.

If issues arise concerning any of the events or topics discussed, you are welcome to contact the researcher during or after the programme.

Any published documents will protect the identity of the organization and the participants and, if relevant (as in the case of a publication in a more local professional forum) negotiation will be entered into with members of the organization.

The ethical code of the Irish Psychological Society is the guiding set of principles underlying the carrying out of the research. In particular a psychologist is bound to protect the dignity and well-being of the research participants and maintain the highest standards of scientific integrity in their research. In the event of the researcher encountering serious malpractice the researcher's primary responsibility is to the relevant authority.

Signed:

Brian McCarthy, Senior Lecturer, DIT, 43 Mountjoy Sq., Dublin 1.

Appendix 3

Tables from Organizational Stress Survey

Tables14 to 25:

    Based on data from the organizational stress survey carried out as part of the research for Document 4 (DBA, 2004b).

	Care workers %
a) Find work stressful	28
b) Come home exhausted	34
c) Too tired to enjoy things at home	22
d) Prevents you giving time to family	21

Table14: Percentage of care workers who find work
stressful or tiring

	Care workers		Managers	
	% Yes	% No	% Yes	% No
Free to make decisions	71	18	80	13
Clear rules for clients	76	16	77	16
Have a lot of say over what happens	69	19	77	11
Decide when to take a break	29	62	59	38

Table 15: Percentage of care workers and managers who feel they have control
over their job

	Care Workers
	%
Client attempts suicide	87
Client becomes violent	74
Physical abuse from a client	71
Staff loses control of situation	70
Client makes allegation	68
Client engages in self-mutilating behaviour	57
Possibility that client makes allegation	40
Client influence of alcohol or drugs	39
Client becomes angry	30
Difficult situation with older teenagers	30
Client becomes resentful	19
Verbal abuse from a client	15

Table 16: Ranking of client-related stressful situations as perceived by care workers

	Care workers
Working in a team not pulling together	91
Staff don't pull their weight	91
Staff engage in power battles	87
Deal with emotionally charged atmosphere	84
If there are personality clashes	81
Inexperienced staff	68
Maintaining adequate control of unit	63
Not knowing who is responsible for things	60
Not knowing what will happen any day	44
Work different shifts all the time	42
Making decisions	17

Table 17 : Ranking of stressful situations related to the workplace in general as seen by care workers

	Care workers	Managers
	%	%
Stays out of work because of stress	34	38
Withdraw from clients while on duty	31	38
Avoids important tasks at wk	20	26
Stirs it up for others	17	11
Blames others for unsatisfactory work	16	28
Thinks everyone is against them	14	21
Take out frustration on staff or client	11	13
Leaves the job because of stress	10	13
Covers up unsatisfactory work	9	18
Staff angry or aggressive on duty	9	20

Table 18: Behaviours in response to stressful situations. The figures denote the percentage of managers and care workers who notice the behaviour often or very often.

	Care workers	Managers	Difference
	%	%	%
Stays out of wk because of stress	63	19	44
Withdraw from wk with clients on duty	65	23	42
Avoids important tasks at work	72	32	40
Stirs it up for others	56	17	39
Blames others for unsatisfactory wk	64	29	35
Thinks everyone is against them	63	29	34
Take out frustration on staff or client	61	30	31
Leaves the job because of stress	37	9	28
Covers up unsatisfactory work	30	13	17
Staff angry or aggressive on duty	28	19	9

Table 19: Percentage of staff who never or hardly ever notice behaviours in response to stressful situations

Other stressful situations mentioned by staff		
Challenging behaviour	Different value system in a team	Investigations
Continuous screaming		
Targeting of individual staff	Bad team communication	Not enough time off with partner
Client barricaded into a room	Dishonesty in staff team	
Bullying between clients	Not working for same goals	Weekends
Dislike of you for a period by client	Working with inexperienced staff	Overnights
		No pattern, no routine in my life
Clients bullying staff	Managing negative teams	
Absconding	Sick leave, finding replacements at short notice	
Client upset over absent family members		Frequency of shifts, esp if I have a bad shift
	Balancing support to staff with support to clients	
Restraining children		
Sexualised behaviour	Unmotivated workers, depending on them	Separating personal from professional
One-to-one work with difficult clients	Managing emotional responses of adults	
Lack of understanding from senior mgmnt		Being new, so much to learn
		Speaking in public
Weapons in the unit, blades, knives	Roster constantly changing	
	Amount of Paperwork	
Constant demands for your attention	Dealing with health authorities	
Being hurt by client	Juggling roles	
Losing control of shift	Lack of placements	
being constantly watched	Decision- making in difficult situations	
Combination of unsuitable clients	Lack of social workers	
	Not knowing full situation of child; short of resources	
	Health Board don't support when incidents arise	

Table 20: Other stressful situations mentioned by staff

Other reactions to stress mentioned by respondents	
Eating for comfort	Avoid supervision
After incident don't talk	Excessive eating habits
Staff go into themselves	Crying when challenged
Smoking, not eating	Tired all the time
Going out of unit for "walks"	Insomnia
Complaining a lot	Swear a lot
Distracted on shift	Family relationships suffer
Over eating	Disinterested
Putting on weight	Fatigue
Bang doors, pacing, on edge	Control and power battles
Excess alcohol after shifts	Bad humour. withdrawn, blame others
Sleep patterns poor	Mouth off negatively about others
Increased levels of bitching among team	Smell of alcohol at beginning of shift.
Lack of motivation and enthusiasm	Irritability
Low energy levels	
Crying	

Table 21: Other reactions to stress observed by respondents

Coping and Social support

	Care Workers	Managers
	%	%
Satisfaction from task completion	88	90
Confidence in ability to do job well	83	93
Concerted effort keep relaxed	77	87
Look forward to going home	73	80
Search positive side to problems	71	87
Detach from wk when necessary	70	57
Optimistic that all will turn out well	70	84
Good moan to friend	68	52
How others have coped	68	61
Get support from manager	64	51
Moment away from it all gather thoughts	59	67
Confidential one to one supervision	56	59
Your work is appreciated	44	48
Get professional counselling	4	18

Table22: Coping strategies as used by care workers and managers (Question 21)

	Care workers	Managers
	%	%
Colleague	70	74
Partner	46	48
Manager	46	50
Friend	46	44
Work Team	46	54
Supervisor	41	47
Counsellor (internal)	14	13
Counsellor (external)	12	18
Doctor	9	11

Table 23: Social support rankings (Question 23)

Stress Prevention

Preventive measure	Care workers
	%
Team building	97
Increase stress awareness	94
Learn different ways of coping	91
Train leaders to recognise stress	90
Staff support groups	88
Train interpersonal skills	88
Health screening	88
Relaxation techniques	85
Flexible work arrangements	82
Increased 1 to 1 supervision	82
Keep-fit programs	80
Assertiveness training	80
Counselling outside	73
Counselling within	67
Take unpaid leave	65

Table 24   : Percentage of care workers willing to participate in preventive
            stress interventions

Management	Training	Resources	Counselling
Management to recognise that people have personal lives and issues Management could instil confidence in the team Greater understanding of stress by management Staff to listen to a manager Management to help on shifts	Proper training for new staff TCI (behaviour management programme)in all units Upgrading of staff skills Training to be aware of stressful situations	Good numbers of staff Relief panel specialised for each area Extra clinical input from outside sources Better debriefing after stressful situations Experienced staff available for debriefing	Outside Counsellor Group Counselling Counsellor available
Consideration from management Better communication between management and staff			*Awareness of stress* Stress control courses Not being too hard on yourself

Table 25: Preventive measures suggested by respondents

Appendix 4

Feedback Questionnaire

Interview Topics

Feedback Questionnaire

1   The following were the principles guiding the running of the workshops.
In each case indicate which was emphasised more. (If you think they received equal emphasis, pick a point in the middle).

