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**THE MANAGEMENT OF STRESS
AMONGST PROFESSIONAL CARERS
WITHIN A
SOCIAL SERVICES DEPARTMENT**

ADRIAN JOHN EDWARD MILES

Doctor of Philosophy

THE UNIVERSITY OF ASTON IN BIRMINGHAM

August 1994

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THESIS SUMMARY

This thesis considers four broad areas:

(i) **ANALYSIS OF THE STRESS FIELD.** The Researcher reviews the stress field, particularly in relation to the Social Services and Social Care context, and examines in detail:

- (a) research studies, relevant to the British Social Services considering the cultural setting, and the rigor with which they were conducted;
- (b) models of stress, specifically examining the theoretical soundness and practical application of the Medical, Engineering and Transactional models;
- (c) organisational models of stress relating specifically to human service organisations.

(ii) **QUALITATIVE AND QUANTITATIVE RESEARCH METHODOLOGIES.** Detailed theoretical and practical consideration is given to the respective merits of qualitative and quantitative research methodologies, in particular:

- (a) the appropriate application of each respective methodology and the particular usefulness of qualitative research designs;
- (b) the relevance of understanding the language and terminology associated with the subject area prior to the implementation of survey methods;

(iii) **FIELDWORK.** The Researcher implements a two phased study as follows:

- (a) *Phase 1.* By use of focus groups, in-depth interviews and diary keeping amongst a small range of teams and managers, the Researcher develops a basic conceptual framework of stress within a Social Services context. In addition a small scale personality inventory was administered to participants.
- (b) *Phase 2.* This consisted of three key elements: 6 case studies in which the Researcher implements and appraises the impact of a range of intervention strategies designed to assist teams and their managers in dealing more effectively with stress; the administration of a large scale survey to all the field social work teams within the Social Services Department; an analysis of the user role within the stress process by way of two focus groups.

(iv) **THEORETICAL DEVELOPMENT.** In the light of his research, the Researcher develops a number of original theoretical models which contribute to an understanding of occupational stress particularly within a Social Services context.

KEY WORDS/PHRASES

Social Work; Coping; Motivation; Human Service Organisations.

DEDICATION

I would like to dedicate this thesis to my wife Sue and my four children Mark, Lynne, Paul and Andrew, for all their patience, support and perseverance which they have shown towards me throughout the many hours I have spent in its compilation.

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The completion of my thesis after five years of work brings both a sense of achievement and relief. During this period of time I have received help and support from a range of people too numerous to mention here and to everyone who has been involved, I would offer my thanks for their input. However, special mention must be made of those who provided particularly valuable contributions.

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Clearly the project would not have been possible without the participation of the carers, their managers and service users and to them I am extremely grateful. I hope that they found the study helpful in their local work situations and that it can bring benefits to the wider work context of Social Services. In addition I would particularly like to thank the Director of the Department, who granted permission for this study at the outset, for the support and assistance provided to me.

Finally, I would like to offer heartfelt thanks to my supervisor Mike Luck who spent much time overseeing this project and throughout the duration has offered his unerring support. He has always managed to combine constructive criticism of my work with patience and whilst maintaining a relentless focus upon the task has always offered me the greatest possible encouragement. Many thanks.

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CHAPTER ONE - STRESS AND PROFESSIONAL CARERS

AN INTRODUCTORY OVERVIEW

SUMMARY

This chapter will be concerned with outlining the basis of the Researcher's original interest in the topic of stress and will develop the Social Services context within which it is set.

CONTENTS:

- 1.1 Stress - An Introduction.
- 1.2 The Researcher's Interest in Stress and Carers.
- 1.3 Who are the Carers?
- 1.4 Stress Within a Social Services Context.
- 1.5 The Public Sector and Social Services Departments - A Special Case for Treatment?
- 1.6 A Management Perspective.
- 1.7 Key Issues.

1.1 STRESS - AN INTRODUCTION

STRESS

“I’ve just been up the doctor’s. I said ‘Help me Doctor Brown,’
But he said, ‘You’ve got some tablets!’ and he had this awful frown,
So I said, ‘I’ve struggled up here from the other side of town,
Because the Downers break me up and then the Uppers get me down.’
I’m in a mess, I’m under stress....

Sometimes when I’m feeling very peaceful in my car,
There’s funny little clickings and I know I won’t get far
Before the clickings turn to clunkings and you know what the clunkings are!
And the garage man will take a look and frown and say, ‘Aha !
Your car’s a mess!’ It causes stress.....

Papers tell you food is bad, avoid the butcher’s meat,
That nasty fatty stuff will clog and knock you off your feet.
Everything is fatal, from meringues to shredded wheat,
If it wasn’t for starvation, then I wouldn’t dare to eat.
So food’s a mess, it causes stress.....

The world is full of terrorists who say they’ve been abused,
They’re all against each other and they’re all a bit confused,
Cause they murder little people and they say when they’re accused,
‘Ah but if your motivation’s right, you have to be excused.’
It’s just a mess, it causes stress.....

There’s weapons pointing east and west, they’ll soon be flying past,
And I can’t sleep for thinking that the end’s approaching fast,
Every nerve is strained as I await the nuclear blast,
Still - the night they drop the bomb, I s’pose I’ll get some sleep at last,
But what a mess, it causes stress.....

I need a friend to talk to, but they’re few and far between,
I ring them up and ask them, but they don’t seem very keen,
I’m just as sane as they are and I never make a scene,
They say that I’m neurotic, but I don’t know what they mean!
Oh what a mess! It causes stress,
I’ve tried my best to rest without success,
I’m holding it together less and less:
I suffer stress."

(Adrian Plas 1988. Written whilst a residential social worker in a children’s community home).

At first sight, a PhD. Thesis may appear to be a strange place to find Adrian Plas’ poem. However, the Researcher suggests that it encapsulates many of the key aspects

of stress identified by academics:-

- (i) Feelings of hopelessness and isolation experienced by the individual.
- (ii) A wide range of social factors which contribute to this experience.
- (iii) The derisory manner in which others view the sufferer.

Above all, whilst Adrian Plas indicates both the individuality and subjectivity of the nature of stress, nearly all readers will be able to identify with at least certain elements of his experience.

As the poem suggests, stress is a phenomenon with which most people are familiar. However, for the majority it is not something which they themselves would readily admit to experiencing, either to friends or colleagues at work. Stress is certainly seen as something which at all costs, must be avoided from appearing on a sick note, since any admission of psychological weakness is perceived by most employees as being negative to their career prospects. Large organisations too, frequently consider any widespread manifestation of stress amongst their employees as something to be hidden and not made public.

In spite of the secrecy associated with individual stress, it is increasingly being acknowledged as a major problem within contemporary society and Thompson (1991) states, 'Stress is harmful and costly and in some cases fatal'. In addition, psychological problems arising from stress abound, with Valium now being the most prescribed drug in the world.

A detailed analysis concerning definitions of stress and associated research is documented in the two succeeding chapters. However, even at this early stage it is worth recognising that it is a term which conjures up almost exclusively negative connotations, particularly within an employment and organisational context. This view is encapsulated by McDonald and Doyle (1981), who define stress as:

'...those aspects of the working environment that can harm the health and wellbeing of workers'.

The above definition is of course narrow, relating only to the work environment and excluding any wider social influences, but nevertheless supports a widely held view that within an occupational context, stress is a major contributory factor towards diminished work performance, sickness and low morale. Indeed, in recent years much concern has been expressed by a wide range of authors which relates to stress and its impact upon the working environment:

‘Forty million working days are lost each year due to stress in Britain alone’ (Beels 1987).

‘Nine times as many U.K. males aged between 40 - 65 die of heart disease than Japanese’ (Labour Research Department 1988).

‘Three billion pounds are lost to the economy each year as a result of stress and anxiety amongst women alone’ (Dr. D. Bennet, Family Planning Association 1989).

‘Work is by its very nature about violence - to the spirit as well as the body. It is about ulcers as well as accidents, about shouting matches as well as fistfights, about nervous breakdowns as well as kicking the dog around. It is above all about daily humiliations’ (Terkel 1973).

Stress then is acknowledged as a major occupational hazard with significant financial repercussions for organisations, yet at an individual level it is a problem which often remains invisible because of the stigma attached to it. People are often therefore forced to deny its impact upon themselves or to suffer in silence, displaying a range of symptoms to which a more acceptable, but usually spurious, explanation is frequently attached. It may be that in current society, particularly within the occupational context, there are two key factors which prompt a visible response from the organisation:

- (i) **Crisis.** e.g. an occurrence such as an employee committing suicide.
- (ii) **Economic scarcity** e.g. high sickness levels leading to reduced output or costs incurred in employing temporary staff to cover sickness.

1.2 THE RESEARCHER'S INTEREST IN STRESS AND CARERS

The Researcher has been an operational manager within residential care for seventeen years and a senior manager within the Planning Section of a large Social Services Department for the last five years. Within this context he has been aware of frequent concerns expressed suggesting that the arena of social work is one of high risk. Terms such as burnout, pressure, anxiety levels and stress are all firmly rooted in social work vocabulary and frequently considered to be inevitable elements of the task.

As a manager, the Researcher perceived that the topic of stress seemed particularly emotive and associated with blame and resentment towards others. From an employee perspective stress is frequently expressed as being an ill, inflicted upon others as a result of poor management. Whilst from an opposite standpoint, practitioners who suffer from stress in some visible manner i.e. sickness, are often described by managers as, '....not cut out for the job'. Neither view seems helpful, particularly since it is usually assumed that professional carers have the additional stress associated with caring for what is frequently considered to be a problematic client group.

In addition to the above, the Researcher through his own experiences and observations, has identified over a period of time, a number of stereotypical attitudes displayed by managers towards the problem of stress. These are as follows:-

- (i) Managers sometimes exhibit external attitudes concerning stress in the workplace which appear sympathetic i.e. overt rhetoric which is positive and understanding. However, this seems frequently to be linked with unstated attitudes which are intolerant and are those which in fact drive their managerial practice.
- (ii) Female managers are more understanding of the problem within their staff than male managers.
- (iii) Male managers tend to regard female staff as more susceptible to stress than their male counterparts and are more likely to openly display these symptoms.

- (iv) Managers have an expectation that professional carers should regard their work as a vocation and therefore ought to be prepared to work over and above their contracted hours.
- (v) Members of staff who encounter a period of long-term sickness, which has a psychological basis, are regarded as uncommitted and therefore a poor investment of management time and effort. They are actually blamed for their predicament.
- (vi) Emphasis on the shortcomings of the workforce outweigh considerations concerning the promotion of motivation and job satisfaction within the workplace.
- (vi) Customer care is much higher on the agenda than staff care.

These essentially subjective views formed by the Researcher provided the initial impetus to conduct further research concerning the extent to which managers could play an effective role in managing their employees/professional carers, in a manner which might relieve potential stress.

1.3 WHO ARE THE CARERS?

In order to establish the context within which the Researcher conducted his study, it is first necessary to identify which personnel within a Social Services Department might be described as carers and to clarify the declared function and aims of the wider Social Services organisation. This is not as straightforward as might initially be presumed.

Sainsbury (1977) suggested that, '...there is at present no agreed definition of the purpose of the Social Services or their scope'. However, he proposed that they might be generally regarded as, '...communal services concerned with meeting social needs and alleviating certain kinds of social problems'.

Whilst Sainsbury's comments are somewhat dated, it is doubtful whether the role of

Social Services Departments is currently any more clearly defined. Webb and Wistow (1987) suggested a threefold functional classification.

- (i) **SOCIAL CONTROL:** This normative function is concerned with promoting a particular type of society - i.e. modifying antisocial behaviour.
- (ii) **PROMOTING CHANGE:** Client casework provides the best example of this concept, being primarily concerned with changing individual circumstances and of welfare rights advocacy. It may also include alerting the public to relevant provision available.
- (iii) **SOCIAL MAINTENANCE:** This encapsulates the idea of maintaining individuals in some sort of functional manner within society. However, the helpfulness of this framework is clearly limited by what is determined by the term functional. The interpretation placed on this term by a Fabian Socialist is likely to be significantly different to that of an Anti-Collectivist.

It is evident that the three aforementioned functions represent an attempt to encompass, with a little more definition, the concepts of the 'social needs and social problems' identified by Sainsbury. However, the diverse and potentially conflicting nature of these objectives is indicative of the problem in arriving at an agreed view of a Social Services Department's aims and objectives. This difficulty not only manifests itself in the policy and political arenas, but also presents genuine dilemmas at the point of service delivery for front-line carers.

Although the objectives of a Social Services Department are somewhat clouded, there is probably general consensus that they are concerned with the concept of care and the provision of a support system for the more needy members of society. Additionally, there tends to be a widespread assumption that such care is meted out exclusively by social workers. The latter understanding is at best limited and at worst largely inaccurate. Indeed, wider concepts of care such as *Welfare Pluralism*, sometimes known as the *Mixed Economy of Social Care*, embrace a wide variety of care agencies.

Webb and Wistow (1987) identify five key components of Welfare Pluralism:

- (i) Private Sector - e.g. Homes for Elderly People.
- (ii) Voluntary Organisations - e.g. Samaritans.
- (iii) Voluntary Workers - e.g. Local Community Workers not attached to a formal voluntary organisation.
- (iv) Mutual Aid Groups - e.g. Alcoholics Anonymous.
- (v) Informal Care - e.g. Family and Friends.

The current terminology arising from the NHS and Community Care Act 1990 and Children Act 1989 would describe the above as the Independent Sector.

Current Central Government policy and legislation clearly demonstrate a commitment to the contraction of the Welfare State and the expansion of the Mixed Economy of Care. Local authorities are likely to move towards a model of enabling, which will entail subcontracting and co-ordination, rather than direct provision. Indeed the development of the Independent Sector is an explicit expectation within 'Caring for People (1989):

'The Government has endorsed Sir Roy Griffiths' recommendation that social services authorities should be enabling agencies. It will be their responsibility to make maximum use of private and voluntary providers'.

In 'Purchase of Service' (1991), the Social Services Inspectorate expanded the above concept further and stated that the notion of an enabling authority should also include District Health Authorities, Family Health Service Authorities and other public sector organisations.

This wider perspective of care firmly cements the concept of the enabling authority and inter-agency provision into local authority agendas. As a result, the idea of social care being provided exclusively by local authority social workers becomes misleading.

Clearly the Mixed Economy of Care will continue to expand and embrace a multiplicity of carers. However, due to possible market failure and the relative inflexibility of

care services, local Social Services Departments are likely to remain as significant providers of care in the short to medium term. In addition, it is the conditions of service of those carers within its direct employ which Social Services Departments are most able to influence. **Therefore for purposes of this study, consideration of stress amongst carers will be restricted to those workers directly employed by a Local Authority Social Services Department.**

Even within this specifically defined field of focus, there are many diverse forms of care provision, which include the following:

- (i) Area Social Work Teams.
- (ii) Residential Provision.
- (iii) Assessment.
- (iv) Day Centres.
- (v) Juvenile Justice Teams.
- (vi) Specialist Teams - e.g. fostering; employment preparation units.

Each of the above will provide services across the whole range of service user groups catered for by the Social Services Department. These groupings are generally regarded as follows:

- (i) Elderly People.
- (ii) Children and Families.
- (iii) People with Physical Disabilities.
- (iv) People with Learning Disabilities.
- (v) People with Mental Health Problems.

Carers then may be found within a range of multi-disciplinary settings catering for a wide variety of service users. They may include social workers, teachers, residential care officers, instructors, care assistants and psychologists. Some will hold professional qualifications, others will be unqualified. Additionally there are other peripheral carers, whose main task is not direct caring, but who may well have regular or irregular contact with service users in what may be described as a caring context,

e.g. cooks in residential settings, policy advisers. Indeed there are other sections of Social Services Departments which have a direct impact on caring and will have contact with service users e.g. Inspection Divisions (formed in 1991).

In order to avoid confusion and to provide manageable parameters to this study, **the Researcher will focus upon carers who are employed specifically to provide direct care to individuals identified as service users.** This raises the issue of how managers should be classified. There are clearly individuals who fulfil a dual role in this respect such as Team and Area Managers and Officers-in-Charge and these will therefore be included within the Researcher's definition of carers. Indeed, it may also be argued that managers are carers of their relevant staff groups!

1.4 STRESS WITHIN A SOCIAL SERVICES CONTEXT

With a growing recognition of the negative effects of occupational stress, has come increased interest in its relationship to the caring professions in general and social work in particular. Work undertaken by Cherniss (1980; 1982), suggested that stress was particularly prevalent amongst the 'Human Services', an opinion now echoed by a wide variety of related articles in the popular Social Work and Health press.

In 1984, Cameron wrote in emotive terms concerning the often appalling working conditions encountered by residential workers. There are of course dangers in adopting subjective opinions and translating them into authenticated facts. However, what is clearly undisputed are the feelings of the writer, who undoubtedly believed the truth of what he had written. Indeed, it is this very intensity and subjectivity which makes the matter worth exploring, certainly within the context of his experience, which was within a residential setting. What is less certain is the extent to which these sentiments can be applied to other social work situations and locations. However, other writers have been quite prepared to generalise this view. In particular, Hopkins (1987a) writes, 'Anxiety, depression, stress and burnout, all seem to describe the darker side of our work experience'. Other authors support this perspective: Jervis (1987a), Hills (1987) and Morrison (1986).

Four years later, Hopkins (1991) reinforced his earlier opinion and suggested that whilst there had been an increasing understanding of the need for the provision of staff welfare schemes in recent years, Social Services Departments have tended to lag behind their public sector counterparts. He states that the spotlight had now become more intense, because of an increase in violence towards staff. Hills (1987) had previously suggested that interest in stress amongst the Social Work Profession had been brought about by rather different factors, in particular, the pressures brought to bear on social workers by the high profile press coverage concerning child abuse.

Whilst acknowledging that Hopkins' perspective contributes to the overall stress framework within Social Services, the Researcher suggests that stress has become more of an issue primarily because of the high public profile of certain scandals where lack of staff care has been a contributory factor to bad publicity. In particular, the Cleveland Inquiry (Butler-Schloss 1988) and the Jasmine Beckford Report (Borough of Brent 1985) have both identified stress and factors such as work overload, as contributing to poor practice. In addition, the continued focus on children's homes, e.g. Frank Beck Trial (Francis and Cervi 1992); the Warner Inquiry (1992), have highlighted the general issue of staff care. In current parlance these incidents and resultant issues would be described as quality failures. Indeed, it seems that departments are perhaps more highly motivated to place an emphasis on staff care following the outcome of disasters. This suggests that **local authority senior managers and politicians are most likely to address issues such as stress arising from an impetus which shakes the credibility of the organisation, rather than via an educative approach.**

It is worth noting that the first major public report in Social Services which highlighted the contributory effects of staff stress and the need to take ameliorative action, was in a report relating to the death of Shirley Woodcock:

‘Perhaps the greatest significance of this case lies in the way it demonstrates the need to recognise the seeds of stress at many levels: in families, in social workers, managers and in the operation of a department. There is then a consequent duty to seek to remedy the causes of that stress’.
(London Borough of Hammersmith and Fulham August 1984)

There is then undoubtedly a strongly held general view, certainly within professional circles, that employees of Social Services Departments are subject to disproportionate degrees of occupational stress. Indeed Morrison (1986), writes convincingly in such terms and states, 'Literature on stress and burnout is testimony that Social Work is a high risk business'. This prompts a number of questions;

- (i) To what literature is he referring?
- (ii) What is the authenticity of this literature?

Many professionals would make similar statements to that of Morrison and there is certainly much written concerning stress and the caring professions. However, in the case of Social Work, documentation remains almost exclusively in the realms of **informed opinion** which may not be consistent with actual knowledge. Until recently very little authoritative research concerning stress and Social Work, compared to other public services such as Nursing and the Police, had been conducted in the U.K., a view supported by Booth (1986) who suggested that Social Work, '...completely lacks a research tradition'. However, this perspective is disputed by Barnes (1986) who stated that, '...research in social services departments is rather more varied and developed than it is in other service departments'. Nevertheless, in relation to stress and social workers, the Researcher considers that Booth was certainly correct in his perspective.

The overall picture then of stress and Social Services' carers is one of much general literature and comment expressed in emotive terms, but lacking in clarity of definition and authoritative evidence. The Researcher suggests that such vagueness is frequently present in statements concerning carers and stress which are often little more than hunches or 'gut feelings'. Such subjective observations do not lie exclusively within the realms of Social Services and can be found in other occupational settings. However, it is worth moving beyond impressionistic statements and considering in a little more detail the rationale put forward by 'informed opinion' to suggest that stress is indeed a particular problem within a Social Services context.

1.5 THE PUBLIC SECTOR AND SOCIAL SERVICES DEPARTMENTS- A SPECIAL CASE FOR TREATMENT?

In order to understand stress within a Social Services Department, it is necessary to recognise that there are a number of common contextual factors which relate to a range of public sector professions, making them to some extent all 'special cases for treatment'.

The Health Education Authority (HEA 1988) suggests that Police, Nurses, Social Workers and Teachers can be regarded as one 'umbrella' group for consideration in relation to stress. The rationale for this might be based on the assumption that the impact of stress upon individual workers can have multiple repercussions on the lives of the people they work with and on society as a whole. This view is supported by other writers:

'One of the greatest costs of stress is the diminution of effective services' (Pines and Aronson 1981) .

'The effects of stress in carers can severely reduce service delivery to clients and the efficiency of the organisation' (Merker 1987).

The HEA suggest that there are three key reasons for these four groups being particularly stressful occupations:-

- (i) Each group has responsibility for basic social functions i.e. 'pick up the pieces syndrome'.
- (ii) The professional's actions are highly visible and therefore open to controversy.
- (iii) Staff are vulnerable to shifts in policy and practice.

In addition to identifying the above commonalities, the HEA is highly critical of the lack of ameliorative approaches:

'Action on stress by employers, professional organisations and training institutions is piecemeal and unsystematic, where it exists' (1988).

Like the HEA, Thompson (1991) supports the view that there are characteristics relating to high incidences of stress which are common to a number of caring professions. He cites the reasons as being:

- (i) Lack of control over policy, resources and workload.
- (ii) Conflicting sets of expectations.
- (iii) Poor working conditions.

It is interesting to note that apart from his first point, the other features differ from those identified by the HEA. It is perhaps surprising that there is no mention in either list, of the fact that staff are dealing with people rather than products.

Kemmiss and Allen (1991) support the view that Social Services employees are particularly susceptible to stress because of recurring situations:

“...having to say ‘no’ when you feel you should be saying ‘yes’, creates a sense of risk and stress for staff concerned.”

The above explanation is made within the context of scarce resources and is consistent with Thompson’s first criterion. However, whilst this view might undoubtedly provide a credible explanation for the existence of high stress levels amongst Social Services staff, it must be regarded as a perspective attributable to public employees as a whole, particularly within the current economic climate.

In addition to those factors listed, it is also important to recognise the general point that those wishing to move out of the public sector domain are often unable to do so because of diminishing employment opportunities as reflected in the current economic situation. This clearly increases the possibility of disaffected individuals being forced to remain unhappily within their current posts because of diminished job mobility.

In spite of the above being common to a range of professions, there is a case for suggesting that the intensity of some of these individual factors is more evident within Social Services Departments. In particular, the proliferation of new legislation and changing policy in recent years has been far more pronounced within Social Services

Departments than in any other area of the public sector. Legislation which is illustrative of this phenomenon includes the NHS and Community Care Act (1990) and the Children Act (1989). However, other key legislation to impact upon Social Services includes the Disabled Persons Act (1986), the Criminal Justice Act (1991) and the Registered Homes Amendment Act (1991). Concealed within these overarching acts is a myriad of changing practice, often conflicting, some of which is more akin to the business world and quite alien to many local authority staff who entered the field of social care to provide direct caring rather than commercially oriented services.

This rapid introduction of new policy has been exacerbated by a lack of resources and often great confusion concerning how policy should be translated into practice:

‘Community Care brings with it a new range of expectations, upon care workers such as contracting and quality, over which there is disagreement as to how this should be achieved’ (AMA 1991).

Similarly, the high levels of public interest identified by the HEA, currently seems significantly greater for Social Services than other areas of the public sector and hardly a week seems to go by without both the broadsheet and tabloid media drawing attention to an alleged Social Services blunder. Indeed whilst the Police have been subjected to some very public scrutiny, e.g. Hillsborough; West Midlands Crime Squad; the volume of such issues and associated criticism attached to Social Services over the past five years is unprecedented.

The recent media publicity concerning child abuse in local authority children’s homes and the actions of social workers in investigating child abuse in particularly controversial circumstances may be presumed to place pressure on both individuals involved and the organisation, with far greater frequency and intensity than in other areas of the public sector. The credibility of both individuals and the Social Work Profession as a whole has been called into question. This is vividly illustrated by the recent independent inquiry which has been conducted into Fife Region’s childcare policies, set up in 1989. Indeed, Nelson (1991) states that the length of this investigation has left a savage mark upon both staff and the authority as a whole:

‘Many staff have reacted with anxiety, depression and sleepless nights; sick leave due to stress has increased considerably’.

Heightened critical interest in social care services has not been confined to the U.K. Indeed, in 1989, in the U.S.A., a social worker was actually put on trial for allegedly failing in her welfare duties after the murder of a child by her stepfather;

‘The caseworkers and their organisations are grimly contending that it isn’t just individuals on trial, but an entire system that is overburdened, underfunded and in a state of collapse’ (Gordon 1989).

Gordon within the context of the U.S.A. draws attention to mitigating circumstances related to both levels of human and financial resources. Such parallels are clearly evident within the U.K. However, within a British context such deficits of resources do not meet with a great deal of public sympathy. In the Researcher's opinion this is because Social Services employees are held in lesser esteem than other public sector professions such as Teaching, Nursing and the Police.