Collaborative Learning	1	2	3	4	5	6	7	Collaborative Research
Discuss, reflect	1	2	3	4	5	6	7	Action, application
Emotional, intuitive (aspects of stress, coping etc)	1	2	3	4	5	6	7	Rational, cognitive
Individual aspects (of stress responses, coping)	1	2	3	4	5	6	7	Organizational aspects
Insider perspective	1	2	3	4	5	6	7	Outsider perspective
Confidential	1	2	3	4	5	6	7	Share with others

2   How would you rate the organization of the workshops?
Please circle one

Over-organized	Appropriately organized	Loosely organized	Not organized enough

3   How would you rate the pacing (running) of the workshops?
(Please circle one):

Too fast and demanding	Suitable pace	A little slow and undemanding	Too slow altogether

4 Facilitation: Do you think the workshops were led with
   (Please circle one)

        Too much direction   About the right level of   Not enough direction
                                         direction

5 Time allocated: Was the time allocated to the overall programme

        Too much   Adequate   Not enough

6 Have you any suggestions or comments on time allocation:
   _____
   _____

Materials

7 Were the materials used relevant to you personally?
   (Please circle one)
               Very relevant   Quite relevant   Not relevant

8 Were the materials relevant to your work?
   (Please circle one)

               Very relevant   Quite relevant   Not relevant

9 Have they increased your understanding of your organization?
   (Please circle one)

            A lot   A little   Not much

10 Was the use of the results of the questionnaire on stress helpful?
    (Please circle one)

            Very useful   Quite useful   Not useful

11 At any stage of the programme did you consider the material too personal or in any way uncomfortable (*if so ,it would be helpful to mention the area*)? _____
_____

12 Are there any comments on the materials you would like to add? _____
_____
_____

Knowledge

13 Which aspects of stress did you learn most about
   (Tick 2 only)

       Causes of stress   ☐

       Stress responses   ☐

       Coping with stress   ☐

       Organizational aspects of stress   ☐

       Other   ☐
       (Please describe) _____
                     _____

14 Which aspects of stress would you like to know more about?
   (Tick 2 only)

       Causes of stress   ☐

       Stress responses   ☐

       Coping with stress   ☐

       Organizational aspects of stress   ☐

       Other   ☐
       (Please describe) _____
                     _____

15 Overall has your knowledge of stress increased?
    (Please circle one)

                    To a great extent   A moderate   A little   Very little
                                         increase

16 If this programme were developed as a college-based module with reading and
    assignments

        would you consider doing it?   YES ☐   NO ☐

        would it be valuable for the organization?   YES ☐   NO ☐

17 Finally do you think your overall awareness of stress at work has changed?
                                                         _____
        If so, in what ways?   _____
                                _____

18 Are there any comments you would like to add?   _____
                    _____
                    _____
                    _____

Thank you for your cooperation

Brian McCarthy

Interview topics

Interview

Questions and Issues for 2 relatively unstructured feedback interviews with participants (1 manager; 1 staff) after the programme

Purpose of the interview

- To get feedback on the organizational stress programme
- Evaluate the programme
- Prepare agreed feedback for staff and management
- Evaluate interventions and feasibility of putting them into practice
- Develop further research questions

Topics for discussion

The report on the programme (sent to the interviewees earlier)

General comments and research questions

Programme of workshops

Moderators of the stress process

The Model of Organizational Stress

Looking at stress from an organizational perspective

Healthy organizations

Preventive stress management

Future and implementation of recommended interventions

Research

Materials and delivery of programme

Suggestions and comments

Appendix 5

Results of Feedback Questionnaire

Results of feedback questionnaire given to participants at final workshop

Principles guiding the running of the workshops (Question 1)

	1	2	3	4	5	6	7	
Collaborative Learning	1	2 (1)	3 (1)	4	5 (6)	6	7	Collaborative Research
Discuss, reflect	1	2 (2)	3 (2)	4 (3)	5 (1)	6	7	Action, application
Emotional, intuitive	1	2	3	4 (3)	5 (4)	6 (1)	7	Rational, cognitive
Individual aspects	1	2	3 (1)	4 (5)	5	6 (2)	7	Organizational aspects
Insider perspective	1	2	3 (5)	4 (2)	5 (1)	6	7	Outsider perspective
Confidential	1	2	3	4 (2)	5 (4)	6 (2)	7	Share with others

Organization (Question 2)
How would you rate the running of the workshops?

1	2	3	4	
Over-organized	Appropriately organized	Loosely organized	Not organized enough	All found the level of organization appropriate

8

Pacing (Question 3)
3 How would you rate the pacing (running) of the workshops?
   (Please circle one):

1	2	3	4	
Too fast and demanding	Suitable pace	A little slow and undemanding	Too slow altogether	All found the pacing of the sessions suitable
	8			

Facilitation (Question 4)
4 Facilitation: Do you think the workshops were led with
   (Please circle one)

1	2	3	Comments
Too much direction	About the right level of direction	Not enough direction	
1	6		

Time allocation (Question 5)
5 Time allocated: Was the time allocated to the overall programme

Too much	Adequate	Not enough	
			2 wanted longer sessions. 1 a day other than staff meeting. Balance between practical possibilities and what would be ideal.
	4	4	

Any further suggestions on time allocation (Question 6): None

Materials (Questions 7,8, 9, 10, 11, 12)
7 Were the materials used relevant to you personally?

1	2	3	Comments
Very relevant	Quite relevant	Not relevant	
6	2		

8 Were the materials relevant to your work?
   (Please circle one)

1	2	3	Comments
Very relevant	Quite relevant	Not relevant	
7	1		

9 Have they increased your understanding of your organization?
   (Please circle one)

1	2	3	Comments
A lot	A little	Not much	
1	4	3	

10 Was the use of the results of the questionnaire on stress helpful?
    (Please circle one)

Comments

Very useful	Quite useful	Not useful
5	3	

11 At any stage of the programme did you consider the material too personal or in any
    way uncomfortable (*if so, it would be helpful to mention the area*)?

7*NO   (1 not answered)

12 Are there any comments on the materials you would like to add? ___None

Knowledge

Questions 13,14
13 Which aspects of stress did you learn most about?
14 Which aspects of stress would you like to know more about?

	Learned most about	Like to know more	Comments
Causes of stress	6	2	
Stress responses	5	3	
Coping with stress	1	6	
Organizational aspects of stress	6	2	
Other			

15 Overall has your knowledge of stress increased?
   (Please circle one)

1	2	3	4	Comments
To a great extent	A moderate increase	A little	Very little	
3	4			

16 If this programme were developed as a college-based module with reading and assignments

would you consider doing it?   YES ☐   NO ☐

would it be valuable for the organization?   YES ☐   NO ☐

	Yes	No	Comments
Consider doing it	5	2	
Valuable for the organization	8		

17 Finally do you think your overall awareness of stress at work has changed?

                                                                             _____

    If so, in what ways?   _____

                                            _____

1	Makes me aware of stress; what we could do to manage it	Self	
2	Awareness on both sides (management and staff). I feel now attempts will be made to recognise and prevent stress at work.	Others	
3	Looking at stressors; trying to manage personally	Self	
4	How others look at stress and think differently	Others	
5	A little; increased awareness, to look at others stress levels	Others	
6			

Comments
Q18

1			
2			
3	Yes, good subject to research and query; interesting aspects. Would welcome further reading proposals.		
4	Enjoyable few mornings; would like more of this.		
5	Very interesting and enjoyable, thank you.		
6	It would be a very useful area to know more about so we could use it in our workplace.		

Appendix 6

Organizational stress workshops

Report sent to the organization

Aims and research questions

The overall aim was to contribute to the development of a collaborative model of understanding, coping with and preventing work-related stress in social care organizations. As part of this, a practical outcome would be the identification and   planning of some preventive measures relevant to this organization which could be monitored over an agreed period of time. It was also planned to use the data from the survey of organizational stress carried out in the sector earlier in the year. It was intended that this set of workshops would be part research and part learning and development.

Some of the research questions that have developed in the course of this research programme are as follows:

What understandings have staff of the stress process and moderators of stress?
How is coping perceived from internal perspectives (staff, management)?
What commitment do people want to make to stress prevention?
In what ways do people perceive their organization as healthy or unhealthy? What criteria do they use? Is stress or absence of stress an important factor?
How can the answers to these questions be used to construct a meaningful, relevant stress prevention programme at organizational level that can have a value beyond immediate requirements?
What agreed criteria could be developed to evaluate such a programme on an ongoing basis with participation of all relevant parties?

Workshops

Four workshops on organizational stress were held during the months of March and April 2005. Each session had some input on aspects of stress; an exploration and discussion of data from the organizational stress survey carried out in the sector earlier in the year; some exercises to help develop ideas and issues.

In the first workshop some principles of working were discussed; these highlighted a collaborative approach to learning and research, making use of everybody's contributions and

feedback, and a commitment to considering the organizational aspects of stress as well as the individual.

We considered some ideas about stress and the feelings associated with it especially in the context of work; people identified a range of physical and emotional reactions such as anxiety, worry, hurt, guilt, sickness, 'being walked on', lack of motivation etc. Sometimes these feelings are dealt with by the individual; sometimes they affect others in the organization. They also highlight that stress is experienced in a variety of ways by different people. We also distinguished between acute and chronic triggers of stress (stressors). We used the survey data at this point to examine the causes and responses to stress as experienced and seen by social care workers.

Survey data indicated that client suicide attempts, violence and physical abuse towards staff and losing control of work situations were considered the most stressful situations. The groups agreed with this but some expressed surprise that fear of allegations was not ranked higher as a source of stress. Difficulties with team and interpersonal relationships were also seen as an important source of stress.

With reference to stress responses, the groups felt that the behaviours mentioned were common; there was surprise however that many staff reported not noticing these stress-related behaviours (whereas they are frequently noticed by more senior staff). Members of the groups pointed out the contradiction whereby there is general concern among the care workers surveyed that poor team work contributes to a rise in stress levels; but on the other hand the stress-related behaviour of staff is often not noticed by front-line staff or other team members.

There was consensus in the group that a greater awareness of stress-related behaviour and its causes would be valuable for all staff and that this could, to some extent, be achieved through appropriate use of supervision, staff meetings and hand-over meetings.

At the end of this workshop we identified two questions to consider for the next meeting:

> "Do any questions related to stress occur to you that might be researched?"
> "Are there any particular areas you would like to see developed and discussed in future sessions?"

Workshop 2 Focus: Moderators (Factors that moderate the stress process)
                      Coping

Members of the group came to the second workshop with a number of issues to explore further and questions that might be researched. Some of the issues the group was interested in discussing further included: working with constantly changing personnel and new staff, healthy organizations, preventive stress management. The research questions suggested were: Does stress affect older or younger workers? Workers who have been working in the area for a long time as opposed to short term? Staff turnover; Sick leave rates. How many organizations have a policy on stress? Staff meetings and their use for stress management.

We considered a model of organizational stress that aims to identify and draw out the links between different aspects of the stress process and indicate areas of difficulty. Using this

model and the survey data on care workers' perceptions of coping we explored aspects of coping and factors that moderate the effects of stress. Issues such as the availability of social support', 'the type of personality you are', 'the level of control you have or need to have' were all seen as factors that can augment or diminish the effects of stress. It was agreed that a level of 'hardiness' can be helpful in that a person can remain relatively unstressed in difficult situations; however this can sometimes annoy other members of staff who feel under extreme pressure. But if hardiness is combined with a belief in the value of the job, a sense of commitment and a belief in yourself, it is desirable.

A negative attitude towards work – ("It's only a job") - was seen as an important negative moderator, increasing the likelihood of stress for yourself and others; while a person should not become 'martyr' or 'saint', a degree of commitment to clients, work and other staff is necessary. Where staff have unhealthy attitudes, the group felt that there is increased sickness, absence from work; anger and crankiness in the workplace, people being carried by their team. This discussion was animated and interesting. People emphasised that one's attitudes towards sickness and health were very important. It also highlighted the need to use our social and personality resources.

Three types of coping strategy were identified: task-focused, emotion-focused, and avoidance coping. All three types featured in the survey data and it was agreed that most of us make use of all three to some extent. Task-focused coping was seen as operating more at the group (or organizational) level; individual responses were more likely to be at the emotional level. The group felt that both of these need to be supported in a social care work-place. While there are many situations where group-level support is appropriate and indeed should be improved, there are also occasions in social care where you have to use your own emotional resources. This is individual but the organization has a function in creating an atmosphere or culture in which people can develop their resources. This might be through personal development or courses.

Finally an example of a diary or stress log was introduced; members of the groups were invited to use it over the following two weeks and bring back their comments to the next meeting. The stress log was also to be made available to other members of staff who might be interested.

The focus of workshop 3 was organizational health and preventive stress management.

We identified some characteristics that distinguish healthy from unhealthy organizations and discussed facets of both the internal and external environment of this organization. With reference to the external environment strong views were expressed on the relationship between the health authorities and the organization and the difficulties encountered in maintaining constructive working relationships. The tension that this gives rise to can be very stressful for staff at all levels. There is a challenge for the organization to respond to these demands and changes.

Another difficulty encountered with the external environment is the contradictory perception by others of the role of social care worker. One was described as a perception that social care work is a "calling" or "vocation" requiring "extreme dedication"; another perception is that

seen to be taken by certain high-status professionals who are seen to have a condescending and somewhat negative attitude towards social care staff.