It therefore seems that this is likely to contribute to a lowering of morale amongst those employed within Social Services Departments.

McDerment (1991) makes an interesting point relating to the four professions highlighted by the HEA, when she says, ‘Stress is actually a necessary part of what we do in the caring professions’. This raises the consideration as to whether stress is inherent to all caring professions. However, it is by no means clear whether the inherent element of stress referred to by McDerment is related to the nature of the profession and of service users, or the type of individuals who are employed i.e. are carers more susceptible to stress than other workers?

Ron Baker (1987) develops McDerment’s point a stage further in respect to social work and states that it is a ‘....counter culture profession in which workers actually have to move towards the stress of clients which most people in ordinary circumstance might move away from’. It can be argued that the extent to which Social Services staff must ‘move towards’ clients is significantly greater than other public sector professions. Intervention is rarely a one-off occurrence and is likely to involve a

more intense relationship with the service user sustained over a more prolonged period of time.

The development of Baker's 'counter-culture' is evident in the words of Rushton (1987): 'Social Workers are torn between the desire to care for people and act as their advocates and the duty to carry through statutory responsibilities'. This highlights the inevitable dilemmas for all professionals surrounding what is a highly autonomous area of professional duties where local practice may differ from central policy and which Lipsky (1980) describes as 'Street Level Bureaucracy'. Whilst this may have its attractions to some, it should be recognised that social workers are concerned with continually making risk decisions, which whilst they might be calculated, are set against a backcloth of unpredictable behaviour from service users and considerable scrutiny from the central organisation and media.

Another factor relating to the actual nature of carers which needs to be considered is the fact that both informal and professional carers within a social care setting are predominantly women. The issue then needs to be addressed as to whether women are more susceptible to stress due to possible conflicting and additional demands both at work and at home.

Before completing this section a specific mention should be made of Residential Social Work, an area of social care in which the Researcher worked for fifteen years both as a front-line worker and manager. The Researcher is of the opinion that this area of work, particularly in relation to adolescents, has no parallel in terms of either its nature or intensity in any other area of the public sector. It is an occupation with which high levels of stress are associated. Cameron (1984) makes out a impassioned case for residential workers, who he says crack under work strain because they '...cannot get away, calm down, go home at night or go out for lunch'.

1.6 A MANAGEMENT PERSPECTIVE

As indicated earlier, the Researcher's initial interest was to a considerable extent prompted by the question, 'What can managers do to help staff suffering from stress?'.

It is helpful therefore to consider some relevant views associated with managers and the problem of stress.

Redding (1991) supports the Researcher's initial view that levels of stress amongst staff are associated with blame and states that managers within Social Services Departments are often involved in '....scapegoating the staff by blaming them for things which require organisational change'. Thompson (1991) agrees with this statement and suggests that the first question managers usually ask when employee health problems arise is, 'What is the weakness in this employee?'.

The above perspective tends to support what the Researcher considered to be a stereotypical view contained in some trades union literature, that stress is caused by managers and suffered by staff. However, Redding is much more focused when he illustrates a valid and occupation specific point when quoting Mumtaz Ahmed Khan, a staff counsellor with Sandwell Social Services Department, 'Social Workers are supposed to care for others and not need to help themselves'.

Khan also makes an interesting point in terms of the relationship of *black workers* to stress, '....black people have to prove themselves twice as good as their white colleagues in any situation above the basic grade job. That in itself is a big stress'. Clearly if this is true, and it is of course a subjective statement, then the creation of such an environment must lie to a significant extent in the manager's domain and represents an overarching organisational issue.

In addition to the above, it is also necessary to consider the relevance of other equality issues, in particular *women* and to consider whether Social Services Managers, who are predominantly male, have stereotypical attitudes towards women carers:

'Oh Team Leader, I feel just like a pair of curtains'.
'Nonsense woman! Pull yourself together'. (Anonymous)

The consequence of the above, seems to have resulted in a polarisation of views as to the causes and effects of stress between managers and employees. This is particularly well illustrated within trades union literature such as McDonald and Doyle (1981)

and the Labour Research Department (1988), who regard causes of occupational stress as lying exclusively in the manager's domain. Conversely, managers often appear to take the opposite stance. This perspective is reinforced by a number of writers:

‘Unions and management talk the language of negotiation not the language of motivation, personal distress and loneliness’ (Hopkins 1987).

‘The British work ethic is based on punishment not reward’ (Cooper 1989).

‘It seems in the nature of social work to accept guilt, rather as a mechanic accepts grease’ (Matthews 1987).

Matthew's view at first sight seems to support the notion that social work is inherently stressful. He suggests that this characteristic may be related to the structuring of the organisation, rather than the nature of the people who enter the profession. This perspective may suggest an examination of roles within Social Services Departments and raises the possibility of introducing organisation design studies. However, in taking this stance there is a danger that the organisation itself is blamed. This is perhaps an escapist and rather misleading view since the organisation consists of people and is a living structure shaped by all those who are part of it, in particular managers.

Whilst the above comments may be seen as somewhat negative, Coad (1986) presents a more balanced view: ‘The symptoms of stress are easier to see in others than in ourselves and a good manager will be able to detect them’. Whilst this statement falls short of actually blaming managers for employee stress, it clearly indicates a level of managerial responsibility for its resolution.

Similarly, Barker (1989) writing about the social work experience, makes some rather more constructive comments and states: ‘Managers have the first responsibility for identifying with staff, possibilities and difficulties in the way they work and for finding methods of dealing with these’. In particular, Barker sees supervision, which somehow seems uniquely associated with the Social Work Profession, as a prime means by which this can be achieved.

Both Coad and Barker's positions differ significantly from the view of ‘blaming

managers' for creating stress. Instead, both statements contain a strongly positive element which indicates that managers may actually be instrumental in finding solutions to difficulties encountered by staff and indeed are consistent with the Researcher's approach to this study. This suggests that any study concerned with examining the phenomenon of occupational stress must consider carefully the role of the manager and the degree of autonomy which they enjoy within the organisation.

1.7 KEY ISSUES

The overview and analysis of stress and carers up to this point, obviously raises more questions than it provides answers. However, these questions were the basis for the initial interest and starting point for the Researcher to explore and design an appropriate research paradigm:-

- (i) How can stress be defined in meaningful operational terms?
- (ii) How can carers experiencing high levels of stress be identified and the impact upon them subsequently evaluated?
- (iii) What are the sources and causes of stress amongst carers?
- (iv) How widely is stress perceived by carers to be a problem?
- (v) What are the effects of stress on:
 - the individual,
 - work performance,
 - other people/colleagues/managers.
- (vi) Is stress a factor located in the work situation or is it idiosyncratic to individuals?
- (vi) Can an understanding of stress by managers and employees be helpful in its amelioration?
- (vi) If stress represents a negative aspect of work, is motivation the counterbalance?

These questions obviously cover a broad area of study. However, if managers recognise that both motivation and stress are important components of the work situation, then these are clearly issues which need to be addressed.

The weight of 'informed opinion and gut feelings' suggests that the relationship between occupational stress and professional carers is worth examining further. The importance of exploring this linkage is increased by a recognition that carers suffering from stress may well result in service users receiving a substandard service. However, it is important to identify two cautionary caveats.

- (i) The search to find solutions to stress is profligate and Morrison (1986) sees social work teams as needing to, '...provide a stress barrier from the demands of the outside world'. This statement begs the question as to what world the Social Work Profession is based in. **In a real world it is necessary to consider whether any public sector service can realistically cut itself off from these pressures or even if it is desirable.**
- (ii) There are real dangers in making sweeping claims concerning the impact of stress upon caring professions. This view is supported by David Townsend (1986) who stated that stress was becoming an obsession and leading to hysteria in much the same sense as AIDS. He suggested that this level of concern had actually created a fear amongst prospective entrants into the Social Work Profession.

The above view indicates that **wider professional concerns can actually create a professional environment associated with stress** which impacts to a greater or lesser extent upon all those working within it. This may have helped to undermine public confidence in the competence of caring professionals and in turn their own self-belief.

In spite of the reservations expressed, there is clear scope for exploring how managers might usefully contribute to the creation of an environment which places high priority on staff care. The importance of tackling such issues is well illustrated by Kahn and French (1970) who are quoted in Cooper and Marshall (1975) as follows:

'Understanding the stressful characteristics of large scale organisations is certainly grand but not grandiose. Understanding them is a prerequisite to making them more livable.'

The Researcher subscribed to the above view and felt that an initial consideration

of the topic provided sufficient 'informed opinion' to indicate that the presence of stress amongst professional carers was of significance in terms of:

- human costs to the carers themselves;
- costs to the organisation in terms of efficiency and effectiveness;
- costs to the service user.

However, the Researcher noted that the rationale for further study was based primarily on 'informed opinion' and upon a concept i.e. *stress*, which lacked both clarity concerning the manner in which it manifested itself in the workplace and indeed agreement concerning its possible resolution. The Researcher therefore concluded that the next step in his study should be to seek clarity concerning the conceptual framework of *stress*.

CHAPTER TWO - CONCEPTUAL FRAMEWORKS OF STRESS

SUMMARY

This chapter will be concerned with an examination of the development of stress models and frameworks of analysis. The Researcher will review these models within three broad categories:

- (a) as a response or response pattern;*
- (b) as an independent variable in the environment;*
- (c) as a transactional process.*

The Researcher will consider the respective strengths and weaknesses of these models and their relationship to theories of motivation and coping. The chapter concludes with an explanation of the conceptual framework developed by the Researcher.

CONTENTS

- 2.1 Background.
- 2.2 Stress as a Response or Response Pattern.
- 2.3 Stress as an Independent Variable in the Environment.
- 2.4 Stress as a Transactional Process.
- 2.5 Towards a Practical Stress Model.

2.1 BACKGROUND

As discussed in Chapter One, in recent years stress has been perceived to be a serious problem, primarily because of a widespread belief in its negative effects upon the health of individuals and economic impact upon business organisations. As a result, a plethora of literature describing stress and recommending solutions has found its way into both professional periodicals and popular books. Authors writing in the field of stress have focused almost exclusively upon its negative aspects, in particular within the workplace setting. A cynical view might suggest that the literature itself has generated a significant industry around the area of stress consultancy. However, the recognition of stress as an everyday phenomenon, albeit within a different conceptual framework, is not new. Ancient races such as the Spartans exposed their babies to what might be considered stressful situations in order to secure a future race of hardy warriors. Here then we can see an early attempt to harness a negative experience and translate it into something believed to have longer term benefits; an idea which certainly has contemporary relevance. Indeed Bridger (1978), like the Spartans also sees stress as having a positive application: 'The stress state can be studied and be regarded as working capital.'

The experience of the Spartans indicates that the phenomenon of stress is not exclusively a product of contemporary society, and authors such as Anderson (1978) and Charlesworth and Nathan (1986), each begin their books respectively by describing stress in ancient Man in terms of the 'fight or flight' syndrome. Both sources state that this instinctual drive for self-preservation is present in all of us today. Anderson develops this point by suggesting that whilst the 'fight or flight syndrome' no longer manifests itself in quite the same manner as it did for our ancestors, it has been replaced by a range of psycho-social factors such as boardroom battles, fears of redundancy and physical stresses which take the form of pollutants, poisons and chemical agents which are to be found in food additives. Since there are no natural outlets available in the same manner as there were for our ancestors, both authors conclude that stress is the resulting consequence!

The above suggests that the concept of stress may change within the context of the

society in which we live and therefore possesses geographic, economic and temporal dimensions. This view is supported by Glowinski and Cooper (1985), who suggest that our understanding of stress and its causes will change in response to worsening social conditions. Handy J. (1988) supports this view and states, '....stress can be placed in a clear socio-historical perspective'.

However ancient the presence of stress might be within the Human Race, it was a term first used by a researcher named Cannon (1929) who focused in particular on the concept of physiological homeostasis. Its derivations are thought to be based in the Latin word 'stringer', which means 'to draw tight'.

Cooper (1992) suggests that the idea of the environment actually being a significant factor in contributing to the onset of disease, rather than short-term ill effects, took root in the nineteen thirties. This conclusion followed a series of experiments on both animals and humans exposed to extremes of physical conditions such as heat and cold. Similar experiments continued over the next twenty years e.g. Brady (1958), who produced ulcers in monkeys by inflicting high levels of punishment. However, it was primarily the work of Hans Seyle (1956) who is known as the *Father of Stress*, which led to the formulation of a 'stress framework' and to the explosion of stress literature and research. Many authors have since followed in Seyle's footsteps, although much of the more recent and popular literature has lacked Seyle's measured approach. Indeed numerous books on the subject, manage to negotiate their way through many pages without actually defining or sometimes even mentioning the term stress!

A reluctance in defining stress in operational terms is to some extent understandable, in that it is used in widely differing contexts. Cox and Mackay (1981) suggest that it is, '....used in a variety of fields: medicine, psychology, sociology, business'. They might have added a host of other professional arenas, not to mention its constant use as an everyday term and expression.

There is then, immense difficulty in arriving at a single definition of stress and the search for an all embracing definition and clarity of the term is revealing of the complex

multifaceted nature of the concept. Efforts to establish clarification have in fact led to confusion and significant professional disagreement. This view is reflected by a number of prominent writers in this field:-

Mclean (1974) in Murrell (1978): '.....the whole field is a semantic mess.'

Newton (1988): 'Research has reached a hiatus with increasing debate over how both we conceptualise stress and coping and how we investigate it'.

Motowildon et al (1986): 'The term stress is enshrouded by a thick veil of conceptual confusion'.

Beehr and Bhagat (1985): 'The biggest controversies concern specific definitions and models offered to explain the causes and effects that are included by various experts in this field'.

The latter statement is indicative of the diverse range of professionals who might legitimately be described as experts in the field of stress, but it is important to recognise that their interest in fact originates from a whole variety of perspectives.

Confusion in conceptualising stress is well illustrated by Hans Seyle, who redefined his stress framework three times over a span of some twenty years. However, in spite of this apparent confusion, lack of agreement in this area might be regarded as less of a problem and rather an opportunity for original work in what is undoubtedly a fascinating arena for research and study.

Cox and Mackay (1981) argue that lack of consensus concerning definitions does not necessarily hinder research. However, the Researcher felt it necessary to establish an understanding of the range of definitions and models of stress and other important related concepts such as *motivation* and *coping* in order to establish an appropriate research paradigm.

The development of stress frameworks display a distinct evolutionary pattern, originating from the early attempts by Seyle (1956), to his reappraisals in the late seventies and early eighties. However, in parallel with Seyle's efforts, other distinguished researchers

have developed quite different explanations and conceptual models e.g. McGrath (1970), Cox (1978).

One means of considering relevant stress models is within a framework put forward by Cox and Mackay (1981). This framework separates stress models into three distinct categories.

- (i) **Stress is a response or response pattern which may be treated as a dependent variable.**
- (ii) **Stress can be regarded as an independent variable for study, in that it represents a stimulus in the environment, which is external to the person concerned.**
- (iii) **Stress is a dynamic psycho-physiological process intervening between stimulus and response.**

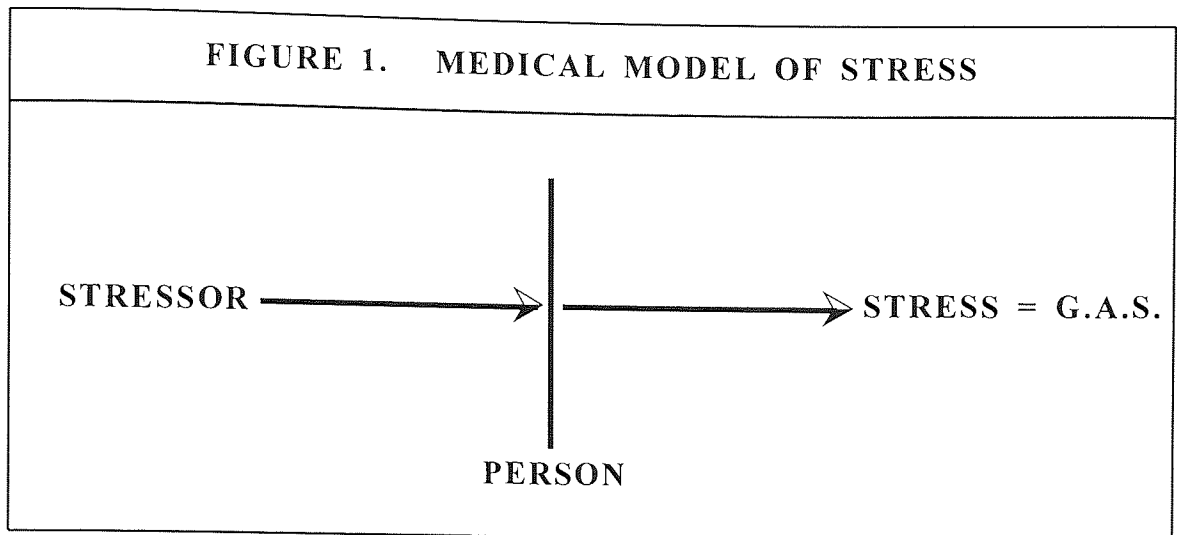
The Researcher found the above framework particularly helpful and during the development of the study and will use it for categorisation and examination of theories and research models.

It is important to recognise that models (i) and (ii) concentrated upon stress primarily as a one dimensional model, whereas the latter places an emphasis on stress being regarded as a process.

2.2 STRESS AS A RESPONSE OR RESPONSE PATTERN

Hans Seyle in 1956 defined stress as a '....state manifested by a specific syndrome which consists of all the non-specifically induced changes within a biological system'. Thus, Seyle saw stress in terms of a nonspecific physiological reaction to a stimulus in the environment generally regarded as noxious or threatening in some way. This is frequently referred to as the **MEDICAL MODEL**.

Cox and Mackay (1981), suggest that this model may be represented diagrammatically as follows:



This response pattern was described by Seyle as the General Adaptation Syndrome, sometimes known as G.A.S.

G.A.S. breaks down into three stages:-

(i) ALARM REACTION

This represents the body's preparation for 'fight or flight', whereby there is a strong requirement to provide energy supplies to the muscles and brain in order to respond to the emergency. The body's response to this is to alert the brain and then the pituitary gland. This releases energy-providing glucose and fatty acids into the bloodstream, plus cortisol and adrenaline which comprises norepinephrine and epinephrine (McDonald and Doyle 1981). Blood pressure rises and blood is drained from the intestines, stomach and skin, hence people who are experiencing a situation such as an interview or a sporting contest will initially appear to be of pale complexion. This experience is commonly described as 'experiencing butterflies'. Those individuals who tend to enter into this state regularly, are sometimes categorised as being of a nervous disposition and will often have cold hands or feet.

(ii) RESISTANCE

The body's initial response to this chemical reaction is to become more resistant to

the threat, both in terms of increased activity and warding off disease. Muscles become tensed ready for a physical response, sight and hearing become more acute and there is an increase in blood supply to the brain.

(iii) EXHAUSTION

Where the stressful stimulus does not cease or reduce in intensity, the reaction will be replaced by exhaustion or fatigue. As a result, illness or in extreme cases, death, may follow. This could take the form of heart disease caused through hardening of the arteries which in turn have arisen from deposits of fat and cholesterol. It is the raised levels of fatty acids released into the bloodstream which are not converted into muscular action, as would have been the case in stone age man, which are converted to cholesterol. In addition, ulceration in the linings of the stomach, may follow prolonged periods of cortisol flow into the bloodstream which has a blocking effect on acid removal.

Seyle's definition essentially provides a biologic explanation of stress and as such formed the basis for a medical model of research. However, there was much criticism of Seyle's model and research e.g. Cox and Mackay (1981) and McGrath (1970). All indicated that G.A.S. within individuals was not produced in its entirety to all noxious stimuli.

Another question arising from the G.A.S. model was whether or not the 'butterfly' experience could always be classified as an alarm reaction. Is it possible therefore that such a response can arise both as a result of a challenging or even pleasurable stimuli as well those which are unpleasant?

Seyle, whilst maintaining his stance in regard to stress as a nonspecific biological response, recognised the weaknesses in his model and therefore in 1976, developed two new concepts within his previous framework. He separated the *state of stress* from *sources of stress*. He thus redefined noxious stimuli as **STRESSORS**. However, the Researcher suggests that for a stimulus to be considered noxious there must be a value judgement made by the individual concerned and would therefore contest whether there are many examples of a stimulus which is noxious in its own right.

Nevertheless, in Seyle's terms a stressor can simply be defined as that which causes stress.

Other researchers in the field provided alternative but essentially parallel phrases and expressions.

Cooper and Marshall (1975a), coined the term **PRESSURE** which they described as, '....an external or internal force acting on an individual to perform in a particular way'. However; it is interesting to note that Cooper and Marshall suggest such pressures might be regarded as either a source of challenge or pleasure. This viewpoint was echoed by Seyle in 1975, when he stated that, '...stress is not necessarily something bad', and by Bridger (1978) 'Stress does not have to be a bad thing. There is only one person without conflicts, a dead one!'

The recognition by Seyle of the importance of the stimulus in promoting a response led him to suggest that stress could take on both pleasant and unpleasant effects and in 1980, he developed the notions of **EUSTRESS** which represented *good stress* and **DISTRESS** which represented *bad stress*. He also recognised that stressors might manifest themselves both in the form of **OVERSTRESS** (Hyperstress) or **UNDERSTRESS** (Hypostress).

In spite of the recognition of other dimensions concerning the effects of stress, in that they could be both positive and negative, Seyle still presented his model of stress primarily as being a response or response pattern. This theory was paralleled by Charlesworth and Nathan (1986) who suggested that this response pattern could be described in terms of being either a *wellness* or *distress* cycle. However, Shostack (1986) views this as an erroneous emphasis, claiming that such models actually focus on a set of causes rather than symptoms or effects.

Seyle's original stress model provided a useful explanation of the biologic reaction of the body to stressors and the importance of the work which he undertook should not be underestimated. He undoubtedly provided the major impetus for other models to be developed and the response pattern which he identified is an important facet

of the stress concept. However, Seyle was increasingly forced to develop his model into an expanding multifaceted framework as each previous explanation was seen to be too one-dimensional. Even adapted and developed, this model seems to have a number of weaknesses.

- (i) Seyle's original definition provides a physiological explanation of stress, but does not take into account the possibility of psychological stress (Baum et al. 1982).
- (ii) The model does not offer a satisfactory explanation as to why some stressors would produce eustress and others distress.
- (iii) No clear rationale is developed which adequately accounts for the processes occurring between the stressor and the individual concerned.

2.3 STRESS AS AN INDEPENDENT VARIABLE IN THE ENVIRONMENT

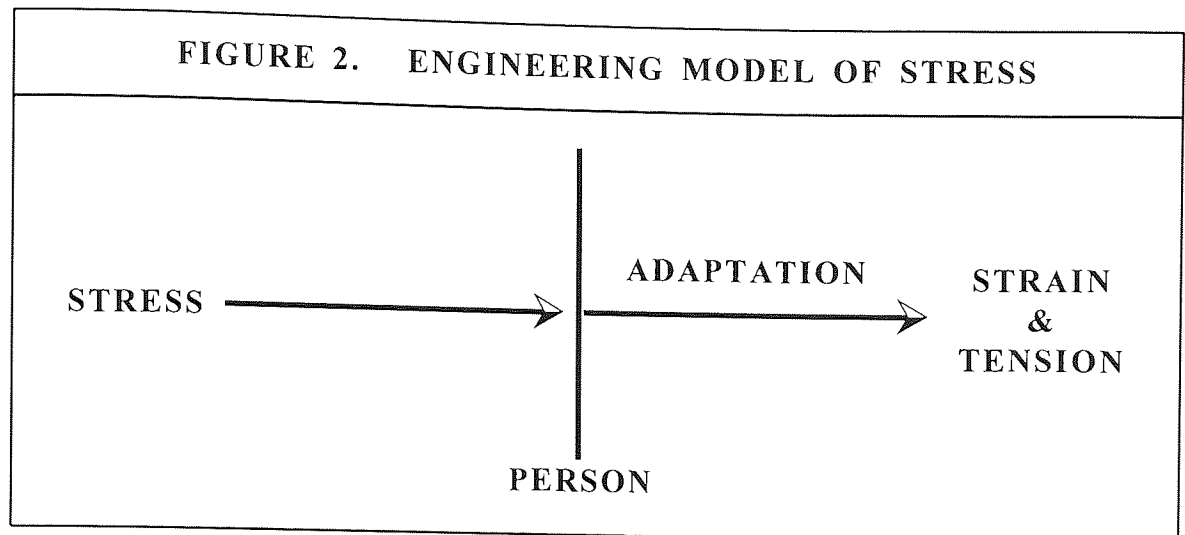
Seyle's original research, not surprisingly, provoked the development of alternative models, prompted in particular by his description of stressors as noxious stimuli. This model, sometimes known as the **STIMULUS-RESPONSE** or **ENGINEERING** model determines that stress is the stimulus rather than the subsequent response pattern. Thus within these terms, stress can be described as an unpleasant stimulus in the environment which elicits a biological reaction.

Caplan et al (1975), quoted in Cherniss (1980), sums up this engineering model as follows: '.....stress represents characteristics of the environment which pose a threat to the individual.'

Once more drawing on Cox and Mackay (1981), this model is represented in Figure 2.

In parallel to the engineering model of stress are the motivation theories based on an environmental approach propounded by: Skinner (1973) - Stimulus-Response; Lawler (1973) - Expectancy; Vroom (1964) - Goal-Path. Each describes the individual

as being motivated by factors which are external to him/her, such as competition, money and other extrinsic rewards.



The key difficulty associated with environmental models such as these, surrounds the implicit assumption that in the case of stress there are some characteristics in the environment which will remain a constant threat to the individual or in the case of motivation, desired goals. Both stress and motivation definitions based on this model imply that there are a batch of respectively noxious or positive stimuli which have a commonality of threat or desirability to all individuals.

The danger of embracing the view that there is a commonality concerning stress stimuli is that sweeping and erroneous generalisations may be developed. Indeed, this point is illustrated by referring back to McDonald and Doyle's previously mentioned definition, '....those aspects of the working environment that can harm the wellbeing of workers'. This statement assumes that (a) particular aspects of the work environment are always harmful and (b) a totally unrealistic homogeneity in the response of a workforce to particular stimuli.

Howard and Scott (1965), whilst supporting an engineering model of stress, recognised the problems with the assumption that common responses associated with particular stimuli can be obtained from all individuals. They suggested an explanation which attempted to overcome some of the difficulties associated with the above view and stated that whilst stress can vary in terms of its intensity, nature and duration, there are certain stimuli which carry common stress connotations. These can be described

as 'powerful events' such as a plane crash or a death in the family. They hypothesised that there would be a whole range of other stimuli which would represent stress on an individual level. Similarly Lazarus (1966, 1977, 1978), characterised stress stimuli as follows:

- (i) 'Cataclysmic Phenomena' - e.g. War, Earthquakes.
- (ii) 'Powerful Events' - e.g. Death of someone close.
- (iii) 'Daily Hassles' - e.g. Traffic congestion; arguments at work.

The Researcher found the above to be a useful categorisation, which highlights the intensity dimension of a potentially stressful stimulus. However, there seems to be scope for suggesting that another level might be inserted between (ii) and (iii), recognising those events which are confronted on an irregular basis, but which are stronger than those indicated occurring on a daily basis e.g. in the case of social workers, (a) aggression from a service user; (b) a mistake which results in counselling or even disciplinary action. The Researcher suggests that these be classified as *concern events*.

However, even 'powerful events' will have varying impact upon different individuals and Lazarus recognised that the pure stimulus-response model neglected to account for the individual interpretation process.

Eysenck M. (1985) whilst defining stress as a force external to the individual, recognised the difficulties in attaching consistently negative attributes to particular stimuli and therefore described stress as a neutral phenomenon: '.....the stimulus applied on the outside' and '...that which is directly observable'.

In a similar vein, Anderson (1978), stated: ' Stress is any stimulus real or imagined, which requires an individual to do anything different from the way he is or the way he behaves at any given moment', and as '.....any stimulus which demands adaptation on the part of the organism involved'. These definitions are particularly interesting since like Seyle's later models, whilst emphasising the importance of the *adaptation process*, they move towards identifying it as a separate state in its own right. There

is also a recognition of individual mediation and interpretation of the stimulus in every situation, which determines whether the resulting experience is pleasant or unpleasant. This observation has clear links with transactional and psychological models which will be considered in the next section.

The above explanation recognises the process of cognitive appraisal which the individual concerned will activate in response to the relevant stimulus. As a result the stimulus will be interpreted as either positive, negative or neutral in relation to their wellbeing and a physiological and psychological response will occur. This explanation explains why similar stimuli will evoke differing reactions between individuals and even from the same individual in differing circumstances or at different point in time e.g.

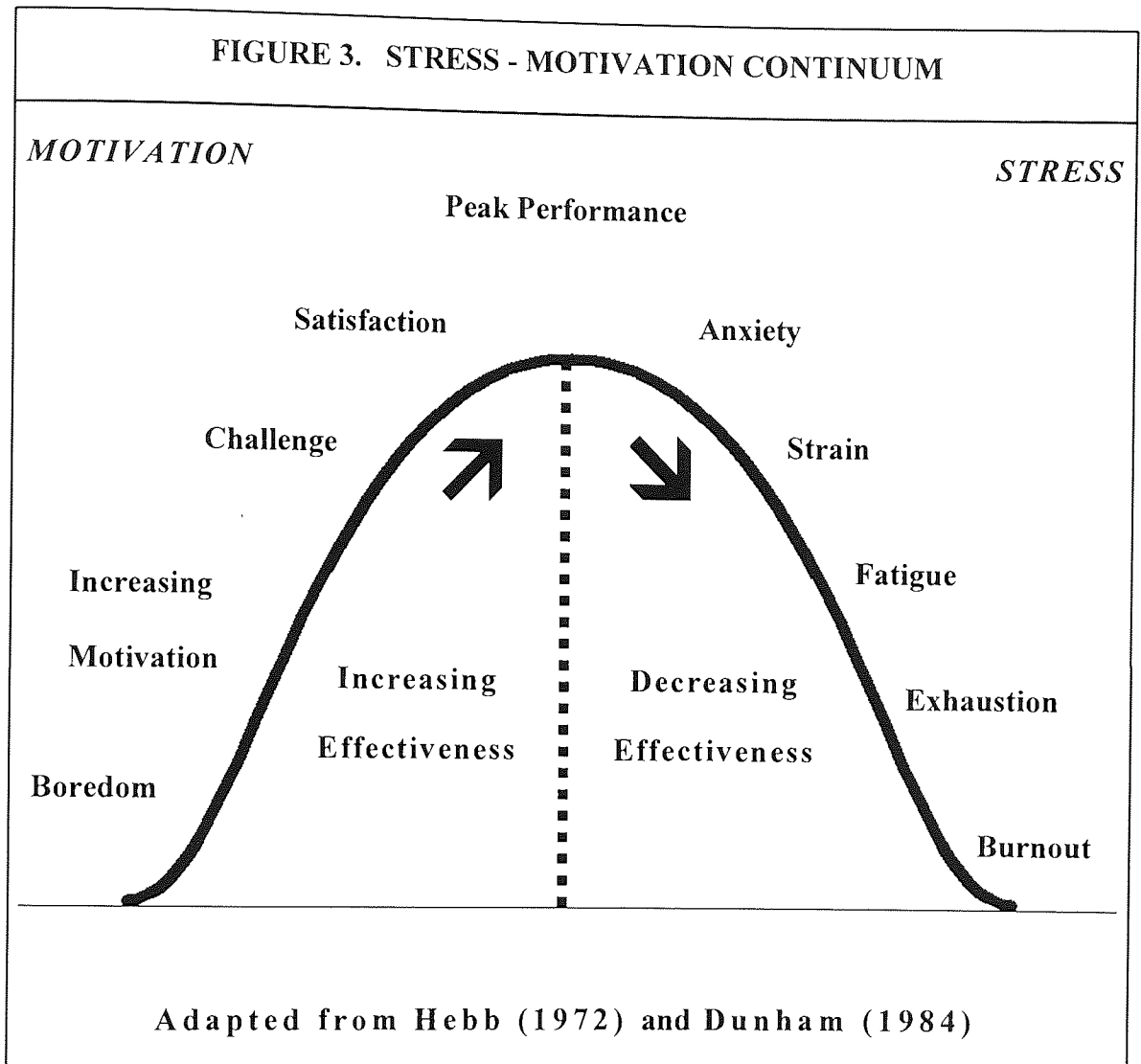
The thought of hang-gliding to some individuals represents a terrifying prospect, to others it is a rewarding pastime. Similarly new schoolteachers may feel more threatened by classes of noisy pupils than they do with a number of years experience behind them and subsequently might become highly motivated by the challenge.

The above examples indicate that the same stimulus may be responsible for evoking both potentially pleasant and unpleasant response patterns. This is an important element in understanding stress. However, the problem with this view is the difficulty which it presents in differentiating between the phenomena of stress and motivation. Beels (1987) succinctly captures this dilemma and states: 'Both positive and negative situations can lead to the typical stress response', i.e. the physiological changes identified by Seyle.

Figure 3 illustrates a model originally developed by Hebb (1972) and adapted by Dunham (1984) which the Researcher has now adapted further. This model incorporates the concept of strain (Cox 1978) and attempts to indicate the relationship between motivation and stress and, in parallel, increasing and decreasing effectiveness.

At the motivation end of the continuum, it is evident that understimulation can lead to boredom. It is only when the stimuli in the environment become interesting or

challenging that the individual can move towards peak performance. However, the above model indicates that if the nature of the stimulus threatens an individual either in terms of degree of difficulty or volume, challenge can move towards anxiety and strain.



Thus, whilst it may be possible to regard stress as a stimulus in the environment, it is necessary to consider the adaptation process of the individual to determine whether the experience is positive or negative. This is a factor which the pure engineering or S-R model does not account for.

A key element of the stress side of the continuum is the experience of **STRAIN**. Strain is defined by Cox (1978) as:

‘....the exertion required to meet demand, injury or change resulting from exertion or the condition of a body subjected to stress’.

Anderson (1978) prefers to describe this element of the adaptation process as **TENSION**. If the individual continues to find the stimuli negative either in intensity or duration, then they will move towards a state of exhaustion or **BURNOUT**, which is defined by Maslach (1982) as, 'a syndrome of physical and emotional exhaustion involving the development of negative self-concept'.

The engineering model of stress like Seyle's early theories is clearly too one-dimensional to be regarded as offering a comprehensive explanation of stress. However, in exploring its implications, it does provide a further development in the thinking towards the development of a satisfactory explanation. An analysis of its merits assisted the Researcher in reaching a number of key conclusions:

- (i) The vast majority of stimuli occurring in the environment may be considered to be neutral and therefore notions of positive and negative stress are confusing, as are Seyle's *distress* and *eustress* explanations. However, the Researcher considers that those stimuli perceived by the individual to be positive may be associated with motivation, whilst those perceived as negative associated with stress. An appreciation of the motivation-stress continuum is essential in order to understand the theoretical relationship between the two and to translate this into a meaningful management/organisational context.
- (ii) Once the suggestion that a stimulus might be neutral has been introduced, then most importantly, the question arises as to what determines whether the stimulus takes on either positive or negative connotations. **Neither the medical or engineering model adequately accounts for the process of interpretation which occurs between the stimulus and the subsequent adaptation process experienced by the individual.**

Baum, Singer and Baum (1982) recognise the individual importance of both the medical and stimulus response models and move towards a more satisfactory explanation:

'Stress is the process by which environmental events or forces called stressors threaten an organism's existence and wellbeing by which the organism responds to that threat'.

This explanation develops the thought that stress is both concerned with the nature of the stimulus and the response. These elements are clearly identified as two distinct entities but are both contained within a *stress process* framework. This notion of stress being a process rather than a self-contained static state, moves into the realms of a transactional framework.

2.4 STRESS AS A TRANSACTIONAL PROCESS

Transactional models of stress, sometimes known as Cognitive-phenomenological (Lazarus 1977, 1978), essentially view stress neither as a beginning nor end-state, but as a process comprising an interaction between individual and situational factors. This effectively expands the process definition of Baum, Singer and Baum (1982), by emphasising the role of the individual within the overall process.

This transactional view is captured by Beehr and Newman (1978), who suggest that a number of variables intermingle, thereby creating an interactive model of stress. The resulting process produces a cyclical pattern within the individual until long term adaptations and consequences occur. In particular, this model supports the view that the process of stress is a phenomenon arising out of a transaction between the person and his/her situation. Whilst this definition to some extent captures the dynamic and interactive nature of stress, it might be argued that further explanation is necessary in order to clarify the precise nature of the interaction of these variables.

One school of thought in explaining the above transaction is that stress is triggered by an imbalance between the demands from the environment and the individual's resources to meet them. Conversely, in describing this phenomenon in terms of a demotivational perspective, it might be seen that an environmental imbalance may produce insufficient opportunities to fulfil a person's needs. A number of definitions capture this sense of imbalance:

Cox and Mackay (1981) see stress as '.....an interaction between external demand, the constitutional vulnerability of the person and the adequacy of his defence mechanisms'.

Cherniss (1980): 'Stress occurs when there is a perceived imbalance between resources and demands'.

Lazarus and Launier (1978), in Newton (1988): '.....stress is any event in which environmental or internal demands (or both), tax or exceed the adaptive resources of an individual's social system or tissue system'.

Cox (1978): 'Stress can only be sensibly defined as a perceptual phenomena arising from a comparison between the demand on the person and his ability to cope'.

Folkman et al (1986): 'Stress is a relationship between the person and the environment that is appraised by the person as taxing or exceeding his/her resources and as endangering his/her wellbeing'.

These definitions recognise not only the role of environmental stimuli and the ensuing adaptation process, but significantly, the individuality of the whole experience which is described in negative rather than neutral terms. There is then a key assumption in the transactional model that cognitive processes of the individual will contribute to a perceptual appraisal of whether or not a situation presents as a threat or a challenge. Following cognitive appraisal by the individual, the subsequent physiological and psychological responses will be determined by past experiences and the individual's perceived capacities to deal with the situation. Thus a transactional view recognises stress as being a physiological, psychological and most importantly, an individual experience. This runs parallel to process and expectancy theories of motivation (Lawler 1973, Levinson 1981) e.g. Beehr, Walsh and Taber (1976):

'Motivation is seen as a multiplicative function of expectancy that effort leads to valued outcomes'.

In an attempt to understand the role of the individual in this process, a wide range of transactional definitions have been developed which emphasise its psychological elements.

Lazarus (1977) suggested that the essential moderator in the G.A.S. process might be psychological. This perspective was supported by the work of Symington et al, who as long ago as 1955 suggested that dying patients who were unconscious demonstrated

no change in their cortical condition, whilst those who were conscious did. The ensuing conclusion therefore is that for a stimulus to trigger the G.A.S. response, it must actually be perceived to be threatening.

Essentially, this view supports the conclusion made in the previous section that a stimulus is neutral. Whether or not this stimulus leads into the stress process, will depend upon the meaning which the perceiver attaches to the stimulus (Fineman 1979).

McGrath (1970);, '....an individually-based, affect laden experience caused by subjectively perceived stressors'.

Michael (1978), 'Stress is in the eye of the beholder'.

In accepting that stress involves cognitive appraisal, it is necessary to conclude that (a) the individual not only places an individual interpretation upon the stimulus which will structure the nature of physiological adaptation, but also cognitively determine what they perceive to be an appropriate response; (b) the ensuing adaptation process will produce psychological as well as physiological changes e.g. anxiety, depression. Spielberger and Sarason (1985) suggested that this viewpoint '....makes nonsense of a linear stimulus-response model'.

Cooper (1992) suggests that any conscious response will be designed to restore the individual to a '...feeling of comfort'. The nature of this response will be based on the individual's personality and past experience; the process can be called **COPING**. Latack (1986) suggests that the degree of success an individual has in coping will determine the acuity of the stress process. In order to fully understand the stress process, it is important to explore the concept of coping. Newton (1988) defines coping as:

'.....behaviour in dealing with a specific event'.

The behaviour identified by Newton will clearly have a moderating influence on Seyle's theory of G.A.S.

Pearlin and Schooler (1978) suggest that coping is, '...behaviour that protects people from being harmed by problematic experience'. However, the weakness in this definition is its inability to separate the distinction between long and short-term protection. If the coping behaviour offers only short-term protection, then its effectiveness may be regarded as somewhat limited.

Both of the above definitions sum up the broad meaning of coping, but neither attempts to examine the nature of this 'behaviour'. Latack (1986) attempts to clarify this area and identifies three different categories of coping:

(a) Control. This is essentially a pro-active response to a difficult circumstance, which involves taking practical observable actions to rectify the situation and will be matched by positive cognitive reappraisal of the situation.

Example: A social worker may have provided an inadequate social enquiry report at a case conference in front of his/her line-manager, which evokes criticism. Anxiety is suffered concerning how people view him/her and future case conferences are regarded with trepidation. The appropriate control coping strategy would be to ensure, via thorough preparation, that the same circumstances do not happen again. This would need to be accompanied by the social worker rationalising in his/her own mind that providing the matter is rectified, the manager will not hold a long-term negative view of the matter. Consequently, adverse physiological and psychological reactions may reduce as the situation becomes less threatening as a result of successful outcomes.

(b) Escape. This involves the individual avoiding situations which are perceived as threatening. In general this may be regarded as negative coping.

Example: The social worker in question may choose to avoid whenever possible the case conference situation, perhaps by being sick or finding higher priority tasks. This leaves the situation unresolved and is continually perceived as a negative and threatening situation.

(c) **Symptom Management.** This involves taking action to relieve negative symptoms arising from the unpleasant experience, rather than dealing with the situation directly.

Example. *This could take the form of the social worker reading or participating in a sporting activity, leaving the person feeling better both physically and mentally. However, an alternative scenario could involve the person being overwhelmed by the situation and he/she may cope by drinking heavily or taking drugs. The situation therefore remains threatening, with the social worker experiencing what may be described as chronic strain, (Newton 1988), with accompanying physiological and psychological effects.*

In view of the above, the Researcher suggests that coping strategies which appear to succeed may best be described as **POSITIVE** or **ADAPTIVE BEHAVIOUR** and those which fail as **DEFENSIVE** or **MALADAPTIVE BEHAVIOUR**. Since there is a feedback loop in the individual's cognitive processes those employing the latter are likely to suffer from 'second order problems', which leave the individual in a sustained state of mobilisation (Howard and Scott 1965). Thus unresolved and threatening situations will continue to leave the individual in a state of 'fight or flight', with all the associated physiological and psychological responses.

Folkman et al (1986), clearly sees the adaptive element of coping as focusing on *control*, '...coping involves the cognitive and behavioural efforts to master, reduce or tolerate the internal and/or external demands that are created by the stressful transaction'. However, in most cases the individual who copes in an effective manner will probably utilise a combination of *control* and *symptom management*. Even then it is not possible to exclude certain *escape* strategies from effective coping e.g. there are those who would disagree profusely concerning the positive or negative effects of alcohol. This view is shared by Fleischman (1984), who suggests that there is significant disagreement concerning, '...what constitutes a legitimate coping strategy and what is deemed to be antisocial'.

An understanding of the psychological elements and, in particular, the coping dimension

associated with the stress process are essential in constructing an acceptable transactional model. The degree of threat experienced in situations such as that described above, will primarily be determined by the individual's perceived capability in meeting those demands arising. In support of this view, Coyne and Lazarus (1980) state, 'A transactional explanation consists of explicating the quality of a psychological process that we find important or interesting'. Consequently, the nature of the individual's cognitive appraisal and degree of resultant strain experienced will be mediated by a variety of situational factors existing within their relevant work, social and cultural networks. However, in common with the medical and engineering models, there are dangers in placing too great an emphasis on any single element of the stress process, in the search for an all-embracing explanation. Cohen (1984) supports this view:

'There is no one to one relationship between the use of any one form of coping and adaptational outcome'.

Handy (1988) suggests that **stress theorists who support a purist psychological model, have fallen precisely into the trap of seeking all-embracing explanations and have failed to recognise the importance of the social context within which the psychological transaction has taken place.** Thus, overemphasis on a psychological approach, has failed to account for organisational and societal influences and therefore any commonality that might exist within the over-arching social context between differing individuals. **The Researcher would therefore suggest it is important to recognise that transactional models must account for the complex interaction of a range of psychosocial processes.**

2.5 TOWARDS A PRACTICAL STRESS MODEL

Whilst the three models analysed have contributed to the development of stress theory and towards a conceptual understanding, each in turn has demonstrated shortcomings. Therefore drawing on all three models of stress, the Researcher has devised the following framework, essentially transactional, for analysing the process of stress:

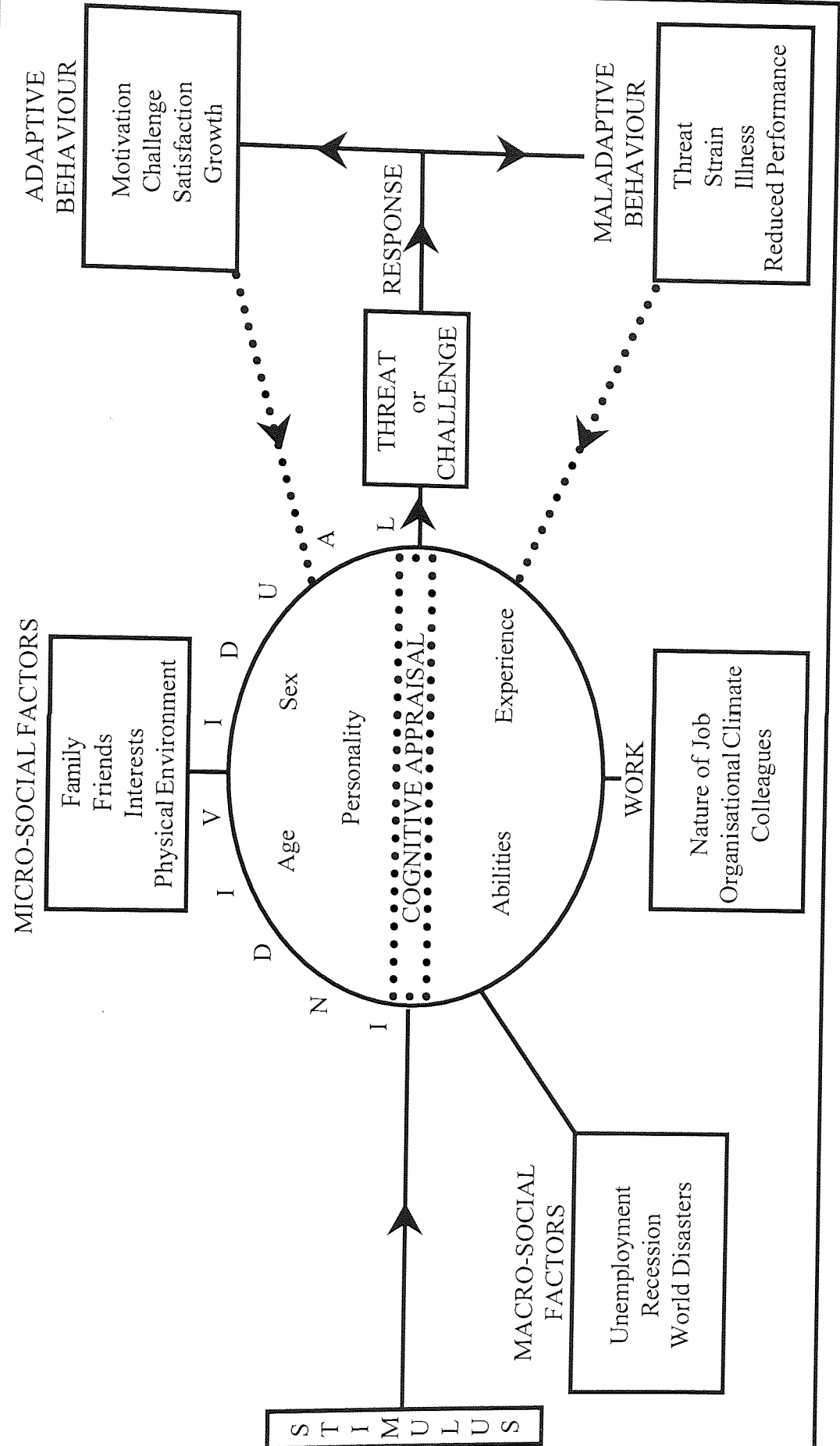
- (i) **Stimuli** in the environment are in the main neither inherently harmful nor beneficial to the individual.

- (ii) Where the stimulus creates an imbalance between perceived demand and perceived capacity to respond, the **individual** will appraise the stimulus in terms of whether it represents a **challenge** or a **threat**. This appraisal will be determined on the basis of an individual's **personality, experience** and **sociocultural context**. The latter will potentially comprise three key areas: **Work, Micro-social factors, Macro-social factors**.
- (iii) Following appraisal, the individual will implement either **coping** or **defensive strategies** which will lead respectively to either **adaptive** or **maladaptive behaviour**. Both **physiological** and **psychological adaptation** will take place.
- (iv) Following the above process, the person concerned will not return to their former psychological/cognitive state, since new information will now be available, relating to the coping or defensive strategies used. This will relate to future situations and will determine whether a similar stimulus will be perceived as a threat or a challenge. If the stimulus remains a threat, then the physiological responses of the body, accompanied by psychological responses, are likely to repeat themselves. If this occurs over a prolonged period, then the person may be defined as suffering **strain**.

The Researcher's model is illustrated in Figure 4.

The Researcher will return to this analysis of theoretical models in his final chapter and reconsider their internal consistency and rigor in the light of the research undertaken.

FIGURE 4. STRESS PROCESS MODEL



CHAPTER THREE- ANALYSIS OF STRESS RESEARCH FIELD

SUMMARY

During this chapter, the Researcher will consider the practical research application of a range of occupational and organisational stress frameworks, in particular, their appropriateness for analysing public sector organisations. The Researcher will then focus upon the stress research undertaken within a job, occupational or organisational context, considering both the results and associated design frameworks.

CONTENTS

- 3.1 Introduction.
- 3.2 Occupational and Organisational Frameworks of Analysis.
- 3.3 Effects of Stress.
- 3.4 Causes/Sources of Stress.
- 3.5 Psychological Approaches.
- 3.6 Coping/Interventionist Approaches.
- 3.7 Transactional Approaches.
- 3.8 Social Work Research.
- 3.9 Conclusions.

3.1 INTRODUCTION

In the previous chapter, the Researcher examined the main theories of stress within the following categories.

- (i) Effects of stress.
- (ii) Causes/Sources of stress.
- (iii) Transactional approach.

Following the development of these theoretical stress models, researchers within the field began to develop parallel research designs located specifically within an occupational and organisational framework.

It is clear that the organisational frameworks considered in this chapter were developed for the purpose of conducting stress research within large organisations. However, what is less evident is the extent to which they have been informed by research and are of practical value. What is beyond dispute is the major influence which such frameworks have exerted in determining the style of research implemented and subsequently the validity of outcomes. Analysis of such frameworks is therefore a prerequisite to exploring the stress research field and determining appropriate research methodology.

As the Researcher will indicate later in this chapter, pure transactional research has been rare, with those researchers who have decided to adopt this perspective attempting in the main, to concentrate upon a single component within the transactional framework, rather than the wider process. The two main elements which researchers have focused upon within this category may be classified as: (i) Coping/Management of Stress; (ii) Psychological designs.