We completed a rating of some key dimensions of organizational health in relation to this organization. The group felt relatively positive about the following aspects of organizational health:

> Adapts well to the long-term situation
> Shows flexibility in handling emergencies
> Adapts to change in a way that is healthy for clients
> Promotes the health of staff

People rated the following aspects less positively:

> Supports personal development
> Encourages learning and the development of skills
> Works to integrate staff in different units
> Responds adaptively to social care sector and wider community

Development of these aspects of the organization could strengthen significantly the adaptation to a constantly changing and demanding external environment

In the fourth workshop we explored a model of preventive stress management which suggests three levels at which one can approach stress management in an organization –primary, secondary and tertiary. Using the data from the survey the model helped us distinguish those measures which were of immediate value and those which have more long-term benefits. Thus 'team-building', 'increased stress awareness', 'learning different ways of coping' might have long-term benefits, whereas 'relaxation techniques', 'keep-fit programmes' are often used enthusiastically for a period and then discontinued. It was pointed out that while the data from the research was interesting it did not give an indication of how much effort or commitment people were willing to give to implement any of the stress interventions.

The relevance of different stress management interventions for different categories of workers was discussed. Which interventions are most helpful for people new to the job, for relief and temporary staff, and for more experienced staff? While no firm conclusions were reached, this question needs to be borne in mind in any implementation plan.

Using a group exercise we set about reducing the wide range of available interventions to 5 that would be relevant and feasible within this organization. These are now outlined as recommendations from the group meetings.

Recommendations

All of the interventions considered were explored and developed by the group in the course of this set of workshops. The interventions chosen were:

> Team building events—onsite or offsite; they should be part of an ongoing "developmental" programme

Effective supervision (individual)
Clarity on staffing –(reduce acting posts, role ambiguity)
More suitable environment (physical, psychological); space, facilities
Personal development
Stress awareness techniques (individual and group)

It was felt that commitment to develop any of these interventions would have to be fostered and a certain inventiveness needed to overcome cost obstacles. There are short and long-term aspects to most of these interventions; for maximum benefit a long-term perspective with an emphasis on primary prevention would be most valuable.

Other recommendations arising from the programme:

Staff should develop awareness of the causes of stress, stress responses and the effects of stress-related behaviour on others.

The group highlighted the importance of positive attitudes towards sickness, individual and organizational health. This might be achieved by making different aspects of health a theme in team-building events.

In drawing up a stress management plan:
account should be taken of both immediate and longer-term needs
account should be taken also of the needs of
new staff
temporary and relief staff
more experienced staff (both those who now carry increased responsibilities and those who may find the pace of change in the field very challenging).

The last issue was suggested as a useful area to research further; it would no doubt make a useful contribution to the social care sector if this were done.

Signed: _____
Brian McCarthy

Organizational Stress
in
Social Care

Document 6

A reflection on the experience of doing a Doctorate in Business Administration (DBA)

**Submitted in partial fulfilment of the requirements of the
Doctorate in Business Administration
degree**

Brian McCarthy

Table of Contents

Document 6

A reflection on the experience of doing a Doctorate in Business Administration (DBA)

Why do a doctorate

There are many reasons why someone might commit anywhere from three to seven years to the completion of an academic piece of work – career development, career necessity, promotion, status among colleagues, development of research skills, personal satisfaction, love of a particular discipline or area of knowledge. At a few points in my life I have considered the possibility of doctoral study; one serious attempt occurred after completion of my Master's thesis in 1985. I experienced difficulty finding appropriate supervision in the limited arena of Dublin's universities. In retrospect there were no realistic possibilities of registering at foreign or distant universities which highlights the very different environment in which I more successfully began doctoral studies in 2002. Some of the changes are worth noting.

The secretarial work required to produce a completed document has been replaced by personal computers and desktop publishing. Email has created efficient communication between institutions so written material can be easily exchanged. There are far more universities interested and able to supervise and develop post-graduate work. There were also relevant personal changes in that my children were now young adults and not bothered if I spent long hours unavailable in a study upstairs. I also still had the yearning to become what Phillips and Pugh call "a fully professional researcher in your field" (2005, p.22). They outline what becoming a full professional means and it is noteworthy that much of it concerns the learning of skills rather than knowledge.

> You have to be able to carve out a researchable topic, to master the techniques required and put them to appropriate use, and to cogently communicate your findings.
>
> (2005, p.22)

During a chance meeting with an ex-colleague, he began to tell me about a document he was completing as part of his doctoral research. Prompted by a thousand questions from me he outlined in some detail the Doctorate in Business Administration (DBA) programme. I had developed a perception of PhD study as a task requiring a minimum of 7 years, a perception based on the time taken by various colleagues and acquaintances to complete a doctorate. In this light a concentrated 3 to 4 year project seemed an attractive, worthwhile and manageable proposition. I knew very little about NTU or NBS but within a few weeks I had spoken with the DBA course leaders as to the suitability of a candidate with a psychology background, working in a social sciences department and whose main professional involvement was in the social care sector. My uncertainties were quickly dispelled and by September of that year I had successfully applied and enrolled at the Business School of Nottingham Trent University.

Choosing a Topic

While the decision to commit to an arduous study and research programme had been relatively easily reached, the next decision was much more difficult – to decide on the specific direction that my research project should take. I had a general idea of exploring the perceptions of work and work roles of social care workers. Towards the end of the first DBA module in October 2002, Dr Colin Fisher issued a set of instructions for an exercise; in summary we were to reappear in the seminar room one hour later with an outline of research questions, indications of where the research might be pursued and an indication of the feasibility and difficulties likely to be faced. This was a much more specific and demanding task than I had expected; I had rather imagined a gentle academic approach that might encourage us to spend the next weeks deliberating and philosophising about possible research directions. No. This was about making my mind up, and getting on with the task. I removed myself to a syndicate room and proceeded to experience a level of pressure which felt something like a panic attack. Perhaps it was this feeling of mounting stress that directed my line of thought to focus on aspects of work stress. It was one of 5 or 6 ideas I was considering; with the clock ticking and the

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deadline approaching for making the dreaded decision it seemed to become more and more central. I finally began to sketch out a realistic plan for investigating organizational stress among care workers, something I had witnessed and discussed with care staff on many occasions. The tension decreased; I began to think more clearly and the idea of researching a topic that might be interesting and have practical application seemed increasingly attractive. In retrospect I had hatched the initial outline of an action research approach to researching organizational stress; however it would be some months, and a completed document of 7000 words before I began to appreciate the complexity and richness of this kind of an action research approach.

Documents 1 and 2

My first visit to Nottingham for Module 1 was a very stimulating affair. Apart from the 'anguish of decision' already mentioned everything else fitted my expectations of an enterprise that would be challenging and interesting in the company of others pursuing similar projects. The Bass Management Centre impressed me hugely and I found it a real pleasure to work there whether in the larger seminar rooms, the more discreet syndicate rooms or the library and IT rooms. In all cases light beamed in through skylights or cleverly angled windows. A combination of a facilitating environment and the sense of time to focus entirely on my own personal project made it very easy for me to think, study, read, discuss and engage generally with the process of furthering my research propositions. My only regret is that I could not have made more use of all the facilities, a disadvantage of being a 'distance learner'. Perhaps the sense of having limited access to the resources made the experience and learning all the more intensive when I was present.