3.2 OCCUPATIONAL AND ORGANISATIONAL FRAMEWORKS OF ANALYSIS

A. GENERAL OCCUPATIONAL STRESS FRAMEWORKS

(i) French and Caplan (1972)

French and Caplan were the first researchers to attempt the construction of an analytical framework of stress set within an organisational and occupational context. It is worth considering this model in some detail, since it formed the basis of many similar models developed by other researchers and introduced a number of fundamental concepts in relation to sources of stress.

French and Caplan suggested that organisational stress could be examined within the following framework:

<i>OCCUPATIONAL STRESS CAUSES/SOURCES</i>	<i>PERSONALITY</i>	<i>PHYSIOLOGICAL PSYCHOLOGICAL STRAINS</i>
Role ambiguity	Abilities and needs	Job dissatisfaction
Role conflict	Introversion-Extroversion	Job tensions
Role overload	Flexibility/rigidity	Job related threat
(Quantitative/Qualitative)		Low self-actualisation
Crossing organisational boundaries		Smoking
Responsibility for people		Blood pressure
Relations with others		Low self-esteem
Participation		Cholesterol
Occupational differences		Heart rate

Particularly significant was the identification of possible role causes/sources which feature heavily in the research models considered later in the chapter. These concepts

have been widely applied by researchers in the field. It is therefore important to clarify their meaning:-

Role Ambiguity - having less than all the information needed to perform a job adequately.

Role Conflict - reflects a situation where the information arouses conflict.

Role Overload - too much work or too little (Quantitative); or, too difficult or too easy (Qualitative).

French and Caplan suggested that many of the potential sources of stress could be removed by a range of management procedures e.g. *appropriate selection; training; job rotation; changing the wider environment of the job via resources, management training; participation*. However, significantly they stated,

‘The first step in devising a programme of prevention must be to make an accurate diagnosis of the stresses and strains in the particular organisation’.

In 1975, Caplan et al refined this model further and developed what became known as the ‘Michigan Model’. This identified two types of stress which may threaten the individual:

- (a) imbalance between the resources of the individual and the demands of the environment;
- (b) stimuli in the environment may not provide sufficient opportunities to fulfil his/her needs.

This framework appears to be a development of the concept of role overload and underload. In addition, French and Caplan suggested that personality was not the only intervening variable between causes of occupational stress and its effect upon the individual, suggesting that the *social environment*, in particular *social support*, was also a significant factor.

French and Caplan’s essentially three stage frame of analysis: *causes of stress*,

intervening variables and effects, reflects many aspects of a transactional model and within this, key variables for analysis are clearly identified. This provided an extremely helpful framework for future researchers and for the past twenty years has been the prevailing organisational model of stress.

The importance and insights provided by French and Caplan's model should not be underestimated. However, the degree of interaction between variables contained within the framework is unclear and to this extent French and Caplan may have inadvertently opened the way for research which focused upon one or more of these variables in isolation to other factors. Whilst the Researcher accepts that this may be a legitimate and pragmatic approach, it is somewhat one-dimensional and research arising from this model has been predominantly cause and effect, thereby moving away from French and Caplan's essentially transactional paradigm.

(ii) Cooper and Marshall (1975a); Cooper (1988)

In 1975, Cooper & Marshall suggested an organisational model identifying interacting factors thought to influence occupational stress. This framework, clearly influenced by French and Caplan, identified seven key potential sources of occupational stress, which contained some forty interacting variables. The seven categories are as follows:

Factors intrinsic to the job;

Factors intrinsic to the individual;

Role within the organisation;

Relations within the organisation;

Career Development;

Being in the organisation (Restrictions on behaviour);

Organisational interface with the outside world.

Other models were developed in similar vein, such as that proposed by Gowler and Legge (1975), who suggested five possible levels of organisational analysis:

The Individual; Role; The Group; Organisation; Culture.

In 1987, Cooper confirmed his earlier model and provided a useful resume of the relevant research supporting this framework.

(a) *Factors Intrinsic to the Job:*

- *poor physical working conditions*; Kelly & Cooper (1981) found heat and danger to be major stressors in a steel manufacturing plant.
- *shift work*; Cobb and Rose (1973) researching air traffic controllers found that hypertension was four times more prevalent than in a control group.
- *work overload*; Cooper, Davidson and Robinson (1982) confirmed this to be a major factor contributing to stress amongst police officers.
- *work underload*; Cox (1980) found that this was often associated with ill health. However, little research exists concerning professionals who feel that their abilities are not fully utilised.
- *physical danger*; there are a range of occupations which fit this criteria, police, mining, firemen and increasingly, social workers.

(b) *Role in the Organisation:*

- *Role ambiguity* ; Unclear goals and expectations can be linked to stress related illness (Beehr, Walsh and Taber 1976).
- *Role Conflict*; Kahn and French (1970), link role conflict to higher job tension.

(c) *Career Development:*

- Cooper and Davidson (1982) in a study of women managers found that women encountered far more career blockages than men e.g. sex discrimination, inadequate training.

(d) *Relations at Work:*

- Buck (1972), 'Considerate behaviour by supervisors, appears to have contributed significantly inversely to the feelings of job pressure'.
- Lazarus (1966) concluded that stress can be caused by lack of adequate social support in difficult situations.

(e) *Organisational Structure and Climate:*

- Margolis et al (1974) found greater participation increases productivity and also found the converse to be the case.

(f) *Home/Work Interface:*

- Cooper and Davidson (1982) indicated a strongly held view by many informed professionals, that the increasing practice of family partners following, 'dual career family development', is a major contributor to an increased divorce rate.

(g) *Being Redundant:*

- A number of studies have indicated that psychological problems can arise amongst the unemployed (Kahn 1956; Warr and Lovatt 1975).

Interestingly, the latter two factors have relatively little research available compared to the others and this may indicate greater difficulty in separating out other influencing variables. In addition the Researcher suggests that the research supporting (c) 'Career Development' is actually more concerned with gender as an issue.

It should be noted that Cooper in 1988 categorises organisational sources of stress slightly differently to those he identified in 1975 with Marshall. That there should be change and development is to be expected, particularly in relation to the inclusion of 'fear of redundancy'. However, most significantly, in his earlier analysis, these variables are not defined as sources of stress, but interacting factors which may contribute towards increasing occupational stress. This represents a significant change of emphasis, in particular an absence of focus on the interactive element. This may however, be a response to the increasing phenomenon of commercial 'stress packaging' in which the ability to identify sources of stress and presumably accompanying solutions, seems to be required by potential funding customers.

In the Researcher's opinion, no further research has indicated that any additional categories of organisational stress sources need to be added to those identified by Cooper and Marshall. Their model has been particularly influential upon research

within the United Kingdom and like that of French and Caplan has seen a proliferation of designs arising from its framework, although few interactive studies.

(iii) Linear Model - Perlman and Hartman (1982)

The possibility of developing a framework which allowed analysis of individual components of occupational stress was further advanced by Perlman and Hartman (1982), who proposed a model which suggested that stress develops in four progressive and linear stages: *situation, perception, response, outcome.*

Each stage is seen as a discrete entity set within an occupational context. At each of the above stages a limited set of variables interact and impact upon the individual worker prior to moving into the next phase. Within this model, modification of a particular variable, for instance tolerance to role overload, would theoretically prevent an increase in the levels of stress experienced by the individual in the ensuing phases.

Perlman and Hartman's model is attractive in that it raises the possibility of measured interventionist research and management strategies implemented at each successive stage. This may then relieve the impact of stress and strain upon the individual, thereby bringing wider organisational benefits. However, this framework appears to have a number of limitations:

- (a) Intervention or modification can only take place at a particular stage in the development of stress. If correct, this then limits the range and effectiveness of management strategies which might be used.
- (b) This model is as its name suggests, linear and does not account for interaction between variables at the different stages.

In light of the above, this model does not lend itself to an interactive view of stress and tends to meet the needs of research driven by a rationale based on the availability of possible funding sources, rather than representing a realistic holistic frame of analysis.

(iv) Domain/Dimension Theory - Pines (1982); Moos (1988)

In 1982 Pines suggested that organisations could be regarded as consisting of a number of dimensions or domains, all of which influenced both individual and organisational stress. He identified these domains as follows:

- *Psychological Domain*: autonomy, variety, overload;
- *Physical Dimension*: architectural structure, space, noise;
- *Social Dimension*: service recipients, customers, clients (numbers, problems, relations); co-workers; supervisors (reward, feedback, support, challenge);
- *Organisational Dimension*: bureaucratic features, rules and regulations, participation, policies;
- *Role in organisation*.

Significantly, Pines recognised both the interactive nature of stress and the varying organisational dimensions of analysis. Similarly, Moos (1988) suggested three possible domains of work climate:

- *Relationship Domain*: the way in which individuals in a setting relate to each other;
- *Personal Growth or Goal Orientation Domain*: the personal growth goals to which an organisation is orientated;
- *System Maintenance and Change Domain*: the amount of structure and openness which characterise it.

Moos conceptualises the above work environment as:

‘..a dynamic system composed of physical and architectural features, organisational structure and policies, suprapersonal factors and social climate’.

Whilst Moos's framework is essentially interactive in nature, it then raises the problems of devising research designs which are capable of reflecting this dynamic environment.

In response, Moos developed a Work Environment Stress Scale making comparisons possible between the various domains thereby enabling their respective stress impact upon both the organisation and the individual to be evaluated. Indices of strain included: *substance misuse; mental and physical symptoms; mass psychogenic illness; coronary heart diseases and other medical conditions*. However, it is interesting to note that Moos moved from an emphasis which focused upon causes of stress found in the models of French and Caplan (1972), Cooper and Marshall (1975b), and Cooper and Payne (1980), to an organisational model which concentrated on symptoms! Neither approach fully captures the whole process.

(v) **Psychosocial Models - Van Harrison (1978); Cox (1978); Fineman (1979); Donovan (1987).**

(a) *Van Harrison's 'Person-Environment Fit' (1978) and Cox's Discrepancy Theory (1978)* both attempt to describe occupational stress models in a manner which primarily focused upon the individual. Van Harrison describes his theory as follows:

'A job is stressful to the extent that it does not provide supplies to meet the individual's motives and to the extent that the abilities of the individual fall below the demands of the job which are a prerequisite to him receiving supplies'.

Thus the degree of 'fit' will be determined by a variety of factors impinging upon the job and the individual. Similarly, within Cox's theory, the greater the discrepancy or mismatch between these factors in terms of 'needs' and 'supplies', the greater the degree of stress/strain experienced by the individual.

This approach may be described as a psychological view of stress set within an occupational context. Little emphasis is placed on the organisation as a whole, stress being perceived as essentially an individual experience.

(b) *Fineman (1979)* put forward a '**Psychosocial model**' for specific application to managerial unemployment. Fineman's key interacting variables for

analysis in this model were:

Environmental fields - e.g. job, family, organisation;

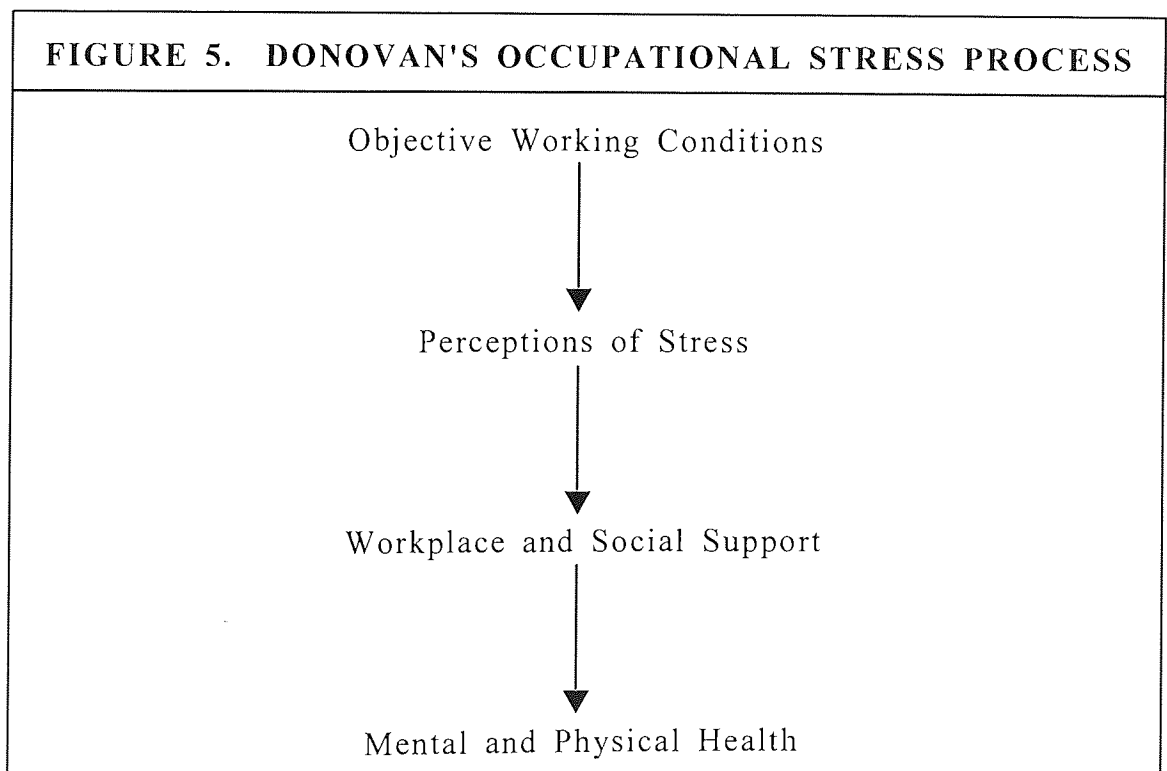
Personality - linked to perception of stimuli;

Behavioural Approaches - which are essentially coping strategies.

Significantly, this approach recognises,

‘...the importance of moving beyond the realm of exactly defined variables and standardised measurement if we are to capture some of the holistic qualities underlying psychological phenomena’ (Fineman 1979).

- (c) *Donovan (1987)* recognising the problems of establishing satisfactory organisational stress paradigms, particularly in moving away from those which emphasise individual culpability, developed a simple process model of occupational stress (Figure 5):



Donovan builds into her model, workplace and social support between perceptions of stress and mental and physical health. Thus whilst retaining

a psychosocial focus, Donovan does move away from the notion of the individual as the only point of intervention and develops the idea of examining the relative roles of workmates and teams, a concept which the Researcher draws heavily upon in designing his research framework. Whilst providing an interesting shift of emphasis from other frameworks, it too has its limitations. Indeed, it is arguable as to whether there is any such state as objective working conditions. At best this state can only be one which is pragmatically agreed by employees and managers. In addition, working conditions cannot be considered in isolation to the interface with cultural and wider societal influences.

Taken together, Van Harrison, Cox, Fineman and Donovan's respective models point the way to a research approach which places less emphasis on examining supposedly objective isolated variables and more on locating any research design within an holistic and subjective context of both the individual and wider organisation.

B. HUMAN SERVICE ORGANISATIONAL STRESS FRAMEWORKS

In parallel to the development of general organisational frameworks, a number of academics built a series of frameworks which attempted to look at the way in which the stress phenomena might be analysed specifically within human service organisations.

(i) Cherniss (1982)

Cherniss suggested that there is likely to be inherent role conflict for human service professionals, severe in some instances, simply by working in organisations which are bureaucratic in nature. Since public organisations are frequently designed in a bureaucratic fashion, public sector employees will frequently need to reconcile these conflicting professional values and goals within the constraints of the organisation, thus creating the possibility of role conflict. In addition, Cherniss suggests that the normative/power structure of human service organisations may intrinsically increase job stress because of:

differences in values;
competition for scarce resources;
differences in status and power;
role conflict and ambiguity;
heavy workloads;
structure of work i.e. limited opportunities for staff interaction.

Cherniss suggested that most human services were not concerned with the psychological needs of the staff, and interestingly focused on the structure of the organisation being the key to increased stress rather than the added dimension of professionals having to deal with clients. If indeed the actual structure of human service organisations is so significant, then there are major implications for researchers attempting any change strategies. It may therefore be too ambitious to actually change the total human organisation and any research should perhaps be attempted at a more local or even individual level (A view adopted by Fineman in his research in 1985).

(ii) Ecological Model - Carrol and White (1982)

Carrol and White developed what they described as an *Ecological* model of burnout applicable to a human service organisational context and subsequently proposed a number of hypotheses relating to a range of factors which contribute to understanding the stress process. This model represents an essentially transactional approach and merits a detailed explanation, since it attempts to provide a comprehensive framework with accompanying strategies to rectify the problem of burnout.

Carrol and White stated, '....it is essential both to evaluate person and environmental variables and their interactions and to develop and implement intervention strategies that address simultaneously both the person and their environment'. They label this as an '..ecological approach to assessment and intervention'. This contradicts the assumptions arising from Cherniss' view of the all-powerful unchangeable model of organisational power and is undoubtedly both an interactive and holistic framework. Carrol and White suggest that organisational stress analysis and action should be identified as follows:

- (a) *Signs of Burnout/Stress;*
- (b) *System Factors contributing to Burnout;*
- (c) *Strategies for amelioration and prevention.*

Significantly, they identify a range of interventions for both the individual and the work environment which points away from the study of specific variables within an organisation and promotes the notion of interventionist and change research approaches.

(iii) Courage and Williams (1987) Model for Human Service

Courage and Williams propose a multi-dimensional framework for analysing burnout in professional care providers. This model specifically identifies relationships between care provider, human service organisation and the recipient of care (Figure 6.). Their paper proposes an identification and analysis of the interrelationship between the variables and is particularly useful in a number of respects:

- (a) It highlights specifically the role of the care recipient as a key factor in the social care stress process, an issue which has not been clearly addressed in the relevant research.
- (b) The model indicates the interactive nature of stress, each cell reflecting the cumulative effect of the variables in the other axes.
- (c) The model is helpful in the generation of new hypotheses.

In spite of these positives, the Researcher feels that the model has a number of drawbacks:

- (a) If the model is to be truly representative of a transactional approach, then the Researcher would make a number of amendments and these are indicated in Figure 6. i.e. the variables of size and political context should be added; in the case of the care provider, demographic factors such as race and gender need to be made more specific. However, more fundamentally, a fourth dimension

needs to be added to the cube, that of social factors.

- (b) The model, by identifying in detail a number of specific variables in an interactive context, is highly complex. This very complexity tends to reinforce the approach of cause and effect analysis which as indicated earlier, the Researcher believes has to date been responsible for research models remaining rooted in either an engineering or medical framework.

C. KEY ISSUES

It is evident that there are two broad categories of organisational stress models.

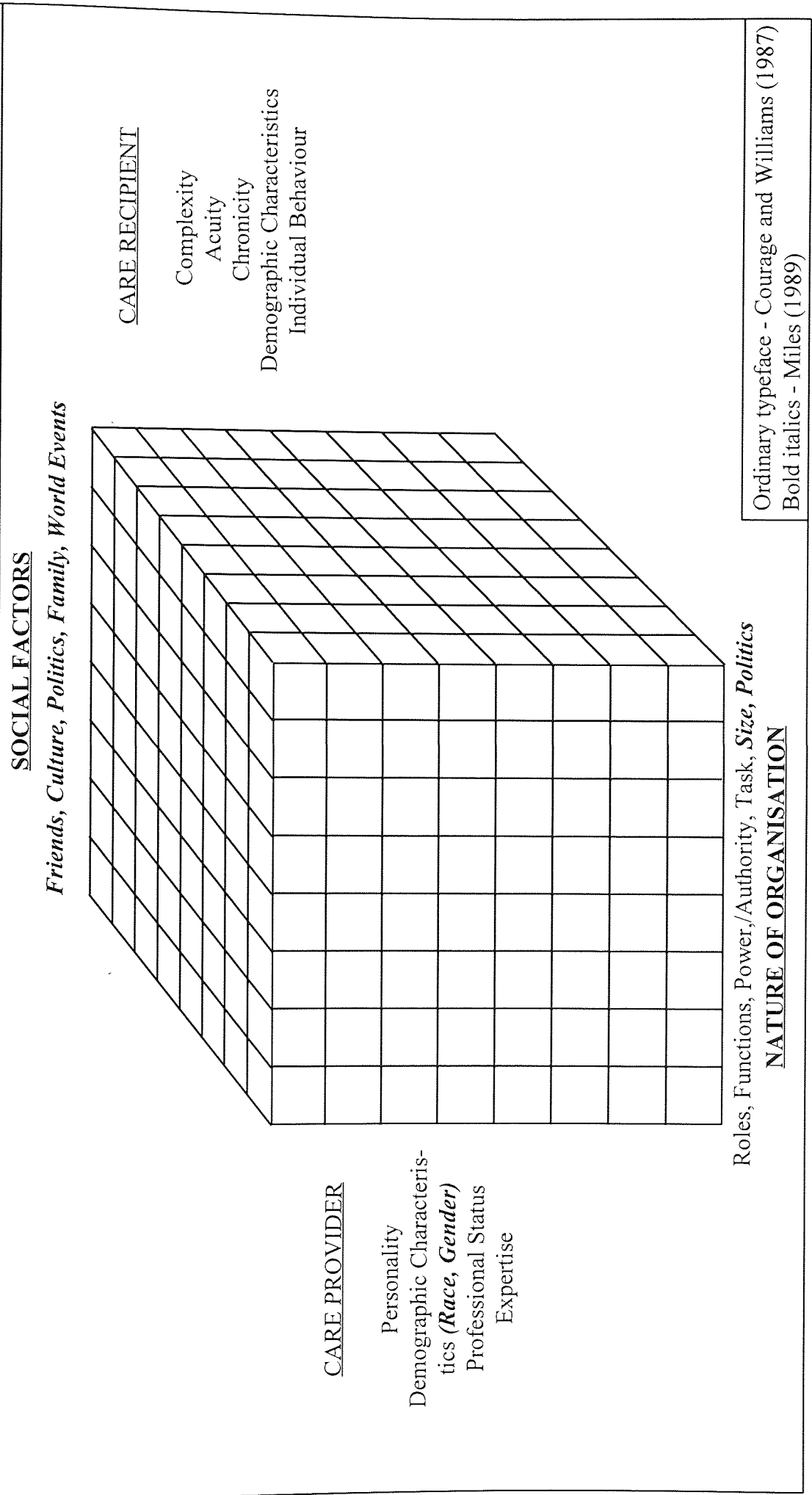
(i) Single variable emphasis

This category identifies a whole range of variables either in terms of causes of stress or effects, within an organisational context. **Whilst ostensibly supporting an interactionist view of stress, the effect upon the research field may be to encourage focus on individual variables, rather than their interaction.**

(ii) Interactive emphasis

This category places greater emphasis on the psychological and social variables which may intervene between potential causes and effects of stress. A holistic approach to research is encouraged. However, the difficulty with these frameworks is that their potential complexity does not point the way to any clear research paradigms. The Researcher, whilst acknowledging the validity of many of the observations indicated in the former category, initially favoured an holistic approach. The extent to which this is represented in the research field will be considered in the ensuing sections of the chapter.

FIGURE 6. HUMAN ORGANISATION STRESS FRAMEWORK



3.3 EFFECTS OF STRESS

Research concerning the effects of occupational stress has focused primarily upon:

- (i) health impacts upon individuals/employees,
- (ii) impact upon the organisation.

However, any differentiation when considering the motivation for undertaking the relevant research, is difficult to identify. Indeed Cooper and Marshall (1975b) state,

‘Interest in *stress at work* is largely due to a recognition of the harmful effects that mental ill health of both management and workers can have on organisations’.

Whilst the two perspectives are clearly interlinked, it is evident that some studies tend to place a greater emphasis on one rather than the other. The Researcher will for purposes of convenience consider them within these two categories.

A. HEALTH IMPACTS UPON INDIVIDUALS/EMPLOYEES

Not unnaturally, there is a direct parallel between the development of research designs and that of theory in the relevant field. Thus in the case of stress, early interest focused on its medical implications and therefore subsequent research tended to concentrate on epidemiological approaches.

Epidemiology is defined by MacMahon and Pugh (1970) as: ‘The study of the distribution and determinants of states of health in human populations’.

Kasl (1978) provides a useful overview of epidemiological contributions quoting a host of early research which attempted to compare and contrast higher rates of illnesses within and between certain occupations. When examining these studies it is possible to find the seeds of the methodological problems which in recent years have frequently been associated with the study of stress.

(i) High Risk Occupations

Early research concentrated on people who were exposed to dangerous situations and attempted to establish a link between their occupations with heart disease.

In 1930 Alvares and Stanley conducted research amongst prisoners and guards and found that the guards had raised blood pressure. Nevertheless, whatever the accuracy of this observation, a causal relationship is difficult to establish. A number of ensuing studies have all reflected similar problems. Barnard and Duncan (1975) also found raised blood pressure amongst firemen, but discovered that the same effects could be achieved by exposure to pollutants such as carbon monoxide. In similar vein, Schukitt and Gunderson (1973) found that within the navy, men occupying the highest risk jobs and suffering high mortality rates, tended to be older, of lower social class origin, lower educational attainment and single. **Since these were all characteristics which the men brought with them, the causal association between heart disease and the nature of the job becomes tenuous.**

Apparent contradictions seem to stem from the fundamental problem of separating out and holding constant a complex range of variables. Indeed, this problem has plagued research designs based on cause and effect to the present day and has been particularly evident in studies which have attempted to compare the health of employees between occupations.

(ii) Occupational Comparisons

In 1953, Morris et al. found higher heart disease rates amongst bus drivers than conductors. The researchers initially explained this observation in terms of the drivers taking less exercise at work than the conductors. However, on repeating the research three years later, they concluded that the observed differences were due to obesity, which can only partly be attributable to lower levels of exercise. This clearly demonstrates the problems associated with this type of research. However, it does not appear to have deterred researchers from relentlessly following this approach.