The first module marked the entry into a world and language of post-modernism, positivism and phenomenology and the beginnings of a long struggle to separate and reintegrate epistemology and ontology. While I had met with many of the concepts in the past, some indeed in the very distant past, as a psychology undergraduate in the late

1960s, I felt unsure about the significance of many of the ideas and in particular my own position in relation to key traditions. I began to sense that an important challenge over the next few years would be wrestling with methodological positions and the infinitely more difficult challenge of writing about them. I worked in the 1970s as a clinical psychologist during a period when positivist behaviourist psychology was in the ascendancy. While I never wholeheartedly adopted that position, the way of thinking about and evaluating social interaction and therapeutic processes became second nature. It was ten years later when doing research for a Master of Psychological Science Degree that I became influenced by Kelly's psychology of personal constructs (1955) particularly through the writing and work of Bannister and Fransella (1971). The phenomenological approach of these psychologists began to make more sense to me and I wrote my entire thesis using repertory grid technique and the theoretical framework of personal construct psychology.   So on arrival at Nottingham Business School I was quite open to interpretivist thinking but more than a little confused about how I would express my theoretical position.

The first test of this was to come with Document 1 and the systematic laying out of a detailed research plan to study organizational stress in the social care sector.   In retrospect so much of the work of the first stage centred on the setting up of systems to manage information and time. There was an increasing realization that the effort required over the next few years could not be under-estimated. In this respect Phillips and Pugh caution (2005) on under-emphasising or over-emphasising what is required.   My supervisor, Professor Jim Stewart, advised that an average of fifteen hours study a week seemed to be appropriate. What I quickly learned however was that that this meant actual work and did not include the various ancillary processes of study, i.e. desk tidying, organizing shelves, making tea.   A second realization of this period was that my relationship with my computer would have to improve. While I had basic competence I needed to use the computer in a more active and constructive way in both writing and information management.   During the second DBA Module at Nottingham Trent University (NTU) I was very impressed with some of the ideas presented to us by Carole Tansley (2003) who advised integrating information technology at a very early stage of

writing and data analysis. Her illustrations and encouragement increased my motivation to achieve this and translated into a more thorough use of programmes I was familiar with –Word, Excel, and Access - and a willingness to explore new possibilities; the latter developed into a working knowledge of EndNote and SPSS.

The more active parts of producing the first document entailed making contact with a number of social care organizations and carrying out inquiries concerning the feasibility of my research project. I received predominantly helpful comments which made the elaboration of the research plan manageable. More difficult was the marshalling of the academic writing to a standard that would aspire to what Dr. Colin Fisher regularly referred to as a "doctoral level". However the presence of a deadline was very instrumental in ensuring that the proposal was completed and submitted in time; such deadlines became very important landmarks over the following three years. Feedback from both supervisors on this first document was very encouraging both with respect to the planned research and writing standard. However another effect of writing the elaborated proposal was to highlight the extent of the work that would be involved in completing the DBA; despite Phillips and Pugh's (2005) advice not to under or over-estimate the work involved in a doctorate, I thought it was more than possible to under-estimate what was required.

As I began developing the literature research it became apparent that stress was a very interesting but wide-ranging concept. To find and maintain a focus presented a formidable challenge. It was very easy to yield to the temptation to stray into a number of related literatures, such as the biological aspects, various psychological theories, and many work-related approaches. There was quite a danger here that time would elapse and I would have collected an array of concepts and ideas not necessarily relevant or important to the research questions. The discussions at supervision were edifying and it became clear that the more precise development of the research questions would be vital to developing an appropriate theoretical framework and indeed would need constant refining and restatement at each evolving stage of the research. It was at this point I read

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a chapter in a book edited by McGoldrick, Stewart and Watson in which Lee argues that the research questions are often not completely clear until late in a project.

> From this perspective the research question emerges form an increased understanding of the empirical evidence and is refined as the research progresses. In some sense, the 'research' *becomes* the search for the 'research question'.
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> (2001, p.24)

I was interested in this as I had thought to start out with that I had clearly identified the issues; however with each of the stages of empirical research I had to rethink, focus and sharpen the questions and thus achieve a new clarity. This cycle of fogginess and clarification became an endemic part of the journey through the DBA.

During the Document 2 phase a significant and enjoyable supervision meeting took place in the grounds of the Castletroy Hotel close to Limerick University on a sunny summer's evening. It had the sense of being in academic cloisters engaging in dialogue and debate. The role of Socarates was taken by Professor Jim Stewart and we had learning set and individual meetings. One issue was the search for a clear focus in both the literature review and the overall research. Jim pointed out that a commitment to a particular set of questions was necessary and that that choice inevitably entailed the risk of leaving behind some important questions or issues. This was a useful idea to me in reaching decisions about the developing focus of my project and I was reminded of it a number of times in later problematic stages of researching and writing.

At this same meeting I also produced my first attempt at a visual model of organizational stress based on my reading and interpretation of factors in social care settings. Jim Stewart regarded it with interest and began to suggest moving my boxes and arrows in various directions; at the end of the session I had a very untidy set of planets connected through various routes. However despite the initial confusion within days of the meeting I had assembled the conceptual model which has framed the research through all its stages with only minor amendments. A lot had been learned about the process of exploring and connecting ideas and pursuing them through the dialogue of open critical supervision.

The renewed focus and sense of direction led to progress with constructing the literature review. I still found however that searches through electronic databases were often fruitless. I was helped by librarians at NTU and in Dublin Institute of Technology (DIT); their skill and method impressed me and through having individual sessions I began to make my searches more efficient. It struck me that I had required considerable focused guidance to achieve this and I wondered if I had appreciated and been sympathetic to the frustration experienced by my own students in their searches. I have tried since to transfer these skills and help open the electronic routes to knowledge for others. This was certainly one example of the "practitioner" being influenced through new learning and experience.

The final production of this 15000 word document required huge effort. I thought it best at first to write it in sections and at least feel I was banking material; I achieved very little doing this and reached one of the lowest points in my struggle with writing. Some weeks later and much closer to the deadline, I began to have a clear picture of how the writing should connect logically. I learned through this process that I can only write with any confidence when I have a strong sense of what I am trying to do. Some colleagues (and members of my learning set) tell me that they sit and write and then sort it out later. Document 2 highlighted for me that I do not succeed in this way and that there was, if anything, a danger in going "to press" too early; better for me to think first, and then write.

Honey and Mumford (1992) outline 4 learning styles – the activist, the reflector, the theorist and the pragmatist. They argue that people have preferences for these learning styles but not exclusively; thus certain tasks may stimulate preferences to change and adapt. This certainly seemed to be the case with my learning. I felt strong elements of the reflector and theorist emerged in the struggle to produce the conceptual framework and literature review. Thus reflectors like to think about issues thoroughly and view them from many different perspectives before coming to a conclusion; theorists like to think problems through in logical ways and assemble facts into coherent theories (Honey

and Mumford, 1992). Certainly more of my time during that stage seemed to be dominated by that kind of cognitive activity.

The completion of the literature review marked an important transition in the overall DBA process. With two substantial pieces written and a sense of readiness to go into the sector I felt a growing belief that I could complete the doctoral programme. While I had certainly entered the programme expecting to finish, there were regularly doubts that the combination of work, study and my personal commitments would prove to be too much. A few changes occurred that contributed to progress. I made the decision to resign from the Open University with which I had worked in a part-time capacity for the previous ten years. The social sciences department of DIT where I worked full-time was moved to the north side of Dublin city which meant I could travel to work by bicycle in fifteen minutes. As part of this move I gained an office for my exclusive use. As a result of these changes I now had more time and space and could significantly improve the organization of my research, writing and lecturing.

Finally to research (Document 3)

The main challenge of Document 3 was in finally engaging with the empirical research process. The management of practical arrangements was a welcome release from the more cerebral literature reviewing. The DBA Modules related to the ethnographic research supported the process well although they presented some new hurdles to be mounted. In particular I had now to grapple in a more active and realistic way with methodological assumptions; no longer would it be speculative discussion but would relate to the actual carrying out of interviews. There developed an interesting interplay between reading and absorbing theoretical positions as expressed in such books as Denzin and Lincoln (1998) and May (2001) on the one hand and the active process of carrying out and analysing interviews on the other.

The ethnographic interviews were carried out in the workplaces of the interviewees; this gave an interesting insight into the various social care agencies I visited. I made these visits in a different role and with a different perspective to my more usual role as college representative and therefore found myself noticing different aspects of the work environment. I found myself wondering what it was like to come to work as a manager or front-line worker in the establishment and I noticed that thinking in this way prompted me to ask questions from their perspective. I had begun the process of planning the interviews in a thorough manner; in discussion with a colleague who was also engaged in ethnographic research my approach changed a little. I wrote in my research diary:

> From talking with Jean (colleague) I have begun to change the approach to the interviews from 'having to be fully prepared' to more a development of the interviews organically through very unstructured to more structured as more precise questions arose in the sequence of interviews. Having the confidence to make this decision is a new experience.

Long hours of transcribing taped material followed; I tried to follow the advice of Miles and Huberman (1994) of beginning the process of analysis as early as possible after the interviews, within 24 hours if possible. I succeeded some of the time and never let too much time elapse. The DBA Module related to ethnographic research created many possibilities for the analysis and report and again gave rise to a series of decisions that had to be made. I encountered many new ideas on writing through these workshops. Professor Tony Watson emphasised the 'crafting' required to produce writing; at one point he compared the process of story-telling to ethnographic writing describing the latter as "fables from the field" (Watson, 2003). Major questions relating to the meaning and status of reality or realities emerged here. He also pointed to the borderline territory between writing fiction and ethnographic writing. I was intrigued to discover the following in the writing of Moroccan author Tahar Ben Jalloun where he describes his plan to collect accounts of the Mafia in Sicily:

> It was a fine stimulating project: it would mean composing fiction with materials taken from real life and thus restoring to literature its primordial function – to steal a march on what appears to be reality.
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> (1994, p.1)

From the social science perspective Lawler expresses a corresponding idea:

> Conventionally, the study of narrative has been associated with literary texts, in which context the study has largely centred on the technical components of the narratives themselves. However, more recent social scientific work has drawn attention to the significance of narratives for a study of the social world.
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> (2001, p.243)

The ideas generated during the module did not make the process of writing easier but certainly opened doors to alternative possibilities in writing. It seemed to me that I had moved a long way from the positivist scientific writing of the experimental reports I had written eons before while an undergraduate student of psychology.

Feedback on my writing of Document 3 suggested that I was adopting a constructivist epistemology and a realist ontology. This came slightly as a surprise as I thought I was constructivist on both counts. It appeared to me that I still had much wrestling to do with philosophical precepts and positions. The immediate task was however clear; I had to be explicit about my position for this document (no matter how tentative) and to justify that position. I felt I eventually achieved this to an extent but also ended up with many questions and doubts. One lesson learned was to try and be as explicit as possible about the methods adopted and how they were being applied. It is difficult to decide whether reading and theory led to the resolution of the methodological problems or a decision was simply forced through having to justify actions taken during the research process. I can make best sense of it through use of the learning cycle developed originally by Kolb (1984), adapted by Honey and Mumford (1992) and illustrated in Figure 1.

I think the activities of researching (the experience) led inevitably to reviewing and reflecting on the experience; the necessity of writing enforced the drawing of conclusions and the next stages of research were always there as an underlying theme to demand planning. At such points in the DBA I felt the pragmatist in me began to predominate. However the planning was only successful if securely based on the fruits of reflection. In retrospect I think that reflection was also in operation almost all the time whether consciously or unconsciously. Moon (1999) describes reflection as a type of mental
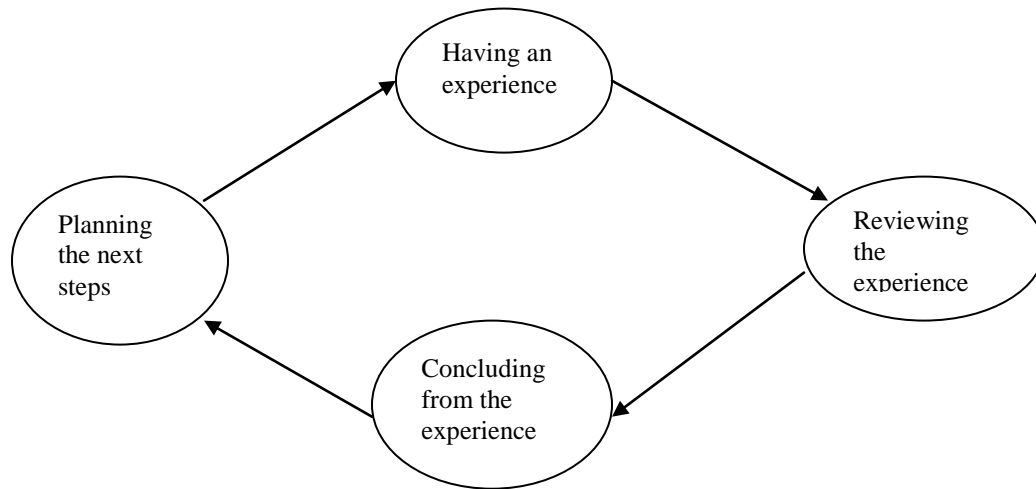
Figure 1: Learning cycle as outlined by Honey and Mumford (1992)

functioning embracing a range of skills such as critical thinking, reviewing one's processes of learning, building theory, making decisions, resolving uncertainties. She argues that reflection is a significant element of higher level learning and it seems to me that no document in the DBA cycle was completed without a significant amount of reflective thought.

From Unstructured to Structured Research

The structured research required for Document 4 (2004b) presented new challenges. Statistics were never my strong suit and despite all the reassurance from the DBA course team I lived through the six months of carrying out, analysing and writing up the structured research with a certain level of cloud hanging over me. It was not lack of progress or direction that worried me but rather a sense that some as yet undiscovered variable or statistical problem would emerge and corrupt my entire survey. In the event

no such disaster happened. Indeed I look back with some satisfaction at the achievement of having successfully set up the survey on SPSS (2000) and produced sensible analysis in a presentable format.