Guralnik (1950) observed differences between occupational groups in relation to heart disease; also in suicide rates e.g. the suicide rate amongst teachers was found to be twice as high as the suicide rate amongst police officers. Pflanz (1971) identified similar differences between these two professions in relation to peptic ulcers. However, it is interesting to note that in 1988, the Health Education Authority actually links teachers and police officers as both being 'risk' professions!

More recently, Marmot, Rose and Shipley (1984) indicated that mortality rates may have their origins rooted in early life socio-economic factors rather than being explained in terms of over-simplistic occupational differences. If this is the case, then establishing causal relationships with specific factors in the environment will be difficult to determine. Similarly, Marmot and McDowall (1986) indicate that deaths from heart disease in manual classes are higher than non-manual classes. In spite of an overall decrease in all categories in recent years the relative difference between the categories has in fact increased. They observe that the effect of unemployment should also be considered as a related factor.

The research findings considered so far indicate the problems in successfully identifying causal factors related to health outcomes. It is interesting to note that a favourite method of retrieving data for analysis, even in early research, was use of the questionnaire and Kasl (1978) suggests that one of the dangers in proposing causal explanations is the doubt which must be attached to the self-reporting process.

(iii) Stress as a contributory factor to ill-health

Epidemiological studies do not necessarily consider the impact of stress upon the health of the individual, rather the risk levels supposedly attached to respective occupations. However, both arising from and developed in parallel to epidemiological approaches, there has been a wide range of research attempting to identify the relationship between stress and employee health.

Early research indicating a link between anxiety and physical ill health included Wolff (1953), and today the notion that many illnesses are influenced by stress is widely

accepted (Michael 1978). Indeed, most general literature on stress lists a wide variety of supposed stress related illnesses (McDonald and Doyle 1981, Anderson 1978). Anderson groups these *Physical Illnesses* as follows:

*Cardiovascular; Muscular distress; Locomotor distress;
Respiratory and allergic disorders; Infectious diseases;
Gastro-intestinal disturbances; Immunological disturbances;
Endocrinological disturbances; Dermatological diseases;
Neurological diseases; Cancer; Genito-urinary diseases.*

The above list is so extensive it raises the suggestion that the contraction of each and every known disease is in part a result of stress. Alternatively some question marks may be raised concerning the rigor of the various research approaches which produced these findings. However, Anderson proceeds to further expound the view that in addition to the wide range of physical illnesses which arise from stress, there is a secondary category which needs to be considered, that of *Emotional Distress*. This includes:-

*anxiety; fear; panic; anger; hatred; resentment; depression;
feelings of helplessness and inadequacy.*

In addition to the above, Anderson suggests a third grouping, that of *Mental Distress*, which is basically concerned with nervous breakdowns.

In spite of the comprehensive nature of the above list, the Labour Research Department (1988) adds yet another category of problem areas which it suggests has proven connections with stress. These are classified as *socially induced problems* and include:

*Problems with relationships; Heavy smoking; Heavy drinking;
Use of tranquillisers; Abuse of drugs; Loneliness.*

However widespread views may be that there is a connection between the above listed problems and stress, establishing this relationship is by no means straightforward.

As a result of difficulty in quantifying this relationship there has been the development of personal stress scales such as that suggested by Leigh (1988).

The above stress inventory suggests a scale of impact of particular events upon the individual. Using this scale, the individual can supposedly determine a personal stress level which theoretically indicates the potential impact upon their health. However, the shortcomings of this measuring device are evident. In particular, the scale makes unfounded assumptions of homogeneity. Clearly the unexpected death of a spouse may indeed be a major stress factor for an individual. However, the impact may vary in the case of a partner whose spouse has been the long suffering victim of a terminal illness. In this case death may be seen by the individual as a release and might actually reduce the level of stress encountered by the partner.

In view of the above, the Researcher suggests that the value of such scales is primarily as a diagnostic checklist, not as an automatic predictor between cause and effect. It is important to distinguish between the two, since understanding and exploration may be of far greater practical relevance for individuals, work groups and organisations, rather than attempting to provide broad causal explanations.

B. IMPACT UPON THE ORGANISATION

Section A was primarily concerned with the medical effects of stress or occupational differences upon the individual. However, in recent years, there has been a shift of emphasis which has placed stress research primarily within an organisational context, examining the psychological impact upon the individual and factors which potentially affect the organisation's productivity.

A range of early studies indicated a connection between aspects of the work environment which had not previously been identified as dangerous to the health of employees. For instance, as early as 1965, Stotland and Kobler noted that after every major administrative upheaval in hospitals, there was increased burnout of staff. This suggested that factors occurring within the workplace could adversely affect the mental health of employees. A number of studies conducted during the sixties and early

seventies, almost exclusively within the U.S.A., confirmed this: Kornhauser (1965); Quinn et al (1971). Significantly this prompted a response from other researchers who indicated that the mental health of employees could be enhanced by improving the work environment (Janson 1975). More recently, work by Michael Frese (1985) confirmed these findings. However, Frese points out the dangers of describing these effects in one-dimensional terms and suggested that the relevant correlations could possibly be explained by other factors such as home circumstances.

In parallel to research considering the psychological impact of the work environment upon the individual, physical connections were still being explored. Theorell and Rahe (1972) found that working excessive hours could be associated with heart disease and House (1974) found a correlation between employees experiencing job dissatisfaction and heart disease. Similarly, French and Caplan (1972) suggest that job stress could produce in employees job dissatisfaction, apathy and even violent anti-organisational acts. However, later findings (Greer and Castro 1986), have not always been able to establish clear links.

The above research increasingly pointed towards the phenomena of occupational stress impacting deleteriously upon individuals in both a psychological and physical manner. However, there was a growing realisation that such impacts could also be passed on to the organisation via wastage or reduced work effectiveness. Consequently, a number of researchers undertook studies examining this issue.

Schwarz and Will (1961) noted deleterious effects of staff behaviour working on a mental ward. Staff support improved the quality of patient care.

Dunham (1976) whilst investigating stress reactions amongst teachers, identified feelings of exhaustion as the highest reported effect, followed by frustration, irritability, apathy and wanting to leave teaching. The latter has a major implication for wasted training resources. Similar findings have been found within the nursing profession, with Judge (1985) indicating a wastage rate for trained registered nurses of 35%. This was attributed to factors such as low

morale. However, the possibility of other variables being involved, as indicated previously, should not be overlooked.

Colligan and Murphy (1979) noted that absenteeism can be a major effect of organisational stress-like epidemics. These were labelled as mass psychogenic illnesses.

These findings not unnaturally provided the impetus for a range of specific studies examining particular elements within the organisational context which were likely to create stress amongst the workforce. Indeed, as with health effects, there is much research which attempts to establish links between stress and work performance. However, there has been considerable difficulty in establishing clear relationships.

McGrath (1970) found many potential stressors such as noise produced a wide range of effects on individuals i.e. increase, decrease or no change in performance. These findings suggested a degree of caution for future researchers who attempted to define causal relationships.

Greer and Castro (1986) confirmed the relationship existing between occupational stress and reduced unit effectiveness and in particular, expected this to be negatively related to size.

Cohen (1984), within an experimental design, found that electric shocks inflicted on respondents reduced their effectiveness of functioning. This somewhat unsurprising conclusion does however, indicate the need to have clear control over the stressor and work situation if causal relationships are to be established with any subsequent effects.

C. EVALUATION

What appears at first to be considerable weight of research linking stress to health within occupational settings is frequently contradictory. This may be explained in terms of the many unique factors which individual employees bring with them to

the work situation - e.g. age, sex, social factors. Nevertheless, there is sufficient weight of evidence arising from the research field, that some link between stress and health clearly exists, albeit an extremely complicated relationship. This view is succinctly summed up by Reilly and Lincoln (1987):

‘Stress is known to be at least a minor risk and possibly intricately related to coronary heart disease’.

As in the case of relating stress to health effects, similar problems exist in examining its relationship to work effectiveness and wider organisational issues. The problem is almost certainly due to the tangle of variables which need to be considered. Motowildo et al (1986), describe the situation as follows: ‘We know very little about the relations of stress to job performance’.

There is then a need to recognise that research concerning the effects of stress upon individuals and the organisation contributes to part of the overall picture. However, as a research paradigm it is limited in explaining with any certainty causal relationships, the very premise upon which these research designs are based. Kasl (1978) sums up this dilemma:

‘One is convinced there is something there, but it is hard to be precise’.

3.4 CAUSES/SOURCES OF STRESS

In spite of the difficulties which are apparent in ascertaining the precise effects of stress on either the individual or the organisation, since the late sixties the most popular research approach to stress has been that of attempting to identify sources of stress and their causal relationships within the work setting. Research styles generally fall into two categories: (A) specific variable analysis, or; (B) analysis of organisational structures or specific professions.

A. SPECIFIC VARIABLE ANALYSIS

In an attempt to establish causal relationships with occupational stress, a wide range

of variables have been thoroughly researched e.g. Wineman (1982) - *physical conditions*; Sadowski and Blackwell (1985) - *locus of control*. In particular, research has tended to focus upon those organisational sources of stress identified by French and Caplan (1972) and later Cooper and Marshall (1975 a and 1975 b). Consideration of certain key variables within this framework illustrates some of the central issues arising.

(i) Role

Kahn et al (1964) suggests that role conflict and role ambiguity are important contributory factors to occupational stress. This view is supported by Rizzo, House and Lirtzman (1970), who indicate that dysfunctional individual and organisational consequences result from the existence of role conflict and ambiguity. Similarly, Margolis et al (1974), found role ambiguity linked to depressed mood, lower self esteem and low motivation to work. More recently, Dougherty and Pritchard (1988) concluded that role ambiguity, role conflict and role overload were all likely contributors to stress within an organisation.

The above research findings appear to confirm that role variables play a significant part in contributing to occupational stress. However, the Researcher suggests that some caution is required when interpreting these results in view of inconsistencies arising from data collection methods i.e. questionnaires and rating scales.

The latter point is illustrated by Capel (1987) who when investigating stress amongst secondary school teachers, found initial results indicated that role ambiguity and locus of control explained most variance in stress levels. Capel used stress inventories and a questionnaire and undertook a simple correlation of a number of variables. However, stress and burnout levels appeared to be relatively low. This did not concur with anecdotal evidence provided at the end of the school term by teachers. Capel therefore concluded that there may be other variables which caused stress to increase during the school term. Therefore it can be surmised that by using a questionnaire technique which provides an essentially snapshot view of the work environment, any temporal changes will not be adequately reflected. Alternatively there may have been interpretive problems in relation to the language used within the questionnaire.

(ii) Relationships at work

Relationships and social support at work has been researched along two broad fronts: *factors within the workplace; social factors external to the workplace.*

Consistent with a number of other researchers, (Buck 1972, Donaldson and Gower 1975, Caplan et al 1975) indicated that depression was linked to low levels of social support from supervisors. However, in contradiction to this finding, Mechanic (1962) found that greater interaction with supervisors led to heightened stress!

These differences suggest similar difficulties to those encountered by Capel. This point is illustrated by Jenner (1986) who developed a stress at work scale designed to measure chronic organisational stress. This consisted of 18 Likert style questions. In relation to support in the workplace, one questions reads ‘ I have too little supervision’. This statement makes assumptions concerning the quality of the supervision and an assumed desire of the employee to receive significant levels of supervision. This assumption cannot be presumed to be correct in all cases. Could a counter statement have read ‘I have too much supervision’? This illustrates the dangers of not fully understanding or researching the premise upon which the questions are based.

(iii) Extra-Organisational

Maslach & Jackson (1981) concluded that single or divorced people suffer more emotional exhaustion from their work than married people. This clearly represented an attempt to link the individual’s social framework to their job. In similar vein, Dooley et al (1987) attempted to examine job and non-job stressors and their moderators and suggested that both stressor categories could have ameliorating effects on the other in their respective domains. **They labelled this interaction as ‘cross domain buffering’.**

Lubin and Rubio (1985) examined the influence of ‘Strain Producing Aspects of Life Events’ and found that psychological and physiological problems were more likely

to result from negative life events rather than volume of life events. However, the researchers did not attempt to link life events to the occupational context.

The dangers of not accounting for extra-organisational sources of stress in the work situation are illustrated by Marmot (1983), who indicated in a study that experiences of stress are influenced by the social and cultural environment. Marmot found the incidence of occupational stress to be significantly lower in Japan than in the USA. However, Japanese going to live in the USA quickly lost their protection. Hence the study of occupational stress should also include observations of people in relation to their society and culture. Such consideration is particularly significant when noting that the overwhelming volume of research has been located within an American context. This must seriously constrain the degree to which a number of research conclusions can be readily applied to other cultural settings.

B. ORGANISATIONAL/PROFESSIONAL ANALYSIS

Whilst research focusing on single causal variables has been significant, another commonly used approach has been a broader examination of an organisation or profession in an attempt to identify the impact which a range or cluster of variables have upon employees encountering occupational stress. The popularity of this style of research appears to lie in its supposed ability to draw conclusions which can be (a) generalised into other settings or (b) attract funding from interested organisations/professions in an attempt to provide an answer to all the organisation's stress problems! A number of research models provide representative examples of this approach.

(i) Generalist Approaches

Earlier researchers adopting this approach were primarily concerned in building models of organisational stress. Weitz (1970) identified eight types of situation stressful in the work setting: *speeded information processing; noxious environmental stimuli; perceived threat; disrupted physiological function e.g. sleep loss; isolation and confinement; blocking; group pressure; frustration*. These findings are phrased in language which derives its origins from the medical, engineering and transactional views of stress.

Hence there is a degree of theoretical contradiction contained within Weitz's findings. For instance, on the one hand Weitz cites noxious environmental stimuli as a situational factor leading to stress, yet at the same time recognises the individual's perceptual processes which determine whether the stimuli are a threat. The Researcher considers that the two concepts are incompatible, since perception requires an acceptance that a stimulus cannot be inherently noxious to all individuals.

Keenan and Newton (1985) whilst researching stress amongst young engineers indicated that organisational climate, role stress and social support all contributed to level of environmental frustration. Strongest predictors of dissatisfaction were organisational climate and qualitative work underload. However, their research did not unequivocally support generalisation theories and in 1987 although noting some common causes of stress across occupations, they concluded that '.....the precise pattern of occupational stresses will vary between one major occupational grouping to another'.

(ii) Profession/Organisation Specific

In light of the above, there has in recent years been a recognition that whilst there are clearly some generalisations which can be made concerning sources of stress, a more fruitful research approach may be to pursue those which are occupation or workplace specific. There are numerous examples of this approach.

Dunham (1984) in his study of teachers, used a series of statements expressed as a checklist. He discovered that where environment is poor, three types of pressure are generated; *physical, financial, organisational*. He indicated that associated with the latter were: *ineffective communication, difficult staff relationships, heavy workloads, inappropriate leadership styles*. Dunham identified pressures acting upwards on management as well as downward i.e. staff, children, parents. During this research, Dunham noted a number of problems associated with the checklist, in particular that a variety of interpretations were attached to the same statement by different people.

Fimian and Fastenau (1990) also studied stress within the teaching profession and designed a stress inventory to identify specific stressors within the teaching environment.

This was an attempt to demonstrate the uniqueness of teacher stress. They found that 'lack of control' figured as the highest stressor. The advantage of this approach not only allows specific ameliorative actions to be taken within the relevant setting, but also allows comparison between professions. This point is well illustrated in the HEA's 'Stress in the Public Sector' (1988), which identifies differences and similarities between a range of public sector professions.

C. EVALUATION

The causes/sources approach to stress research tends to confirm the accuracy of the broad categories identified by French and Caplan (1972) and Cooper and Marshall (1975 a and 1975 b). Nevertheless, as the Researcher has indicated, much of the research appears contradictory. This can partially be attributed to insufficient attention being given to the interaction of a range of variables and raises serious questions concerning the validity of continuing solely in this research mode. Whilst there may be some merit in this approach for analysing an organisation or profession there are clear dangers in making generalisations.

- (i) The vast majority of 'causal' stress research has attempted to establish a linear relationship between stressor and impact upon the employee. The most frequent method of analysis used has been regression or factor analysis. However, this approach has produced contradictory results - e.g. Greer and Castro (1986). Similarly, Keenan and Newton (1987) found that factor analysis was useful in determining job specific sources of stress but failed to explain the complex interaction of the various stressors. They conclude that in relation to stressors and strain, '.....causal links cannot be demonstrated'.
- (ii) Much of the listed research is based upon the use of questionnaires. It is therefore necessary to consider whether the use of this method of data collection is able to capture adequately the temporal dimension which surely must be attached to occupational stress. In addition a secondary problem associated with questionnaires appears to be the difficulty in using language and concepts which are fully understood both by respondent and researcher.

This is well illustrated by Reilly and Lincoln (1987), who, using a market research approach conclude,

‘...it is impossible to come up with general rules or common definitions’.

They go on to state,

‘A fuller understanding of how people articulate their opinions is necessary before a large scale survey that will include valid conceptualisations’.

It is interesting to note, that in spite of the Researcher’s criticism of a preoccupation with sources of stress by Cooper & Marshall (1975a), they identify a number of areas requiring further research;

- "(a) What part does work play in the overall life pattern of the individual?
- (b) Do pressures have cumulating or compensatory effects?
- (c) Is stress of sudden onset or gradual/temporal?
- (d) Coping with stress."

In view of the above, it is strange that research has not developed, using some of these principles, as rapidly as might be expected and is an issue to which the Researcher will return at the end of this chapter.

3.5 PSYCHOLOGICAL APPROACHES

A. GENERAL RESEARCH

Cherniss (1982) observed three levels of sources contributing to burnout: *Societal, Organisational and Individual* and suggests that this has prompted two alternative research models:

- (i) Analysis of the person or organisation regarding susceptibility to stress.

- (ii) Analysis of societal or cultural sources of stress.

It is the former approach which has received particular attention, arguably because it is the individuality of the stress experience which makes generalisations relating to causes and effects of stress so unreliable:

De Lunas (1988) 'Your interpretation of reality is what counts'.

Garden (1989) shares the view of De Lunas and in her research suggests that previous findings which associate burnout and stress with particular types of professions, may be misleading and that in actual fact, burnout may be specific to the psychological type predominant amongst workers in the profession, rather than characteristics of the profession itself.

Early research by Eysenck H.J. (1963) demonstrated a range of psychological variables, in particular, differences in arousal between introverts and extroverts. This finding was later translated into an occupational context by Friedman and Rosenman (1974) who found that *Type A* personalities suffer three times the incidence of coronary heart disease than *Type B*.

***Type A Characteristics:** aggressive; impatient; finish sentences of other people; eat, move, walk more rapidly; guilty when doing nothing; staccato speech; think polyphasically.*

***Type B Characteristics:** equanimity; less anger; no compulsion to bring achievements into conversation; less competitive.*

There is a generally accepted view that people possessing Type A personalities are more susceptible to stress than those of Type B. Certainly, there is sufficient research to indicate a degree of consensus supporting the view that the existence of particular personality traits will affect an individual's response to stress. Cherniss (1982) summarises these trait categories as follows:

(i) *Neurotic Anxiety*

Freudenberger (1975) indicated that this group were most prone to burnout, a view supported by Lazarus and Launier (1978).

(ii) *Type A Personality*

Drawing on the work undertaken by Johnston (1989), Dunham (1992) suggests that there is strong evidence to indicate that a relationship exists between Type A personalities and increased susceptibility to stress and states, 'Type A is an important risk factor for CHD (Coronary Heart Disease) especially if this is associated with high levels of anger and hostility'.

(iii) *Locus of Control*

Rotter (1966) developed the concept of *Internals*, who believe they can control their destinies and *Externals* who believe that they are at the mercy of powers beyond their control. Externals are more prone to learned helplessness. It is interesting to note that Internals correspond with Type A and Externals with Type B, yet their supposed susceptibility to stress is reversed!

(iv) *Flexibility*

Kahn (1964), found that flexible individuals may be more prone to role ambiguity but rigid individuals cope less well with stress.

(v) *Introversion*

Kahn et al (1964) suggests that introverts suffer more tensions in high role conflict situations than do extroverts.

Cherniss's general classification of those personality traits which influence susceptibility to stress/ strain, supports the views held by most researchers e.g. Eysenck M. (1983 a, b), Hockey (1983). This is illustrated by Nagy (1985), who suggested that the most significant factor determining deterioration in health or work performance, was the individual himself/herself.

In spite of the above consensus that individual personality is a key determinant of levels of stress experienced, the precise nature of such influence is not easily agreed upon. An example of this problem is cited by Hockey (1983), who recognises the role of Introversion-Extraversion as a factor correlating with work performances, but states, '.....the direction of the effect is not always the same for different stressors or task conditions'. The precise role of other traits is equally confusing, but nonetheless significant. This view is confirmed by Greer and Castro (1986) who found some difficulty in determining which factors exerted most significant influence in the stress process i.e. gender, age or personality.

B. EVALUATION

There is sufficient research evidence to indicate that the role of the personality or individual characteristics of employees is a significant factor in determining levels of occupational stress. Indeed this raises the intriguing hypothesis that particular occupations attract particular personality types. However, as the Researcher has indicated, there is considerable difficulty in identifying individual characteristics in a fashion which provides a coherent all-embracing explanation of occupational stress. Once more caution must therefore be attributed to much of the supposedly credible and considerable body of research.

Another problem associated with the psychological approach is the focus of the problem on the individual. This increases the tendency to attribute blame to that individual rather than regarding him/her as a factor to be accounted for in the overall process. Cherniss (1982) recognises this difficulty: 'The structure of the job and work organisation is ultimately a stronger determinant of the incidence of burnout than is the individual's personality make-up'. Cherniss's view may well provide a socially acceptable explanation, however, there is insufficient research data to substantiate this assertion. More significantly, this perspective fails to recognise the key point that it is not important which factor is of greater or lesser importance, rather it is the transaction occurring between these and other interactive variables which provides both critical insight and explanation of the stress process. It is necessary to consider a variety of explanatory variables, of which personality is just one.

3.6 COPING/INTERVENTIONIST APPROACHES

With increasing recognition of the problems associated with stress, the inevitable question has arisen, 'What can be done about it'? Indeed initial interest in managing or coping with stress which focused upon the individual has since spawned an industry of stress management courses. However, another perspective concerning the management of stress relates to what steps an organisation might take to rectify the problem. This has been of particular concern in the U.S.A., where there has been an increasing tendency for workers to seek compensation on the basis of being subjected to stress by their employers over a period of time i.e. cumulative trauma. Consequently there has been some development of interventionist research. In an increasingly litigious U.K. it may not be long before similar actions are pursued by the trades unions on behalf of their members, following recent successful claims relating to passive smoking.

A. INDIVIDUAL COPING

Research approaches to the study of individual coping have generally fallen into four main categories. These are as follows.

(i) Testing Theoretical Frameworks

As has been the case with all other elements of the stress process, a common research approach has been to test the theoretical models developed and to build further on these frameworks. Latack (1986) provides a good example of this and found that at higher levels of stress, individuals abandon problem-solving coping and turn to emotion focused coping strategies. She identified three broad coping strategies: *control*, *escape*, *symptom management*.

(ii) Coping Techniques most frequently used

By far the most frequently used research approach in relation to coping has been that of identifying the most popular techniques used, usually in relation to particular groups of employees.

Kyriacou (1980) identified in teachers, the 20 most frequently used coping actions:

1. Try to keep things in perspective.
2. Avoid confrontations
3. Try to relax after work
4. Take immediate action
5. Think objectively and control feelings.
6. Rationalise the situation.
7. Nip potential sources of stress in the bud.
8. Reassure yourself that all will be well.
9. Do not leave the problem until resolved.
10. Make sure people know you are doing your best.
11. Forget work at the end of the working day.
12. See humour of situation.
13. Consider a plan of action and decide on priorities.
14. Make efforts to enjoy a pleasurable after-work activity.
15. Try not to worry.
16. Express feelings to others in order to think rationally about the problem.
17. Work harder and longer.
18. Think of good things in the future.
19. Talk about situation with colleague.
20. Express irritation to colleagues.

These findings are supported, with minor variations, by many researchers, studying a range of different professions e.g. Dunham (1984).

McDerment, Dunham and Shapiro (1988) identified a number of individual and interpersonal Techniques : *Life style and balance; Exercise; Relaxation; Meditating Skills; Yoga; Autogenic Training; Visualisation; Assertiveness Training and Stress Reduction; Biofeedback; Breathing; Emergency Relaxation; Massage; Diet; Personal Belief Systems.*

It is interesting to note that unlike other areas of stress research, coping strategies seem to be more or less homogeneous across a number of professions, which suggests that results arising from this particular style of research can be generalised. Indeed, Dewe and Guest (1990) note that most research indicates 6 broad components to coping, applicable in any setting:

- *rational task oriented behaviour,*
- *emotional release,*
- *use of home resources,*
- *recovery and preparation,*
- *postpone action,*
- *passive attempts to tolerate events.*

(iii) Most Effective Coping Strategies

Some researchers have attempted to determine which of the range of coping strategies used are most effective. Howard et al (1975) in particular produced interesting findings and indicated that amongst middle managers, the most effective coping mechanisms in descending order were:

- *building resistance through change of lifestyle;*
- *compartmentalising home and worklife;*
- *engage in physical exercise;*
- *talk it through with peers on the job;*
- *withdraw from the situation.*

Conversely, Howard found the least effective strategies to be: *work harder; keep at it*. The suggestion that these two strategies are ineffective is interesting since they both figure highly in a range of studies as being regularly used responses to stress and in the Researcher's opinion, would seem to be those responses expected of employees by most managers. This response appears to occur at the point on the stress-motivation continuum (Figure 3), where peak performance begins to deteriorate into anxiety. It seems reasonable to speculate that such action may be appropriate

if it rectifies the balance. It therefore seems that the ineffectiveness of using these techniques is most likely when applied over an extended period of time.

(iv) Stress Management

Stress management courses and related research have proliferated in recent years, although it is important to recognise that they are not necessarily synonymous.

‘Stress management should follow not precede research’ Machenbaum (1985).

Jenkins (1986) provides a useful framework for developing a stress management course:

- *introduce the concept and definitions of stress;*
- *describe and test for symptoms of stress;*
- *identify causes of stress;*
- *devise strategies for coping with stress;*
- *enter into a contract with the individual.*

Jenkins suggests that **symptoms** be divided into four categories:

physiological, emotional, behavioural, cognitive.

Similarly she proposes that **causes** be broken down as:

from others; caused by self; from the world at large; that which is caused to others.

Jenkins then suggests that strategies may subsequently be developed using a brainstorming technique.

Whilst this model is designed for the individual, its measured approach opens the possibility for adaptation to team or even organisational approaches.

B. ORGANISATIONAL/INTERVENTIONIST STRATEGIES

Cooper & Marshall (1975b), suggest that '...the onus of coping must be on the individual, but that he/she will need organisational support'. Dunham (1984) however highlights the organisation's responsibilities to the individual rather than problems of stress being linked to an individual weakness. Indeed, arising from this shift of emphasis, a number of researchers have proposed interventionist strategies. The Researcher considers it necessary to examine these in some detail, since (a) approaches are wide-ranging; (b) the Researcher's fieldwork is likely to involve an interventionist approach.

(i) **Cooper and Marshall (1978)** suggested the following approach:

- (a) *encourage greater autonomy and participation in the workplace by managers;*
- (b) *build bridges between home and workplace.*
- (c) *design training programmes to clarify role and interpersonal relationships;*
- (d) *create an organisational climate to encourage communication, openness and trust.*

The problem associated with the above framework is that the action points represent goals rather than practical interventions. Certainly (c) is extremely vague.

(ii) **Cherniss (1982)** proposes 4 research approaches for burnout intervention strategies :

- (a) *Reduction of external job demands;*
- (b) *Change personal goals*
- (c) *Increase workers' resources for meeting demands,*
- (d) *Provide coping substitutes.*

However, similarly to Cooper and Marshall (1975a), these represent broad areas of study rather than clear research approaches.

(iii) **Zastrow (1984)** brought together both elements contained within Cooper and Marshall's model (1975a and 1975b), suggesting a two-pronged approach was necessary:

(a) Organisation: reduce case loads; utilise time-outs; limit number of stressful hours; expand training programme; improve work conditions; develop support systems; promote variety at work.

(b) Individual: goal setting; time management; change or adapt; positive thinking; relaxation; exercise; outside activities; pleasurable goodies; humour.

This combination of strategies seems to be a balanced approach. However, there appear to be some contradictions contained within Zastrow's organisational category. For instance as noted earlier by Cherniss (1980), variety is certainly a quality associated with motivation. However, unpredictability may actually accentuate stress. Similarly, the realism of limiting hours within a stressful situation must be questioned. Indeed in certain professions such as medicine, excessive hours are to some extent part of the territory.

(iv) **McDerment, Dunham and Shapiro (1988)** in analysing a number of human service organisations are quite specific and suggest that organisational resources can be improved by:

(a) effective selection procedures;

(b) staff care and development;

(c) time and work management;

(d) effective management;

(e) staff supervision;

(f) team work and development;

(g) realistic expectational and goal setting.

A problem arising from the first recommendation, is that it assumes a regular staff turnover. Within the current climate of high unemployment, such turnover is very much reduced. Also contained within this strategy is an implicit suggestion that a particular type of person should be selected, a view which is supported by recent recommendations contained within the Warner Report (1992). This does however raise a range of equal opportunities issues and in the case of senior management selection, the common practice of using personality tests increases the likelihood of appointing individuals who themselves have personality characteristics which make them less susceptible to stress. This may mean that they will have less understanding of stress as an employee problem and therefore little empathy with stressed employees.

In relation to (g), McDerment, Dunham and Shapiro suggest the interesting concept of *preparation for non-promotion*.

(v) **McNeely (1988)** analyses five key strategies in a number of North American organisations for reducing levels of burnout:

- a) *Leisure sharing* - 65.5% of Americans were found to be willing to give up part of their salary for time (Best 1980);
- (b) *Quality Circles* - Quality circles resulted in reduced absenteeism by 44% (Kopelman 1986);
- (c+d) *Part-time work and Job Sharing* - Both result in significant increases in job satisfaction (McNeely and Schultz 1986);
- (e) *Flexible benefits* - Health care plans can improve morale significantly (Burud et al. 1984).

These are large scale organisational strategies and whilst they may well be worth considering, it is important to recognise, as indicated earlier, that they were researched within a culture containing significant differences to the U.K. It is therefore important to recognise that there may well be major cultural/situational-specific factors which militate against their use. In particular, leisure sharing, part-time work and flexible benefits are all contingent on a satisfactory economic climate.

(vi) Comparative Group Control Projects

In spite of the widespread development of organisational intervention strategies the number of research studies in this area has been relatively limited, prime focus being on individual coping or stress management. Indeed, there is little research evidence concerning the effectiveness of organisational interventions. However, there are a small number of examples.

- (a) **Schaubroek, Cotton and Jennings (1989)**, using multi-variate analysis, indicated that participation was directly related to job satisfaction.
- (b) **Stone (1985)** stated that, 'An organisation has broad control of work processes usually determined by overall objectives' and concluded from his research that job descriptions can assist the control of psychosocial factors which contribute to stress. However, this is a questionable assumption in very large organisations such as a Social Services Department which contain a diverse range of teams.
- (c) **Murphy and Sorenson (1988)**, highly critical of subjective research, conducted a 'before and after study' with highway maintenance workers and found limited support for the use of relaxation training in organisations. Measures used were employee absenteeism, performance ratings, equipment accidents, work injuries. Interestingly, in spite of their criticisms of subjectivism, the performance ratings used were themselves subjective in nature. The measure of absenteeism is also extremely dubious, since changing patterns of weather and fluctuating prevalence of viruses necessitate that for the measure to be valid, the study would need to be conducted over a period of at least a year. In addition, the intensity of stressors cannot be controlled by the researchers. Therefore the claim by the researchers of empirical rigor is doubtful.

C. EVALUATION

As seems to be the case in all research relating to stress, there are methodological issues associated with the reliability of research results.

- (i) The dominant research methodology in arriving at lists of coping strategies has been to ask open-ended questions which are then content analysed. However, the problem with using checklists of this nature is that they inevitably shape/restrict the potential response. Self-reporting measures are unlikely to identify coping strategies that are antisocial e.g. illicit drugtaking. There is also likely to be loss of accurate recall.

Dewe and Guest (1990) proposed a research strategy, which actually suggests a degree of research prior to the development of a checklist:

- (a) derive a list of coping techniques through open-ended questions about incidence of coping experiences at work.
 - (b) turn into a checklist for questionnaire administration.
 - (c) administer questionnaire containing critical questions and checklist.
 - (d) use content and factor analysis.
 - (e) repeat across variety of populations.
- (ii) Another interesting point to emerge is that **research concerning coping has almost exclusively concentrated upon middle management and white collar employees**. This needs to be borne in mind when considering generalisation issues. Even within this category, it can be seen that there are some elements of organisational intervention which are occupation specific e.g. supervision in social care organisations.
 - (iii) Ratcliff (1988) states, 'The empirical evidence for what actually prevents or helps one deal with stress and burnout is scant'. Indeed, where research concerning interventionist strategies does exist, focus still seems to rest upon the individual rather than the organisation. However, the Researcher would question Ratcliff's

obvious criticism of the so-called non-empiricist methodology, with the suggestion that it is somehow inferior to 'harder studies'.

- (iv) Such empirical studies which do exist concerning both individual coping and organisational intervention, are almost exclusively based on a *before and after effect*. Unless there is a significant temporal dimension contained within the research design, the Researcher suggests that such findings are almost certain to be flawed. In particular, any changes observed within the workforce will need to be set within the context of whether the organisational climate as a whole has remained static, a most unlikely situation. Thus, increases or decreases in stress levels after intervention may have no connection with the individual's ability to cope more effectively. Indeed, Peterson and Anderson's (1984) comments throw further doubt on any claim to empirical research in this area, 'Lack of detail about intervention strategies often makes replication impossible'.
- (v) In the above research models, coping is inevitably caught up within the cause and effect syndrome present in all the approaches so far considered, rather than an interactive variable.
- (vi) The examples of team interventions by Cooke and Tower (1989) and Hopkins and Grimwood (1992) suggest that the most effective means of organisational intervention may be at a local or team level rather than encompassing the larger organisation.

3.7 TRANSACTIONAL APPROACHES

Given the wealth of research so far considered, most of which falls into the framework of single variable analysis, it might be expected, that since a transactional view of stress is widely held to be the most coherent and all-embracing model, there would be an overwhelming catalogue of research conducted in this manner. Nothing could be further from the truth!

A. GENERAL RESEARCH

As early as 1974, House suggested that any attempt to provide a transactional approach to stress research needed to analyse five variables:

- (a) *objective social conditions conducive to stress,*
- (b) *individual perceptions of stress,*
- (c) *individual responses to stressors (physiological, affective, behavioural),*
- (d) *more enduring outcomes of perceived stress responses,*
- (e) *individual and situational conditioning variables.*

Lazarus and Launier (1978) suggest that any transactional approach must account for '..... timing, sequence and context'.

Unsurprisingly, few researchers, if any, have attempted to conduct their research in the all-embracing manner suggested by House or Lazarus and Launier; rather there has been a gradual progression towards this model by a minority of researchers even though it might be argued that no-one as yet has succeeded! However a number of key contributions have been made in this respect.

(i) **Fineman (1979)**, using a psychosocial model, conducted research into stress amongst unemployed people who had previously been managers. Significantly Fineman conducted 25 interviews with subjects as opposed to using inventories or questionnaires. He also applied Cattell's 16 PF test. Subsequently, Fineman made a number of observations:

- (a) Stress arises from an interaction between perceptions of environment, personality, experienced threat and behaviour in response to threat.
- (b) Confrontation of the stressful stimulus/experience, is the only form of behaviour which can be applied to future circumstances where stress might be involved.

- (c) A person stressed can be encouraged to study his/her perceptions of environmental demands.
- (d) If a problem is not experienced as threatening, then it is not a potential stressor.

On the one hand, it can be argued that the size of sample render some of Fineman's conclusions inappropriate for broad generalisations. In addition, the findings tend only to confirm the proposed stress model rather than break new ground concerning research findings. However, more important is Fineman's approach to the research methodology. He abandons the somewhat stereotypical questionnaire approach and moves towards a subjective and qualitative framework. Thus, it was the capture of the individual experiences within Fineman's work which was important rather than the breadth of generalisations which could be drawn. The logical development of this approach is to broaden the experiential variables which can be captured and to consider its possible application within a context which facilitates both individual and organisational impact.

(ii) Keenan and Newton (1985), in an attempt to capture a temporal dimension in their research, used diaries for collecting data. Subjects were asked to describe stressful incidents as soon after it had taken place as possible, thereby capturing the immediacy of the experience.

In a development of their earlier work, Keenan and Newton (1987) investigating work-related difficulties in young engineers, whilst using a questionnaire, administered it at intervals over an extended period of time, thereby injecting a longitudinal element into the study. One particularly interesting observation to emerge was the possibility that the impact of stressors may vary over a period of time given increased experience in the job or training.

(iii) Folkman et al (1986) attempted to provide an interactive view of the following variables:

- (a) personality characteristics of the individual;
- (b) characteristics of the stressful situations experienced,
- (c) the coping method of the individual.

The methodology used in this research represented an interesting contrast with many previous models. Data was collected by interviewing married couples in their homes, each couple being seen once a month for the duration of the project. The research design therefore moved away from the use of questionnaires and also injected a longitudinal element as opposed to a snapshot approach.

(iv) Winnubst, Buunk and Marcellissen (1988) examined effects of social support as a moderator on stress, using an organisational stress questionnaire and then regression analysis. However, they discovered that they lacked insight into causal problems and therefore instigated a longitudinal design. Assessment took place at three different points in time. They concluded that relations with colleagues were influenced negatively by strains that individuals experienced. Interestingly, they suggested that **stress and strain actually lower social support rather than increase it**. The Researcher suggests that this is particularly the case for those who suffer mental health problems or breakdowns.

B. EVALUATION

With the exception of Fineman, it is doubtful if any of the research designs considered can be classified as truly transactional in nature, and progress within a transactional paradigm has been slow. This is probably due to the complexity of measuring the impact of the wide variety of variables involved. Nevertheless each of the studies considered represents an important step forwards within a transactional framework. Indeed their value has not been the extent to which they have produced generalisations, rather in the qualitative insights provided. Similarly, they have indicated that questionnaire approaches do not provide a satisfactory method of understanding the complex interaction of a range of variables. Other data techniques such as interviews and diary keeping may offer a more appropriate means of capturing the qualitative dimensions of stress.

3.8 SOCIAL WORK RESEARCH

A. EFFECTS

Whilst much has been written in the guise of informed opinion attributing to social workers all manner of ill effects resulting from stress, research in this arena is not as profligate as the broader research field suggests it might be. Perhaps this deficit is based on an assumption that the negative impacts of stress upon social workers and carers can be taken for granted! Indeed this view may have some validity since it might be argued that emphasis within stress research should perhaps be placed upon rectifying the problem rather than being preoccupied with its existence.

One example of an 'effect' study is that conducted by the Burnout Study and Support Group (1986). In a survey amongst 69 social work staff, they reported depression as their most common symptom of stress and 76% men and 38% women identified overwork as a problem. Women reported significantly less sympathy for stress than men. It is interesting to note this observation on gender difference parallels the earlier research of Cooper and Davidson (1982).

In spite of the above, such research that has taken place in this category has focused primarily on proving that Social Work as a whole is a 'high risk' profession e.g. Cherniss and Egnatius (1978) reported higher incidences of stress in social work teams than in other occupations. Indeed, they reaffirmed this finding, concluding that working on community mental health programmes indicates higher incidence of stress than other occupations. However, as with so many of the studies so far considered, this was a snapshot analysis and the results should be therefore be regarded with some caution, since it is reasonable to conjecture that the identified stress levels may vary over a period of time.

A more adventurous approach was adopted by Jayaratne, Chess and Kunkel (1986), who studied 75 child welfare workers in a study of work stress and its effect on family life. They indicated that burnout, using the Maslach Burnout Inventory, was associated with depression and irritability. In addition, they found that these individuals were

likely to report higher levels of marital dissatisfaction. However, in spite of this study's effort to examine the wider social effects of stress, it failed to consider the interaction of other variables, in particular, psychological profiles. It also contained no longitudinal element.

B. CAUSES/SOURCES

There is a significant body of research which exists within this category relating to social care professions. Four specific sources have received a major element of focus, probably prompted by the considerable quantity of 'informed opinion' relating to this area.

(i) Service Users

As previously indicated, anecdotal evidence in relation to the service user being a key source of stress is widespread e.g. 'Social workers are more vulnerable themselves by having to deal with these problems amongst their clients' (Jervis 1987 b).

Indeed Jervis's view was supported in the recently produced Pindown Report (Staffordshire County Council 1991) which stated: '...however experienced a worker may be, it is possible to become anxious, confused, even frightened by problems and potential difficulties'. This was written in the context of difficult young people being perceived as a threat and therefore potential source of stress to residential social workers.

In spite of considerable weight of informed opinion, the research evidence conducted within this framework by no means confirms the service user as being a clear-cut source of stress.

Sarata (1974) found that client contact with mentally retarded people was a source of job satisfaction. However, Cherniss and Egnatius (1978), when repeating the study, found the exact opposite! This contradiction is interesting and throws up a whole range of competing explanations. Once more it may demonstrate the need for a temporal dimension in the research in order that changing factors, such as the staff,

service users or prevailing organisational climate, may be reflected. However, as indicated previously, such differences may be related to flaws in the use of particular methodologies.

Using a similar approach, Berglund and Permelia (1979) indicated that rates of emotional exhaustion of carers in mental hospitals increased with number of hours spent in direct contact with patients. If this finding is accepted, then consideration should perhaps be given to whether particular types of service user are more likely to produce stress in their carers than others.

Cherniss (1980) suggested, that since professional carers are continually working with a changing client population, this in itself is likely to create uncertainty and is therefore likely to increase staff stress. However, an alternative view might be that this variety actually provides additional motivation for some individuals.

(ii) Caseload

The Berkley Planning Associates (1978) found that size of caseload in child abuse programmes was highly correlated to burnout. This seems to have some credence since in a repetition of the work, Perlman and Hartman (1982) also concluded that caseload size is a variable frequently associated with burnout. Whilst these findings are specifically expressed within the social care context, excessive caseload is in fact the equivalent of role overload.

(iii) Characteristics of Carers

Carver and Edwards (1972) indicated that there were a number of characteristics and attitudes which social workers brought with them to the job likely to be a potential source of stress. They concluded that:

- (a) most social workers are young and inexperienced;*
- (b) most social workers are under heavy time pressures and constraints;*
- (c) much office work is taken home.*

Bloomfield (1985) added a further dimension to Carver and Edward's findings when he conducted a survey within a Social Services Department. He concluded that the vast majority of carers both professional and informal, are in fact women. This confirms a widely held view of the existence of strong social pressure on women to take the major responsibility for caring. He found that many carers spoke of continual strain and worry. Indeed these observations are similar to those of Ratcliffe (1988), who identified gender related stress as a particular issue connected with the helping professions.

In spite of the above findings, these potential sources of stress have not been studied in detail. It may be that research of this nature is a potentially uncomfortable organisational issue for those commissioning the research, as indeed would ethnicity which is a factor also deserving of consideration. However, there is no research which as yet has addressed these issues in depth.

(iv) Organisational Issues/Approaches

A number of studies have indicated that there may be unique organisational characteristics related to social care or human service organisations.

In investigating Child Abuse Programmes, the Berkley Planning Associates (1977) indicated that within human service organisations, organisational climate variables such as leadership behaviour, communication and clarity of goals were more significant than individual demographic variables. Similarly, Cherniss & Egnatius (1978) found that there is frequently lack of clear feedback within human service organisations which adds to the notion of role ambiguity. Lack of information was also found to be a common characteristic.

These two studies suggest that human service organisations may actually be structured in such a manner, i.e. bureaucratic, as to create organisational problems likely to become sources of stress.

Gibson, McGrath and Reid (1989a) in a survey questioned a large number of social workers in Northern Ireland in an effort to identify potential sources of stress. The highest stressors were found to be: *too little time and rationing of scarce resources*. 48% found the *emotional demands of the client* stressful and *extra-organisational sources of stress* were identified as: *children* (12%), *financial difficulties* (11%). It is interesting that whilst the client figured highly as a source of stress, other factors were more significant. Extra-organisational sources were seen as significantly less important.

The above study concentrated upon a narrow field and indeed, the authors acknowledge its shortcomings and state that a full assessment of stress would, '... include physiological measurements, biochemical analyses of blood and a variety of rating methods to measure physical health status.' However, somewhat surprisingly they place less emphasis on the need to capture key elements of subjectivity or the personal 'in-depth feelings of the respondents.

C. PSYCHOLOGICAL APPROACHES

Whilst there are some findings relating to the characteristics of carers such as those indicated in the previous section relating to gender issues, there are no British research studies placing specific focus upon a psychological dimension. This absence probably reflects the fact that researchers making use of the 'psychological model' in general have academic backgrounds located within university psychology departments, whilst those researching the social care field tend to have public sector or social administration management backgrounds. In relation to North American Human Service organisations, Cherniss (1982) states:

'There is no doubt that the dispositions associated with neurotic anxiety can be found to a greater or lesser extent in many who work in the field and these factors make them more susceptible to stress'.

D. COPING/INTERVENTIONIST APPROACHES

(i) Individual Coping

Little British research, as distinct from provision of stress management courses, has focused upon individual coping in relation to professional carers. One exception to this has been Dunham (1981), who classified the main strategies used in a residential care setting as: (a) *Personal* - e.g. yoga, reading; some were maladaptive e.g. increased alcohol consumption; (b) *Interpersonal* - e.g. talking to colleagues. These findings are consistent with the broader research field.

Work undertaken by U.S. researchers, Davis-Sacks, Jayaratne and Chess (1985), involved testing the effect of social support on burnout amongst child welfare workers. Collecting data via a questionnaire, they found that high levels of social support are associated with low levels of stress. They concluded that programmes designed to encourage social support from spouses should not be overlooked. Interestingly, the authors found that support from husbands to wives was effective, but not vice-versa. No rationale was proffered for this difference, but this is illustrative of the important variable of gender in the stress process.

(ii) Organisation/Interventionist Strategies

A number of researchers have identified specific organisational interventions appropriate for social care settings. In the main they support the wider research findings e.g. (a) Berkley Planning Associates (1977) suggest that in child abuse teams, strong leadership is the most important factor in prevention of burnout. (b) Wilkins (1986) suggests that correct job descriptions are necessary to reduce stress. However, there are a number of studies which have produced conflicting results.

Raskin (1973) indicated that Mental Health Workers did not want more responsibility, but wanted to be told what to do. Contrary to this view, Gardell (1971) stated that increasing employee influence over work was a key strategy which could be used to reduce stress.

Another key strategy which in many ways is uniquely associated with Social Work is that of supervision and staff support. Dunham (1981) concluded that social workers placed supervision highest on the list of strategies contributing to reduction of stress levels. At the same time, residential workers asked for greater support in dealing with violent children. These findings are a little ironic in the wake of the recent recommendations of the Warner Report (1992) which includes the very same points which Dunham made some 12 years previous. **This raises the issue as to whether Human Service Organisations are able to respond to recommendations in an incremental manner or whether a radical experience is required to force necessary change.**

American researchers Cherniss (1980) and Preston-Shoot (1988) also confirm the importance of supervision and support as key intervention strategies in social work settings. However, in complete contrast, (Gibson et al 1989a) found in a large scale survey amongst U.K. social workers that supervision was regarded as unhelpful. This turns traditional views as to its value, upside down!

The range of contradictions illustrated above, may be related to the nature of the workers, or other factors in the local situation which may exert a more powerful influence e.g. lack of clarity concerning goals and objectives. Alternatively, the differences may be associated with the quality and/or frequency of the supervision and Cherniss (1980) observes that poor supervision may be caused by: supervisors attitude, or lack of skill, or the nature of the supervisor's role.

A number of researchers advocated a more comprehensive approach to stress intervention on an organisational basis. For instance, Mendel (1978) found that by implementing an organisational burnout check every six months the incidence of burnout in human service organisations could be reduced. In similar vein, Weiner (1986) developed a training pack for social workers facing violence.

In the U.K. two local attempts at organisational/team intervention strategies are worthy of mention.

- (a) Cooke and Tower (1989), working in a mental health team as managers, observed that, '...any area social worker's experience ought to be recorded, analysed and the results transmitted in terms of better organised practice, which would benefit clients'. Subsequently, Cooke and Tower, devised a debriefing format after each assessment carried out. This covered level/potential of violence; emotional feelings; support received. It also identified feelings of anxiety and sadness. It was felt to be a powerful tool for improving practice. **Whilst very narrow, it is to be applauded as research conducted at a very specific and local level and therefore of real practical value to that team.**
- (b) Hopkins and Grimwood (1992) implementing a rare stress intervention initiative within a community home school, found that managers in a residential children's home identified six key issues contributing to the low morale of staff:
- *public image matters;*
 - *violence to staff;*
 - *disciplinary hearings;*
 - *unclear and unrealistic expectations;*
 - *frustration with training;*
 - *staff burnout.*

The last point is interesting in that the occurrence of stress seems to be identified as a factor which once embedded in a team can itself be a contributory factor to the development of further stress. Thus the cycle needs to be broken. The study identified that the acknowledgement of stress as a problem was a major contributory step in itself. A series of actions were implemented following the analysis of each area of stress. Interestingly and providing an incentive for senior managers to adopt this approach, a reduction in the running costs of the centre followed the sessions due in part to reduced levels of staff sickness.

The Researcher suggests that a crucial point evident in identifying potential focal points of stress, is in clarifying who has the power to control or change these. For instance, it might be argued that the 'Public Image' factor may not have been entirely

within the control of the community home. Similarly, whilst it may have been possible to clarify expectations within the home, it might be impractical to exert influence upon the wider departmental framework.

In spite of wider influences, it is perhaps these local levels of intervention/research cited in the two examples which have most practical usefulness to staff.

(iii) Control Projects

Few control projects have taken place within a social care framework. One of these was conducted by Schloss et al (1983), who assigned 14 care professionals to experimental and control groups. One group was trained in relaxation and desensitisation methods, the other in restraint training and aggression management activities. Both were conducted over a 3 month period and an anxiety scale used to measure the outcomes. They concluded that relaxation training in general, improved stress reduction. However, the narrow scope of this experiment, the need for a much longer period of observation and the very small sample, indicate the limitations of this type of research design and perhaps explains why this approach has not been widely pursued.

E. TRANSACTIONAL APPROACHES

As is the case in the broader sphere of study, research models in this mode are almost nonexistent. However, note should be made of Crosbie, Vickery and Sinclair (1988), who used a questionnaire approach to examine the effects of social work training in relation to pressures which social workers experienced 'on the job'. The results were not startling, with only half the respondents feeling that the C.Q.S.W. had been of help in managing work pressures. Nevertheless, whilst not a truly interactive study, the approach of the researchers was an attempt to gain an understanding of issues rather than establishing a cause and effect relationship. Thus greater emphasis was placed on the subjective experiences of those social workers participating in the study.

Within this category, the work undertaken by Fineman (1985), has perhaps come closest in attempting to implement an interactive study. This study has proved to be highly

significant in the Researcher's formulation of an appropriate approach to the fieldwork elements of this study and therefore it is necessary to consider its approach in some detail.