The supervision process was again useful in aiding the transition from the unstructured to the structured phase of research. A lengthy tripartite meeting with both of my supervisors allowed a healthy, conversational exchange of ideas at the end of which I had firm possibilities of how to move forward with my research. A decision to develop questions from the ethnographic research and put them to a wider range of managers and front-line workers was worthwhile and achievable. There was also a clear hypothesis emerging in comparing the views of managers with the views of care workers with respect to stress and coping. Again I found the supervision process supportive but challenging and demanding. It occurred to me that it is not often that I get the full attention of two highly competent people focused for two hours on my personal project. It adds its own pressure; if I have been given that time and attention, I should definitely make good use of it.

I immersed myself in reading about questionnaire and survey construction and in collecting inventories from the literature. I had the opportunity to meet with a senior researcher in the Economic and Social Research Institute (of Ireland). While this person had an entire survey unit available to carry out projects, my discussion with him helped to pinpoint the steps I needed to go through and to prioritise the issues for my questionnaire. I was also able to look through their vast archive of different types of questionnaire, rating scale and inventory. One thing that was emphasised to me was the importance of piloting the questionnaire and this was reinforced in Oppenheim's (1992) book on carrying out surveys where he advises piloting every instruction, every sentence and every question many times. I might not have achieved Oppenheim's exacting standard but I did take piloting seriously and both learned from it and gained confidence about the set of measures I had developed. I under-estimated the number of administrative tasks involved in producing the questionnaire, getting it to the nine organizations in a standardised manner and getting back the completed forms. Unfortunately I completed

the preparations in mid-summer just when staff in the various organizations were most likely to be on leave. I waited until September which was probably sensible but meant that I was unlikely to make the deadline of the end of October; this was the first time I was lo miss a deadline and it disappointed me a little. In fact it was only by two weeks; it was planned and meant that I approached the writing with a calmer disposition than I might otherwise have done. This was no doubt better for my mental health and also easier for my family and colleagues!

The learning in Document 4 showed a strong 'pragmatic' orientation (Honey and Mumford, 1992). There was a problem to be solved; I had to finally tackle and learn SPSS; my understanding of the statistics was tentative but enough to get on with. I brought a laptop to the modules so that I could work each night on everything I learned. I also discovered that a member of my learning set had very good knowledge of SPSS and was more than willing to advise and make suggestions. I learned by sheer determination.

November 2004 marked the end of the NTU modules, the end also of a lengthy stretch of writing, researching and lecturing with very little break. We were now very much more on our own; supervision was available but with a function more of seeing the project through to the finishing line. Heading into a busy winter with the longest and most demanding section of the research still to come was a daunting prospect. I felt tired after writing Document 4; I felt a certain lack of energy and had doubts about getting the process moving again. One voice said: "take a break, you have deserved it"; the other voice said: "don't stop, you have a system, make it work one more time". I went with the latter and even though the beginnings were slow, I began to function again. I was mindful of the advice of Phillips and Pugh to "re-establish your determination regularly when blandishments to stay away from your work recur" (2005, p. 45).

Document 5

I began the development of the action research with a definite sense that this was the part of the research project that would make all the rest worthwhile or deem it just an exercise in using research methods. So a determination developed towards producing something that would be useful to organizations in the social care sector. At the final module at NTU I drew up a realistic plan of how the next stage of research should unfold. In retrospect this plan proved to be very accurate. It seemed I had become a good judge of what I could achieve in a given period of time; in contrast, some of my earlier planning had been over-ambitious and unrealistic. I think this reflects learning about my own ability and competence levels.

The background reading to initiate the action research project led to another immersion in philosophy albeit with a slightly more narrow focus on the assumptions and principles of action research. I found myself forming connections with the methodological issues of Document 3 (2004a) which again seemed to illustrate the learning cycle. Thus issues and problems that were now familiar presented themselves in new circumstances and required new means to explore and resolve them. Elements of reflection and theorising were again crucial.

Personally I was tiring at this stage of giving up time with family and friends especially at Christmas; during the DBA years Christmas seemed always a period during which I succeeded in doing a lot of uninterrupted work but it entailed the significant sacrifice of withdrawing to a study and remaining there for lengthy periods. In some ways my family had become used to this but on occasions I was reminded that I seemed to be 'around the place 24:7' and 'did I ever go out any more?' Notwithstanding there was an interesting period of reading about different approaches and applications of action research. This was inevitably followed by the now familiar pressure to make decisions about which combination of methods I would use and what epistemological position I would adopt for this stage of the research. These issues would gnaw at me throughout the following year and whenever I felt self-satisfied about progress they would enter consciousness

prompting doubts about justification of method or validity of findings. Dr. Colin Fisher's recommendation (2004) that Document 5 should be a persuasive document often came to mind at these moments; there was a challenge to me to account for my methods and findings and to stand over them. This would require confidence, intellectual self-belief and a thorough familiarity with the evidence.

As before the practical tasks of making contact with organizations, reaching agreements and setting up arrangements came as a relief from the awkwardness of research decisions. I was pleasantly surprised by the eagerness and enthusiasm of staff and management of the selected organization to become involved in the programme. The idea of collaboration seemed to be there from the outset; that was helpful and also in line with action research principles. Suddenly however I had a new deadline; by an agreed date I had to be prepared to meet the group of participants with a programme about organizational stress that would be interesting, useful and relevant to my research questions. A period of intense activity and preparation followed which brought out both 'pragmatist' and 'activist' in me (Honey and Mumford, 1992). This time I had to go into the field, take risks, try out various ways of working with the group and in a tight time period reflect, plan and re-enter the field. The learning cycle occurred here at a much faster pace and tested the ability to adapt to changing circumstances.

A supervision meeting with the two DBA course leaders helped in the sorting of material and the overall mapping of the research and analysis. This meeting took place in the lobby of a Dublin Hotel at lunch-time and I noted afterwards in my research diary:

> Here I was being quizzed, encouraged, challenged, and exhorted on matters that were personally and intellectually important while others munched lunches, chatted and joked in a convivial atmosphere. Very surreal! But the business was done.

I had outlined my research plans and a number of difficulties and snags I envisaged, received considerable validation of my conceptual position and picked up a number of very practical suggestions for the group meetings. I reflected that once again dialogue and open discussion had explored difficulties and indicated a range of alternative

solutions. I was reminded of Kelly's constructive alternativism (1955) which had been very much part of my M. Psych. Science; a central tenet of Kelly's theory is that there are always alternative constructions of an issue, problem or difficulty. Active discussion through the supervisory process has proven to be an effective way of discovering them.

Running the set of workshops was stimulating, exciting and had the effect of recreating a level of energy that had been absent for a few months. Despite my best efforts to time-table my research to happen on my less busy days at college, the Wednesdays on which the action research happened became hectic. The action research participants were available only on the day where I had in fact most involvement at college; the work began at seven o'clock a.m. and ended at seven o'clock p.m. and I seemed to accomplish in this period what I would normally do in three days. The only problem with this arrangement was that I had to go directly form the action research session to a lecture with no time to write reflective notes; despite writing extensive notes later in the day I felt I had probably lost useful information. It is the one aspect of the research I would change; however it is also necessary to take the opportunity to carry out the programme at a time appropriate to the participants. On balance action was facilitated, reflection less so.