In 1985, Fineman extended his psychosocial model developed in 1979 and applied it within a social work context, in which he fulfilled the roles of helper and researcher. He suggested his results were, '....revealed through the window of a counsellor process where I am the counsellor looking in'.

Fineman's study group consisted of 40 Social Work staff including team leaders, social workers, social work assistants and home help organisers. He considered that an individual counselling approach to help individuals come to terms with stress was most appropriate since he felt that the larger Social Services organisation could not be changed:

FINEMAN'S FRAMEWORK OF STRESS SYMPTOMS		
PSYCHOLOGICAL	BEHAVIOURAL	PHYSICAL
Tense Anxiety Tied up in knots Panicky Woozy feeling Frustrated Overwhelmed Loss of confidence Self-doubt	Not eating Insomnia Freezing Distancing Running in circles Reacting too quickly Putting up barriers Underperforming Aggressive	High blood pressure Heart racing Skin diseases Backache Coughs and colds Arthritis Breathlessness Muscle tension Headaches Impatient Migraine Asthma Nausea Gastric upsets Fatigue

'...political intrigue, competitive battles, mutual suspicions and power games have been an enduring feature of organisational life' (Fineman 1985).

Fineman adopted a four phase approach over a twelve month period:

- (a) *Introduction and orientation;*
- (b) *Exploring perspectives/problems;*
- (c) *Clarifying stress problems, preparing for action;*
- (d) *Action and support.*

Fineman initially collated reported stress symptoms and constructed an analytical framework of the subjective views of the social workers:

Following symptom analysis, Fineman examined job stressors and found that they were primarily based around:

- *Local inside office experiences;*
- *Clients;*
- *Lack of success in social work;*
- *Broader organisation;*
- *Outside agencies;*
- *Discrepancy between social work training and practice.*

Within these categories, Fineman observed that:

- *supervision was heavily criticised;*
- *children at risk was the most sensitive area;*
- *some fear existed of danger from clients;*
- *over-involvement was a significant problem;*
- *staff had feelings of constantly 'looking over their shoulders'.*

As a result of these factors, Fineman identified the concept of *Team climates* as distinct from 'organisational'.

Following the above analysis, which does not vary greatly from general research findings, Fineman counselled individuals, combined with role play in an effort to help them manage their individual stress. It should be noted that this was exclusively individual-focused.

A number of key conclusions can be drawn from Fineman's study:

- (a) The research approach used was undoubtedly transactional in relation to the individual. However, the exclusive focus upon the individual places the benefit primarily at an individual level and as Fineman states, '...rewards came from working in people's lives with some indication, albeit sometimes slight, that they were moving in a better direction'. Fineman reported little indication of wider organisational impact within the Social Services Department in which he was working and in this sense it might have better been focusing his intervention at least at team level.
- (b) It would be difficult to repeat this research, since the time spent by Fineman with each individual would be impractical for everyday use in most Social Services Departments, other than by an outside researcher.
- (c) Fineman had to self-finance this study and financial constraints would today be likely to prohibit a duplication.
- (d) As a study conducted in a transactional mode, it undoubtedly broke new ground, moving away from stereotypical cause and effect research into an exploration of individual subjectivity.

3.9 CONCLUSIONS

In the light of the above considerations, a number of observations can be made.

- (i) In spite of transactional theory holding sway in the field of stress, it is evident that occupational stress research has been conducted almost exclusively within the engineering or medical models, concentrating upon the role of single variables in an effort to provide cause and effect explanations. This has to a large extent been reflected in the social care domain.

- (ii) The above observation provides an explanation as to why more adventurous occupational/organisational research models have been virtually disregarded. Almost all research has been conducted around individual variables identified by French and Caplan (1972), Cooper and Marshall (1975a and 1975b) and Cooper and Marshall (1988). Where other models have been applied such as Person-Environment Fit and Psychosocial it has in the main been restricted to partial application only.
- (iii) It is notable that the design developed by Courage and Williams (1987) does not seem to have been implemented in any field study. In particular, in view of the emphasis placed upon the role of the client/service users in the stress process associated with carers, it is surprising that little published research exists concerning client stress and the subsequent impact which this might have upon the carer. One exception to this is the work undertaken by Bellshaw (1993), who advocates the use of counselling on an individual basis. However, this concentrates exclusively on support and intervention on behalf of the client. This deficit in the field appears to ignore a key variable in the stress process. The Researcher feels that the framework of Courage and Williams still has relevance. However, in the light of the research considered he would now make a number of amendments as indicated in Figure 6.
- (iv) As a result of the methodologies used much of the research is contradictory and whilst not totally invalid must be regarded with considerable caution.
- (v) Most of the research which exists has been conducted within a North American cultural context and results arising from these studies cannot be automatically transposed into another culture. In particular the nature of American human service organisations cannot be assumed to replicate the British public sector. Indeed, Gibson, McGrath and Reid (1989 a and 1989 b) support this view and state,

‘There are few empirical studies of stress in the British Social Work literature and only a small number of qualitative studies’.

- (vi) There is a paucity of U.K. research regarding stress in social care agencies. Such research as exists seems to indicate the possibility that whilst there are generalist stressors which can be applied to all organisations, the nature of human service organisations presents a range of unique stress-specific situations which are potentially harmful for carers. However, drawing on a transactional model of stress, the question must be asked as to whether human service organisations produce uniquely stressful situations or whether professional carers are an emotionally more vulnerable employee group.
- (vii) In order to move towards an interactive research model, it is necessary to review the methodology by which both statistical and qualitative information is gathered. This will need to include a consideration of how the following data collection techniques might be appropriately used:

*Questionnaires; Interviews - group and individual; Diary keeping;
Stress Inventory Scales; Performance measures.*

- (viii) In order that stress research might progress, it is necessary to move out of the mould of more traditional approaches. This view is supported by Newton (1988), who states:

'Researchers need to look beyond current paradigms of occupational stress researchers and start to explore alternative theoretical and methodological perspectives'.

The Researcher will consider the relevance of the above statement in more detail in the next chapter.

CHAPTER FOUR - IDENTIFYING AN APPROPRIATE RESEARCH PARADIGM

SUMMARY

In the light of the methodological shortcomings identified in the previous chapter, this section examines some of the key concepts which underpin an appropriate research paradigm for the subject of occupational stress, in particular, the respective merits of qualitative and quantitative approaches are considered.

CONTENTS

- 4.1 Introduction.
- 4.2 The Development of the Scientific Concept of Knowledge.
- 4.3 Influences upon Social Science.
- 4.4 Subjectivity and Objectivity.
- 4.5 Subjectivity and the Development of a Perceptual Discrepancy Model.
- 4.6 Quantitative versus Qualitative Research Methodology.
- 4.7 Conclusion.

4.1 INTRODUCTION

As the Researcher indicated in the previous chapter, much of the research conducted within the area of occupational stress has produced contradictory results. Such contradictions may be summarised as being due to :

- (i) *difficulty in holding variables constant;*
- (ii) *cross-sectional surveys which do not account for the temporal aspects of stress;*
- (iii) *the dependence upon questionnaires in an area where agreement upon common language and terminology are difficult to attain.*

The difficulties indicated above can to some extent be expected in any area of study where there is a problem in generating an agreed conceptual framework. In such cases a qualitative approach to research may be more appropriate, a view which was supported as early as 1968 by Glaser and Strauss. Why then, since stress undoubtedly fits into this category of concepts, is there such a paucity of qualitative research designs and a continued emphasis on quantitative approaches?

As indicated later in this chapter, research paradigms attempting to implement a qualitative approach, have usually attracted criticism from the academic world. Such criticism is frequently based on the premise that qualitative studies do not possess the scientific rigor of quantitative studies. Similarly, there is clear evidence to suggest that 'cause and effect studies' are attributed greater scientific credence and importance. This seems to be supported by a commonly held opinion, in all walks of modern day life, that only scientific information i.e. quantitative ('hard data') is able to provide 'real knowledge'. In the Researcher's opinion, both these perspectives are based on somewhat tenuous premises as was indicated in the previous chapter.

In light of these divergent opinions, the Researcher considered that prior to developing his own research design, it was necessary to examine in some detail issues relating to quantitative and qualitative research methodologies and their respective credibility within the context of the social science field.

4.2 THE DEVELOPMENT OF 'THE SCIENTIFIC CONCEPT OF KNOWLEDGE'

Whilst social science tends to be regarded as a Twentieth Century phenomenon, its roots can be found in those factors responsible for influencing and developing the culture and traditions of natural scientific research and discovery. In particular, much contemporary social science research design is based upon early philosophical concepts regarding '**logic**' and '**knowledge**'.

The search for a definition of knowledge has its roots in early history:

Plato: 'Knowledge is a state of mind that is either present or absent'.

More recently, Ayer (1956) suggests that knowledge has three criteria:

- *Truth*
- *Certainty*
- *The right to challenge truth and certainty*

If certainty is a key pre-requisite of knowledge, then much social science would need to be excluded from this category!

Perhaps the first known attempt to develop a theory of logic was initiated by Aristotle, who developed the principles of :

(i) *Deduction*, which was primarily concerned with drawing conclusions from the general and relating them to the specific;

and,

(ii) *Induction* which was concerned with developing generalisations from the specific.

In spite of Aristotle's theory, these thoughts were not developed further until the late

Fifteenth and early Sixteenth Centuries. In particular, Bacon (1561-1626) provided an initial philosophical impetus which significantly displaced the prevailing notion that knowledge was achieved through revelation. He suggested instead that the attainment of knowledge should essentially be a process of logic and induction, by which generalisations could be formed from a limited number of observations.

In reality Bacon's thinking was not representative of the prevailing philosophical or religious climate of his day. This was graphically illustrated by the work of Copernicus (1473-1543) and Galileo (1564-1642), neither of whom at the time of their respective discoveries, were credited with advancing the cause of knowledge or truth. Indeed the Church suggested that the images seen through Galileo's telescope had been put there by the Devil!

Bacon's theme of logicity was continued by John Locke (1632-1704), who postulated that certain facts could be assembled in such a manner as to form integrated theories which in turn led to irrefutable generalisations.

The link between logic, irrefutability and scientific enquiry was in later years supported by John Stuart Mill in his 'System of Logic' (1842), who developed the theory that induction could result in accurate predictions. Indeed this essentially scientific view of the World has increasingly seized the centre stage in Western society as a whole and lays claim that truth in essence is only that which can be described in terms of scientific knowledge.

Increasingly then scientific knowledge became associated with quantitative measurements and predictability of the type which is usually associated with the laws of the natural world. This suggests that scientific knowledge is underpinned by the *Principle of Causality*. In other words, nothing happens without sufficient cause. This stance within the context of Sixteenth Century thinking was somewhat revolutionary and if accepted, did of course remove the possibility of the miraculous.

One early voice of caution in this philosophical debate was that of Kant (1724-1804) who suggested that '....knowledge without experience will remain incoherent' (Madge

1953). Indeed, this view supports the notion of historical knowledge as distinct from scientific knowledge. Madge suggests real knowledge is concerned with making sense of our experiences. This is an important point when considering the nature of knowledge. For instance, does the Theory of Gravity have any more claim to credibility and truth than the fact that the Battle of Hastings took place in 1066.

Of course it is significant that the concept of knowledge outlined above is defined in terms of physical sciences rather than human behaviour. The key question arising then is whether knowledge defined within these terms is as applicable within the human context and therefore the social sciences. This perspective is questioned by Hindess (1973), who suggests that it is doubtful whether the human experience and subsequent behaviour can in any way be represented as a scientific fact.

Winch (1958) goes as far to suggest that the exploration of knowledge within the sphere of human experience is the concern of philosophy rather than science!

4.3 INFLUENCES UPON SOCIAL SCIENCE

In spite of the reservations mentioned, it is the approach to logicity propounded by Bacon, Mill and Locke which has tended to shape the origins of social science.

The development of the **Positivist** movement propounded the principle that verifiability was the only criterion of truth. Essentially then positivism is concerned with scientific confirmability or consistent empiricism. This emphasis can be seen primarily as a means of enhancing the scientific credibility of the social scientist and may have led to much contemporary research being positivist in nature. However, Marsh (1982), draws on the work of Kolakowski (1972) who is critical of a positivist approach to research. He identifies a number of key problems associated with positivism:

- (i) *'...the rule of positivism rules.... out abstractions;*
- (ii) *the rule of nominalism' means that, 'generalisations do not give new insight;*

- (iii) *the separation of fact and value;*
- (iv) *the unity of scientific method.'*

Kolakowski sees positivism as obstructive within the context of much social science and states,

‘...it aims to provide a demarcation between the knowledge that deserves to be named science and that which does not’.

Whilst Marsh (1982), suggests that the anti-positivist movement has presently gained sway in the social sciences, this does not seem to be borne out in practice. Indeed, the adoption of a positivist approach would appear to be the root cause of an apparent obsession by many social scientists with basing their research designs on the *Causal Hypothesis* and *Third Factor* approach as described by Open University (1979).

A preoccupation with positivism is evident within much contemporary social science literature. However, instead of achieving the credibility which it so often seeks, much recent work has neglected those subjective elements which are central to providing the coherence which Kant felt was essential. Thus, the emphasis placed on positivism by social scientists provides the foundations of debate as to whether present social scientific research should move away from the use of so-called objective methodology and instead consider the relevance of more subjective paradigms.

4.4 SUBJECTIVITY AND OBJECTIVITY

As indicated in the previous section the origins of social science had its roots within the philosophies of Bacon, Locke and Mill. This was illustrated by Quetlet, a Belgium mathematician who in 1826 developed the ‘Theory of Social Physics’. He collected statistics on crime and concluded that observations of a cross-section of people could produce generalisations. His work was very much associated with so-called objectivity.

However, it is interesting to note that this social scientific development was firmly embedded within the social context of Quetlet’s time. In particular much of the ensuing research of social science concentrated upon those characteristics of the lower strata

of society. This was based upon a middle class fear of the Mob, with many middle class investigators in the Nineteenth Century relating social conditions to low intelligence. Indeed, much pseudo scientific research was borrowed by Hitler who used it to justify his regime! This clearly demonstrates the dangers of assuming that scientific or empirical research automatically carry the label of objectivity.

Following Quetlet's work, there was developing in the middle of the nineteenth Century, a counter movement to these middle/ruling class claims of objectivity being a means of justifying social stratification. In particular, Marx and Engels, both regarded objectivity as a philosophical tool which could unmask the false ideologies of the middle class. They effectively suggested that objectivity was the prerogative of the working classes! Indeed in a similar manner to Hitler, Marx and Engels were laying claim to logic and science as tools to support their essentially idiosyncratic and subjective view of the world.

As early as the 1950's, there was considerable debate as to whether objectivity was a feasible aim to achieve, (Blumer 1954; Winch 1958) and increasingly there was a recognition that all social scientists operated from a personal value base which was likely to affect many facets of research design.

More recently, Mitroff and Kilman (1978) proposed a model which suggested that personalities, beliefs, philosophies and ensuing cognitive style of researchers play a major role in shaping individual social scientists' research designs and approaches. They categorised researchers as: *Analytical Scientist, Conceptual Theorist, Conceptual Humanist and Particular Humanist*. This theoretical framework implies that all research design must contain elements of subjectivity. Indeed the philosophical statements which developed theories of logic and positivism, were themselves derived from the subjective experiences of the individuals concerned. The Researcher would suggest that all statements of so-called fact can only be regarded as such if judged within the overall contextual framework, both individual and societal, within which they were made.

Modern day society appears very much to be part of a scientific culture which has

increasingly dominated the Twentieth Century and yet the very essence of this so-called 'scientific' society is in fact based predominantly upon people's feelings and subjective experiences. Logic and scientific considerations do not always rule the manner in which people act. For example, if logic and science always prevailed, why is it that juries sometimes acquit guilty people? Indeed most scientists would not rule out the possibility of error in their work.

The above views indicate that pure objectivism may be difficult if not impossible to achieve. Indeed Madge (1953) indicates that not only is objectivity probably unattainable, but may not always be desirable. This raises the fundamental question as to whether objectivity is in itself a worthy goal to be pursued. Marsh (1982) supports the importance and uniqueness of the individual experience:

'.....the subjective experience is unknowable to anyone but the actor'.

Within a subjective frame of reference, Churchman (1971) states, 'There is no sound *reason why an inquiring system should start with logic*'. The basis of this statement is perhaps located in the variability and unpredictability of the human subjects involved in social science studies. Therefore, because of the presence of these two factors, there is a considerable body of informed opinion which argues that generalised theories cannot capture the unique experiences of the key actors. Such reasoning should therefore prompt the social scientist to develop the means of capturing this subjective experience.

Should then a rational approach to social science seek to achieve a balance of the objective and subjective? Certainly there are pitfalls associated with excluding any possible approach to research methodology. This view is expressed by Wilmot (1986):

SUBJECTIVISM: '.....overlooks the conditions which support his/her account'.

OBJECTIVISM: '.....overlooks the intersubjective processes involved in constructing data and producing interpretations'.

Both definitions seem to exclude the very real possibility that certain research topics

might actually be better investigated by a predominantly subjective design in terms of data collection, processing and presentation within a qualitative framework. Indeed, this perspective may be taken a stage further and the view put forward that in certain cases, the research results and outcomes may benefit both in terms of substance and validity by a research design which deliberately adopts a subjective approach. After all, if social science is about human behaviour, should not the uniqueness of individual experiences somehow be represented in research designs? **Indeed, it can be argued that it is this sense of interactivity of human behaviour and experiences which gives meaning to this world.**

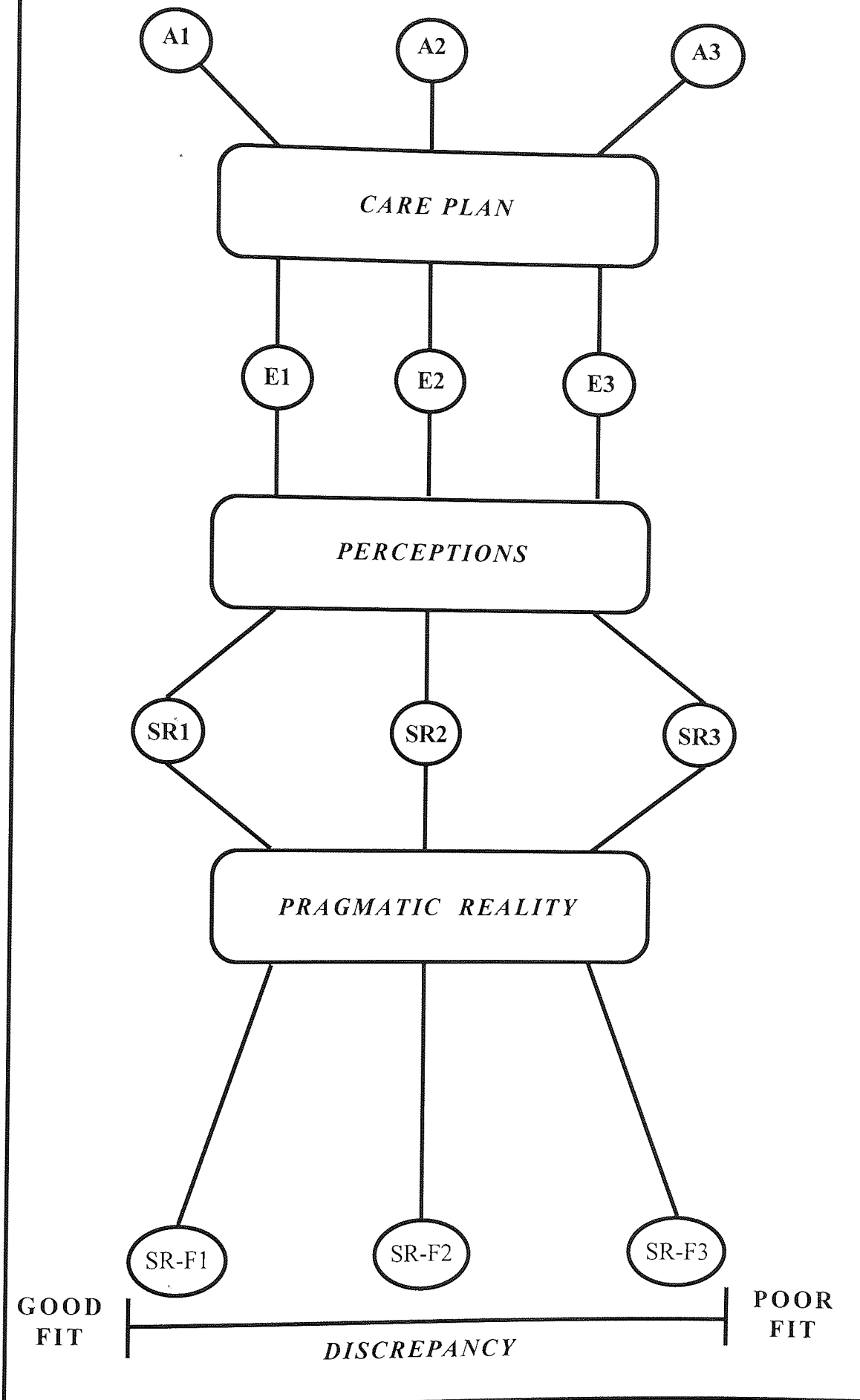
4.5 SUBJECTIVITY AND THE DEVELOPMENT OF A PERCEPTUAL DISCREPANCY MODEL

In view of the above observations concerning subjectivity, it is possible to establish direct relevance with discrepancy and psychological/perceptual theories of stress, which were outlined in the previous chapters. The Researcher has therefore developed a **Perceptual-Discrepancy Model**, which is illustrated in Figure 7. and has set it within a Social Services framework.

A1 represents a service user, A2 a social worker and A3 a team manager. Let us assume that they are all concerned with identifying a plan of action for the benefit of the service user. Each is likely to have agreed upon a series of steps leading to proposed outcomes of that plan. However, the expectations which each holds (E1, E2, E3), will all be different to the others, due to the individuality of the perceptual appraisal process. Their individual appraisal of the effectiveness of the plan will represent what can be described as subjective reality (S1, S2, S3). These subjective realities (SR) may be quite different to one another.

As in nearly all life experiences, there has to be some agreement concerning the success or otherwise of a particular course of action. This may be described as **Pragmatic Reality**. The Researcher suggests that this pragmatic reality cannot be defined in terms of an unassailable truth as might be the case in the physical sciences.

FIGURE 7. PERCEPTUAL-DISCREPANCY MODEL



The extent to which the pragmatic reality matches the subjective reality of each of the actors may be described on a continuum ranging from good to poor fit. The individual's degree of discomfort or potential for experiencing stress will depend to some extent on the degree of this mismatch (SR-F1, SR-F2, SR-F3).

Thus the Researcher would argue that it is subjective perceptions and interpretations which translates the general into the truth or reality of the individual's particular experience. Certainly in the case of investigating stress, failure to account for this factor is likely to diminish the validity the research.

4.6 QUANTITATIVE VERSUS QUALITATIVE RESEARCH METHODOLOGY

Sayer (1984) provides two conflicting views of the relative value of quantitative data.

Lord Kelvin: 'When you cannot measure it, when you cannot express it in numbers, your knowledge is of a meagre and unsatisfactory kind.'

Jacob Viner: 'When you can measure it, when you can express it in numbers, your knowledge is still of a meagre and unsatisfactory kind'.

Kelvin is clearly implying that 'hard facts' provide the only research evidence worth considering, presumably because of an underlying assumption that they are an indication of measurable and therefore objective output. On the other hand, Viner seems to suggest that so-called 'hard facts' do not in themselves tell the whole story, nor indeed that they are necessarily clear indicators of objectivity.

The Researcher suggests that the purpose of quantitative and qualitative methodologies is as follows:

Quantitative methodology is essentially concerned with transforming survey data gathered from a representative sample of population, into generalisations based on the subsequent statistical analysis.

There are three main types of survey:

- (i) *Descriptive surveys*aim to estimate as precisely as possible the variable attributes of a population.
- (ii) *Explanatory Surveys*seek to establish cause and effect relationships.
- (iii) *Before and After Surveys*seek to establish the effect of some event or stimulus which has occurred in the period between the two phases of the survey' (Open University 1979).

In addition, Adams and Schvaneveldt (1985) identify the longitudinal survey design, which differs somewhat from the *before and after* approach, in that it is not necessarily concerned with an intervening stimulus or event.

The survey/questionnaire approach clearly enables large amounts of data to be accumulated and processed by the researcher relatively quickly and by use of sampling techniques, to infer generalisations. This is particularly popular in the case of surveys such as opinion polls. However, the recent inaccuracy of these highlights some of their deficiencies, often due to error in sampling techniques. In addition, as has been illustrated earlier, they cannot effectively capture qualitative data.

As has been indicated, there has been no shortage of quantitative research methodology within social science. However, the Researcher suggests that this approach has been at the expense of qualitative methodology. It is therefore worthwhile considering in more detail as to whether there are any ground rules which can be applied to a qualitative research design.

A. WHEN IS THE USE OF QUALITATIVE RESEARCH APPROPRIATE?

Qualitative methodology attempts to probe behind individual or specific situations and seeks to provide information which portrays something of the unique context in which the key actors and dynamics under study are to be found.

Glaser and Strauss (1968), suggested that qualitative research is necessary when the generation of a conceptual framework is required due to subject or theoretical ambiguity.

In particular, if there is lack of clarity within any conceptual framework, there seems an inevitability that any quantitative survey will replicate this problem. It seems most unlikely that the respondent's terms of reference will be the same of the researcher collating the data.

Language then is a key element which needs to be considered when attempting to deal with ambiguous concepts. Misleading uses of apparently simple statements are well demonstrated by Madge (1953):

‘If there are five empty seats on the bus and I say the bus is full, the bus is full!’, (Conductor of No. 96 London Bus. ‘This England’, 28, vii, 1951).