The completion of the workshops presented the problem of assembling and marshalling a large amount of data and material. With regard to writing Dr. Colin Fisher had identified the challenge of finding a suitable voice (DBA materials, 2004) and I was now at a point where I had to find the appropriate voice with which to construct writing about action research in this specific project. It took considerable time and experimentation to achieve it. I noticed however the extent to which the computer had become part of the construction of writing. Gergen (1999) describes the movement from writing with pen and paper to writing with a computer as a change in identity:

> Writing was a craft, not a technology; I needed to touch the paper physically, feel the words flowing from fingers to shaft and from shaft to 'my being made visible'. In contrast the computer was a wedge between us – a piece of brutish machinery separating our humanity. I refused to purchase a computer. Finally, the college administration delivered me one as a gift. …………..This machine has

> virtually transformed my life. It's not simply the ease of writing; there are possibilities for endless experimenting, storing of random ideas, and the like.
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> (1999, p.1)

While my transition was more gradual there is still a noticeable change in both the amount of use and the ways in which I make use of computers.

I produced the first instalment of Document 5 in July 2005 which was an analytic account of the first action research workshop. A study visit to Nottingham in July included library work, supervision and a consideration of this material. It seemed I had found an acceptable method of analysing and an appropriate writing voice; this gave me encouragement for attacking the rest of the project. Spending a few days entirely focused on my work in the environment of the Bass Management Centre and library had become a regular feature of the DBA and once again this visit had an important motivating effect and strengthened the determination to complete the course. It was also pleasant simply to wander around and relax in Nottingham. I had developed a few haunts where I felt quite at home so the visit could be described as a short holiday as much as a study mission.

An unexpected challenge arose towards the end of the summer. I was asked to present a paper at the annual conference of the Resident Managers Association (the national association of managers of social care and community organizations in Ireland). While I realised that it would take considerable preparation and inevitably steal from time sorely needed for writing the research report, it would also enforce a discipline of selecting material and thinking out a set of arguments. The process would be helpful both to writing now as well as to any articles that might be constructed later. In fact the paper was well received and many of the comments made were extremely useful in clarifying certain issues and raising question about others. Above all, it was worthwhile to find out that the work I had spent nearly four years developing made sense to practitioners in the sector.

It has to be said that the final stages of writing Document 5 were very hard work. There was a sense of trying to maintain a coherence not just for this document but also for the

entire research project. Thus I felt that there should be logical connections between the original plan, the development of each stage of research and the conclusions reached even though there had been some changes in emphasis along the way.

In the last few months I was regularly asked by colleagues how my doctorate was progressing and since January 2006 I have replied somewhat nonchalantly – "nearly there!" – to such an extent that I feel it is necessary to redefine the word "nearly". In this case the word had come to refer to a three month period or more, whereas I think it ought to refer to something closer to one week. Perhaps the looseness of meaning was a device to give me comfort and hope when the actual end of the document always seemed to be "around the next bend".

Sense of renewal and the future

Even from the early stages of the DBA I began to think differently about and review aspects of my teaching of organizational psychology. I was influenced in this by the high presentation standards in the DBA modules which encouraged me to experiment with presentation and delivery.   Reflecting particularly on constructivist views of organizations caused me to critically evaluate how I work with my students' understanding of their work organizations. Whereas my teaching tended to be aligned very closely to the relevant textbook, I now encourage students to explore and reflect on their perceptions of their work organizations and to advance their learning through this process.   Some of this reflects for me a changing appreciation on my part of the relationship between theory and practice. Boud and Solomon note changes occurring in the ways in which universities relate to the world of work:

> (Academics)… are dealing with issues about the place of theory and critical reflection in an instrumentally driven programme and the place of generic versus context-specific learning. But they are also confronting the new skills required for negotiating learning with people who may have very different expectations of the relationships with the university and of the outcomes of the learning programme.
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> (2001, p.29)

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The involvement with the group in the programme of workshops has led to a renewed interest in small group work and to an appreciation of its possibilities both in college and workplace settings. This is a type of work I value highly but have not engaged in for some time. I derived considerable satisfaction from running the workshops; it rekindled an interest in small group work, a type of work in which I used to be very involved. An outcome of the DBA for me is that I will re-involve myself in this aspect of training with renewed vigour and excitement. I have also come to appreciate more the extent to which this kind of group enterprise can have an important research function. There are many areas related to stress and team issues in the workplace which merit further exploration using small groups as the method of inquiry.

The growing comfort in the use of information technology has opened up many new possibilities for me. The Web-CT system for online learning has been developed in DIT and I look forward to involving myself in this with the confidence of having tackled a range of computer programmes over the last four years. An important breakthrough here for me was the willingness to keep trying alternative ways of achieving things on a computer; heretofore I would have surrendered much more easily.

A much increased knowledge of the use of electronic library resources has contributed to my supervision of students' dissertations at primary and master's degree level. One immediate implication of the DBA qualification will be the opportunity to supervise at doctoral level. My experience of supervision at NTU was very positive and provides me with an excellent model of communication and challenging dialogue in a constructive supervisory relationship.

Thus I think my practice has advanced in fruitful and useful ways and the various learning experiences can inspire a more open and experimental approach to the future.

Through the modules and my own research the horizons of research have widened. My skills in finding relevant material have improved; this has been helped by the emphasis in

the DBA module workshops on evaluating journal articles and websites, and has created an ability to discriminate more clearly between high and low quality research.

The painful process of developing doctoral writing has been long, slow and arduous but I think it will finally lead to a greater confidence in writing. A drawback of being a part-time doctoral student has been the lack of opportunity to take time out to write articles on the completed sections of the research. However the priority for me has been to complete the DBA and other ambitions had to be given second place.

Reading about stress and organizations has led to many insights both about aspects of the stress process and people at work. Interviews and conversations with managers and staff, along with visits to sites, have also deepened my understanding and empathy towards those who find their work situations unduly stressful. My overall engagement with the literature on stress, coping and prevention has left me with a general optimism that change is possible especially when staff and managers are actively involved in analysing and ameliorating their own situations.

Reflecting on the overall experience of studying for the DBA, Honey and Mumford's comments on learning are relevant:

> Learning has happened when people can demonstrate that they know something they didn't know before (insights and realisations) as well as facts and/or when they can do something they couldn't do before (skills).
>
> (1992, p.2)

I think that learning has occurred for me in many respects. The five documents are evidence of knowledge and insights while a fresh approach to teaching and research will embrace a range of new skills developed during the past four years. An important ingredient of completing the DBA was a strong personal desire to carry out an independent research project at the highest academic level. I hope that some of the same discipline and focus can lead to the development of further research projects that will make use of the learning.

Senge views learning as a discipline and lifelong generative process. He advocates the development of a sense of personal mastery as a vital element in maintaining one's creativity, vision and focus.

> But personal mastery is not something you possess. It is a process. It is a lifelong discipline. People with a high level of personal mastery are acutely aware of their ignorance, their incompetence, their growth areas. And they are deeply self-confident. Paradoxical? Only for those who do not see that "the journey is the reward."
>
> (1990, p.142)

The achievement of some sense of mastery in research and writing and a renewed enthusiasm for various aspects of teaching and lecturing makes the long struggle for a doctorate worthwhile.

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