Few researchers have managed to portray the significance of language in stress research. Two notable exceptions are Dunham (1981) and Fineman (1985).

B. WHAT TYPE OF METHODOLOGY SHOULD BE USED?

Morton-Williams (1978) suggests that the essence of qualitative research is an, ‘...unstructured and flexible approach’, and requires of the researcher, ‘....receptiveness, objectivity and creativity’ . Interestingly, Morton-Williams does not see objectivity as being an exclusive feature of quantitative research. However, the context in which she uses the term is perhaps more concerned with recognising, as far as possible, researcher bias in the interview situation, rather than with results which are based on objective measurements.

Whilst such a combination of factors as those detailed by Morton-Williams may be difficult to attain, she stresses that the researcher above all else must gather data in such a manner which allows clear and in-depth communication between the subject and researcher.

Bearing in mind the above criteria, qualitative data collection methods could include the following:

- *Group Interviews/Focus Groups,*
- *In-Depth Individual Interviews,*
- *Diary Keeping,*
- *Participant-Observer Ethnography,*
- *Study of Documentation,*
- *Case Studies*

Questionnaire methodologies do not appear to lend themselves easily to the collection and collation of in-depth contextual information.

The above methods may be summarised as follows:

(i) Group Discussions/Focus Groups

MacFarlane Smith (1972), states:

‘A group discussion can be described as the interviewing of a number of people at the same time, where the response of the individuals resulting from their group discussions is sought.’

Such an approach hopes to produce a cross-fertilisation of ideas, with a variety of views being expressed. This method then, should be able to develop lines of discussion which neither the researcher nor respondents would be likely to raise in isolation. Additionally, MacFarlane Smith suggests that group discussions help understand the language people use when discussing a subject. In view of the problems concerning stress in this respect, this element is particularly important.

The group discussion technique should allow respondents to reveal underlying feelings and promote their own ideas. However, there are a number of possible pitfalls which should be considered:

- (a) The discussion co-ordinator must be seen in the role of facilitator, not director. This means that questions should take the form of open-ended discussion headings rather than defined within tight parameters.

- (b) Discussants tend to be self-selected, therefore there is always likely to be bias contained within the sample group. However, it can be argued that if the purpose of the discussion is to elicit qualitative and subjective data, then this aspect is not crucial.
- (c) Discussants will not always supply information in the manner required by the researcher. In this respect, MacFarlane Smith suggests that in any group there may be:

- *The Monopolist - hogs the conversation;*
- *The Silent - shy;*
- *The Silent - aggressive.*

Additionally, Morton-Williams (1978) notes the tendency for discussants to all talk at once!

- (d) Since group discussions provide qualitative information, researchers should avoid the temptation to always express their results in quantitative terms.
- (e) Researchers should not expect individuals to bare their souls in a group situation. Group discussions are not likely therefore to produce personal insights. Indeed, embarrassed discussants are likely to bring the discussion to a quick close or go silent.

(ii) In-Depth Interviews

Morton-Williams (1978), states that in-depth interviews are ideal when, '....the psychology and circumstances of respondents need to be interrelated'. Such an approach seems particularly appropriate when attempting to elicit personal or intimate viewpoints. However, problems associated with this technique include:

- (a) The very intimacy of the interview situation may inhibit the respondent. Sensitive questions should therefore perhaps be asked at the end of interviews,

rather than the beginning. However, since by this stage the respondent may be tired, the desirability of this approach must be carefully considered.

- (b) The interviewer may be tempted to enter into a more directive role should embarrassing silences develop.

(iii) Diaries

The essence of this technique is that participants keep diaries and record events related to the study over a period of time. In this manner, diaries are able to provide temporal linkages between events. In addition, whilst questionnaires and even interviews rely upon memory and are therefore subject to a degree of unreliability, diaries allow participants to record events as they happen. The importance of this element is illustrated by Tulving (1983), who identified two categories of memory:

EPISODIC MEMORY - accesses recall to specific events.

SEMANTIC MEMORY - accesses recall to general impressions, which may not be wholly accurate in relation to particular events.

Diaries are therefore a possible means of capturing semantic memory. However, the key difficulty associated with diary-keeping, is that they require an ongoing commitment from the respondent. Should this commitment cease to be maintained, the quality of recording may deteriorate or discontinue altogether. Similarly, if interest is low, the respondent may resort to last minute summaries. This being the case, then the time delay will mean that semantic memory is accessed not episodic.

(iv) Participant-Observer Ethnography

Adams and Schvaneveldt (1985), describe this technique as, '...a prolonged period of intense social interaction between the researcher and subjects'. Thus the researcher might well be part of a working team for a period of time, observing particular aspects of his/her colleagues. This of course allows the researcher to observe events as they

happen, which may be quite different from the individual perceptions of the participants of the study.

The difficulty commonly associated with undertaking participant-observer techniques is the length of time entailed by the researcher in conducting such a study. In addition, there are serious ethical considerations in determining whether or not the researcher should declare his/her true intentions. This is particularly the case where the researcher goes 'under cover' to collect covert data.

(v) Study of Documentation

The study of documentation as a data collection method could include, letters, diaries, archives, meeting records etc. This allows the researcher to collect information about past events, where there may now be no contemporary sources of information. Documents can also prove to be a useful means of crosschecking and validating other sources of information.

However, a difficulty which the researcher faces when analysing documentation is a reliance on the accuracy of the original author, who may well have brought their personal prejudices to influence the accuracy of the records. For instance the minutes of a meeting conducted between management and trade union officials, could produce differing assertions. This of course does not mean that they cannot be used, but necessitates the researcher being cautious in making use of them.

(vi) Case Studies

Case studies as the name suggests focus upon specific units of activity. This could be a particular organisation or a sub-unit of an organisation. The advantages of such a study are primarily centred around the depth and richness of material which would be expected to emerge. A variety of qualitative and quantitative approaches can be applied. However, the key disadvantage associated with such studies is their limitations in terms of being able to produce generalisations.

C. HOW SHOULD DATA BE PROCESSED AND PRESENTED?

Researchers who have adopted qualitative approaches have been less certain with regards to data processing and presentation than they have in choosing their data collection techniques. Indeed, even when selecting a qualitative data capture methodology, there is still an emphasis on categorising responses in such a manner as to allow statistical examination.

The most frequently used process of organising 'soft or qualitative data' is known as **Content Analysis** and is described by Adams and Schvaneveldt (1985) as a, '....systematic process of locating words, phrases, ideas or meanings that fit together in codes'. Thus, themes words and phrases are allocated into categories, which allows ordinal quantification.

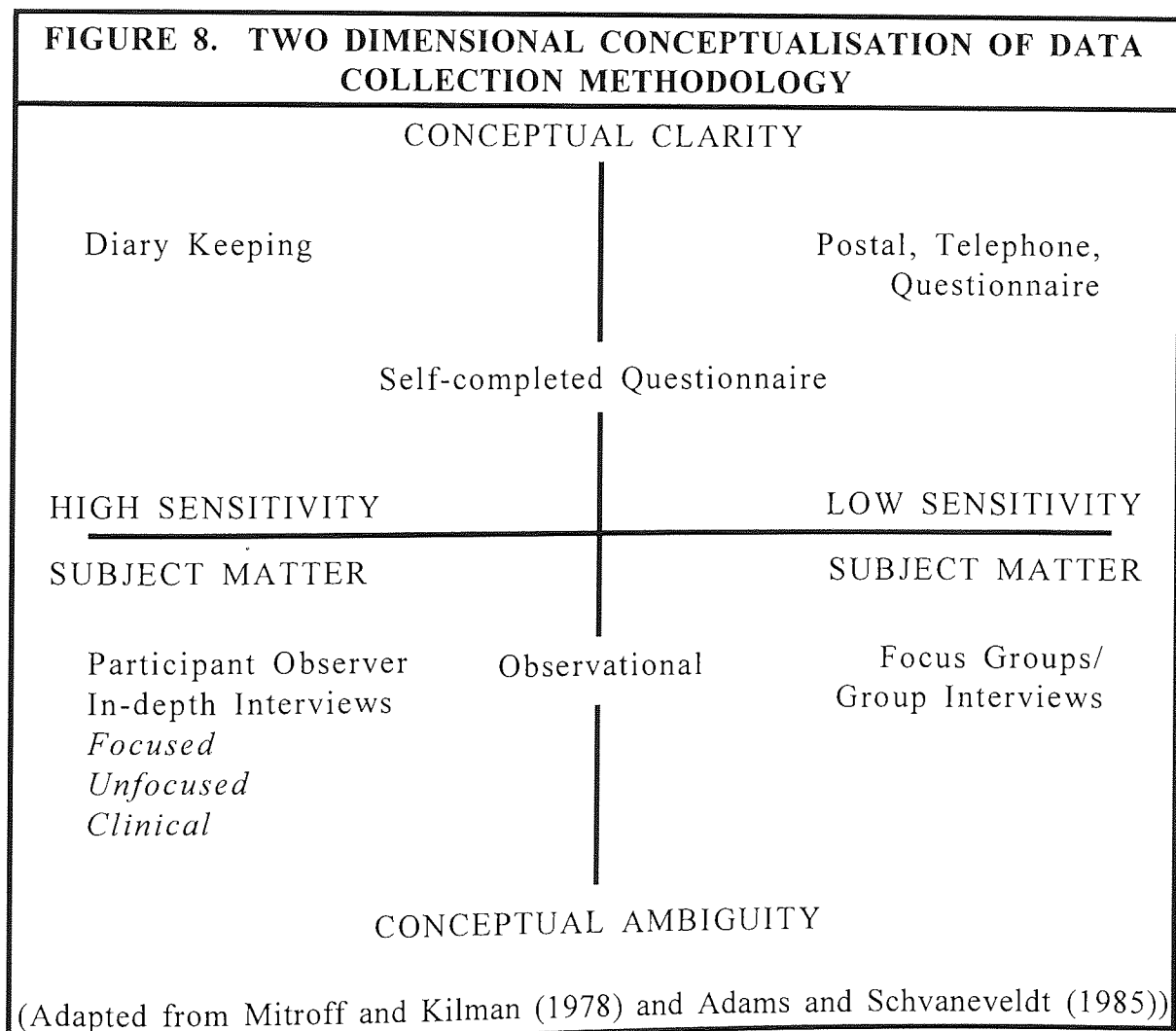
The above data processing technique is undoubtedly useful if a statistical outcome is desired. However, the question must be addressed as to whether if the data is gathered in a qualitative manner, it is necessarily appropriate or desirable to transform it into a statistical presentation. Indeed, the Researcher suggests that those who adopt this approach are once more engaged in the pursuit of scientific justification through empiricism.

4.7 CONCLUSION

A number of conclusions can be drawn from the material considered which will impact significantly upon the Researcher's chosen method of investigation. These are as follows.

- (i) In spite of claims to the contrary, it is impossible to achieve a state of 'total objectivity'.
- (ii) The subjective truth and reality known to the individual has as much claim to be identified as knowledge as does so-called empiricism or positivism.

- (iii) There are considerable dangers in claiming to have discovered irrefutable truths on the basis of flawed social scientific research. However, the ongoing proliferation of quantitative approaches may well be determined by potential funding sources, such as profit-making organisations seeking justification of their activities.
- (iv) Insights and developments of knowledge within conceptual frameworks which are unclear or complex, such as stress, are only likely to emerge if significant emphasis is placed on the use of qualitative data collection and presentational methodologies.
- (v) There are a number of criteria which can be applied when determining whether a research design should be quantitative or qualitative in nature. This is demonstrated in a model which the Researcher has adapted from Mitroff and Kilman (1978) and Adams and Schvaneveldt (1985) Figure 8.



- (vi) Concepts of positivism should perhaps be regarded with caution when considering issues which are essentially concerned with individual experiences. Possibly results are less valid within quantitative studies, not because of asking the wrong questions or because of inadequate sampling, but because of attempts to generalise from experiences which are uniquely personal to the actor involved. There is therefore an opportunity for researchers to establish more creative paradigms which do not avoid the subjective experience, but rather attempt to capture it in a manner which can be conveyed in a meaningful sense to others.

CHAPTER FIVE - FIELD RESEARCH PHASE 1

SUMMARY

This chapter outlines Phase 1 of the Researcher's fieldwork, developed in the light of discussions in the preceding chapters. It identifies a number of hypotheses suggested by the Researcher and the sample groups selected for this phase of the study. The methodological and analytical processes of the study are also explained.

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- 5.1 Rationale.
- 5.2 Hypotheses.
- 5.3 Site of Enquiry - Background.
- 5.4 Sample Group.
- 5.6 Methodologies
 - (i) Focus Groups
 - (ii) In-Depth Interviews
 - (iii) Diaries
 - (iv) Psychometric Testing.

5.1 RATIONALE

Given the perspectives developed by the Researcher in the preceding chapters, it is evident that the field of research is highly complex both in terms of definitions, use of associated language and research methodologies. The shortcomings of many studies appear to have arisen in the main due to insufficient attention being given to clarifying these important underpinning concepts. As indicated in Chapters Three and Four, the consequences have been evident in contradictory and often unreliable statistical studies and conclusions. The Researcher wished to avoid such pitfalls within his study.

In light of the above, the Researcher considered it necessary that his initial research, Phase 1, should attempt to clarify and test out some of the conceptual issues raised prior to undertaking work of a broader and more in-depth nature. **In other words, develop a conceptual map or framework concerning stress within a social services context.** In addition, this step seemed necessary if the Researcher was to develop a truly transactional or interactive model of stress research.

The Researcher wished to devise an approach which would best be able to identify a number of key signposts which would allow more rigorous analysis in Phase 2. In particular the Researcher hoped to gain insight into two key areas:

- (i) *Language*
- (ii) *Qualitative versus Quantitative research methodologies.*

5.2 HYPOTHESES

In the context of considering Carers within a Social Services Department and of the literature search undertaken in Chapter Three, the Researcher decided to test the following hypotheses within Phase 1 of the study:

- (i) Stress will present definitional problems to carers.
- (ii) Stress will be described by carers either in terms of cause or effect.

- (iii) Stress will be perceived as an occupational problem.
- (iv) Negative effects of stress will be identified by carers and will relate primarily to:
 - (a) The physical and mental health of the individual.
 - (b) Work performance.
 - (c) Affecting other people - i.e. colleagues or family.
- (v) Sources of stress will be identified by respondents within the terms of categories devised by Cooper and Marshall (1975 a and 1975 b, 1978), i.e.:
 - Intrinsic to Job
 - Role in Organisation
 - Relationships at Work
 - Career Development
 - Organisational Structure
 - Intrinsic to Individual
 - Organisational Interface
- (vi) Some sources of stress identified by respondents will be common to other occupations, consistent with the research considered in previous chapters.
- (vii) Some sources of stress will be specific to either (a) the job; (b) location; (c) the wider organisation.
- (viii) There will be evidence of interaction between different sources of stress.
- (ix) Carers will show indications of personality traits which will make them inherently more susceptible to stress than workers in other professions.
- (x) There will be evidence of a range of coping mechanisms and defensive strategies employed by participants in both their work and social contexts.
- (xi) Stressors which present as stressful or strain-producing to some employees will be perceived as motivating stimuli by others.

5.3 SITE OF ENQUIRY - BACKGROUND

Phase 1 of the study was carried out, as indeed was Phase 2, within a large Metropolitan Social Services Department, serving a population of over half a million. The respondents of the study, Carers employed by the Social Services Department, were defined as outlined in Chapter One. The following background facts were accurate at the time of the implementation of Phase 1, but have since been modified. These changes will be referred to in a later chapter dealing with Phase 2 of the study.

(i) CITY POPULATION

The city population reflects a wide range of socio-economic circumstances. In particular, at the time of the study, approximately 37% of the City's total population were estimated to be living on or below the poverty line, as defined by the number of people claiming Housing Benefit and Income Support. In addition, a significant decline in the industrial base, which in previous years had been the bedrock of the City's economy, has led to a disproportionate increase in the unemployment levels which were estimated to be approximately 13% of the overall City population. Both poverty and unemployment levels were at their highest within the inner city areas, although significant pockets of poverty were to be found in some of the larger outer city estates.

Changing social conditions and the decline in employment opportunities have led to fewer adults living in close proximity to their origins as children. This has led to a decline in the traditional community and family support network both in relation to children and elders. In addition, at the time of the pilot study, 11.4% of all City households were one parent families.

The City has a significant number of Black and Minority Ethnic people living within its boundaries. The 1991 Census indicates that they comprise 18% of the City's overall population. Of these, approximately one third are of African-Caribbean ethnic origin, one third of Pakistan ethnic origin and the remaining third of other Asian origin e.g. Indian, Chinese. In line with national findings, these communities are likely to experience adverse socio-economic circumstances disproportionately.

(ii) THE SOCIAL SERVICES DEPARTMENT

The Department employed approximately six and a half thousand employees (full time equivalents), of whom 85% were female. Most of these were to be found within manual grades. However, within the higher paid posts, this proportion dropped to 37%. Of nineteen Area and Divisional Managers, only six were women. The number of staff with a registered disability employed by the Department was only 1.5%. Recent recruitment strategies had significantly increased the number of Black and Minority Ethnic People employed by the Department which at the time that Phase 1 was running at 17%, virtually in line with the wider population distribution. However, only two of the nineteen managers referred to were Black.

At the time of Phase 1, a number of significant factors were present which potentially were likely to influence the outcome of the study. These were as follows:

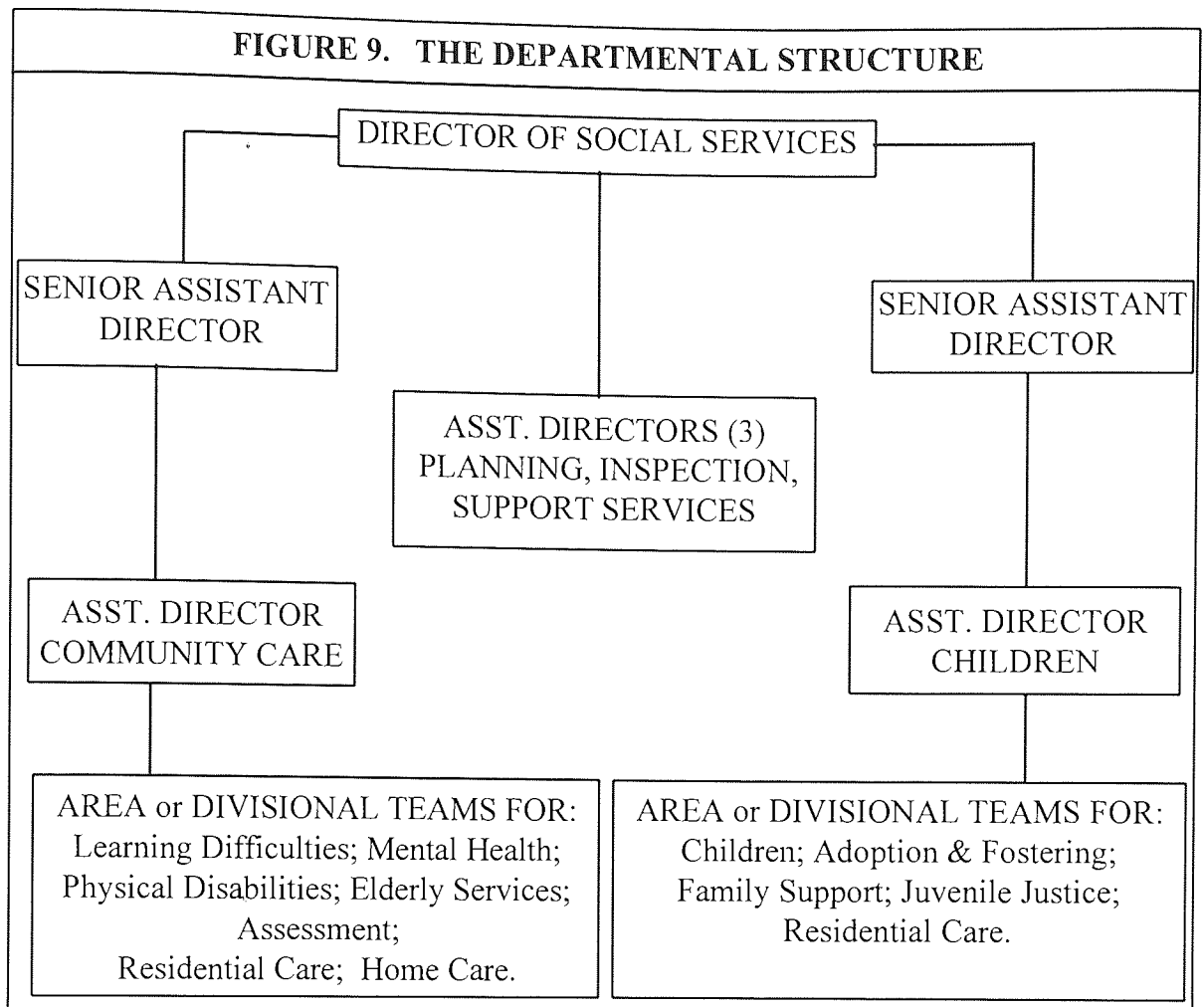
(a) Reorganisation

During the preceding twelve months, a complete reorganisation of departmental structure had taken place. This primarily involved a shift of administrative and operational units from three to four geographic divisions. Concurrent with this change was the appointment of three new Assistant Directors and the introduction of twelve Area Manager posts. Figure 9. illustrates the changed structure.

The impact of restructuring had led to a change in emphasis of functional responsibilities amongst teams of carers, including a reappraisal of staffing assignments. It is therefore important to note that at the time of Phase 1, reorganization was a factor likely to have a considerable bearing upon stress levels encountered by employees.

(b) Redeployment

Due to the contraction of residential care and a shift in emphasis to providing a range of services designed to maintain service users within the community, a departmental



policy of redeployment was in operation which aimed to reflect a revised distribution of staff resources. In view of the observations made by a number of researchers concerning models of stress which emphasise the importance of job-person fit (Van Harrison, 1978 and Cox, 1978), it seemed important to explore this dimension during the course of the study, since redeployment policies raise the distinct possibility of individuals being located in posts to which they were not originally appointed. These prevailing circumstances clearly increased the possibility that some individuals might actually be resistant to taking up particular posts, thereby creating very poor job-fit.

(c) Appointments Policy

Owing to severe financial constraints and service cutbacks, a departmental policy had been introduced whereby in order for vacancies to be filled, managers were required to undertake a complex advertising clearance system. This had the effect of slowing down the appointments process and led to a delay in filling job vacancies. This was perceived as a job freeze and seemed likely to influence staff morale at the time.

5.4 SAMPLE GROUP

The Researcher's literature search and emergent hypotheses indicate the importance, when considering occupational stress of establishing a conceptual map of the phenomena. It is necessary to establish this within a particular organisation or work setting in order to clarify relevant factors which are situation-specific. Because of the diverse nature and large size of the Social Services Department in question, the Researcher considered that the main thrust of Phase 1 should be to consider a small range of teams within the overall organisation which would to a limited degree reflect this diversity and provide an overview rather than an in-depth organisational appraisal. The Researcher hoped that the influence of common organisational factors contributing to overall 'climate' would be evident within the teams selected.

The above approach might be criticised as likely to be subject to a degree of bias, owing to the relatively small size of the sample. However the Researcher felt that in the light of his observations in Chapter Four, particularly the views of Mitroff and Kilman (1978), that such bias was less important than establishing a qualitative map of stress within this particular occupational context, which could help identify the necessary 'signposts' to undertake further work. The Researcher intended to note any obvious bias evident within the sample population in the light of wider demographic information concerning both departmental employees and the recipients of care services.

The Researcher identified a number of care teams within the Department where it might be reasonable to speculate that high levels of stress and strain exist. These teams were as follows:

- (i) Community Home School,
- (ii) Secure Unit for Young People,
- (iii) Remand Unit for Young People,
- (iv) Home for Elderly People,
- (v) Resource Centre for Elderly People,
- (vi) District Children's Assessment Centre,
- (vii) Area Social Work Team,
- (viii) Day Centre for People with Learning Difficulties.

The Researcher made contact with the managers of the respective teams and discussed the possibility of their teams' involvement in the study. All agreed subject to approval of the staff group. Following these initial discussions between managers and their staff, all expressed interest in participating with the exception of (viii).

The manager of (viii) stated that the team did not wish to participate because members felt that by focusing on the subject of stress, their current working climate, which they considered to be highly stressful, would be made even worse! Anecdotal evidence later provided to the Researcher, suggested that it was in fact the manager rather than the staff who was concerned with this dimension.

The above perspective is illustrative of two key issues: (a) The subject of stress is one which is not easily discussed or brought out into the open by either managers or front-line staff; (b) any research conducted actually enters into the dynamics of the agency of investigation and in itself is likely to impact upon the interactions which produce the data for analysis. This in turn reflects the view raised by Mitroff and Kilman (1978), that the Researcher brings his/her own influence to bear upon the research site which further militates against the concept of objectivity.

The teams selected for the pilot study may be briefly summarised as follows:

(i) COMMUNITY HOME SCHOOL

The site selected was situated on the outskirts of the City and offered residential care for forty emotionally disturbed and delinquent boys and girls aged between twelve and eighteen years of age. The client population was drawn primarily from within the local authority, but also received a number of referrals from external authorities. Most residents had been convicted of criminal offences, many of them of a serious nature e.g. rape, arson, murder. The total staff group catering for this population was thirty, consisting in the main of residential social workers, with a small number of qualified teachers (7). The staff gender breakdown was 50/50 male and female workers, reflecting similar ratios in the client population.

Team members were expected to work unsociable hours e.g. shifts and weekends

(ii) SECURE UNIT FOR YOUNG PEOPLE

At the time of the research, this was the only facility of its type within the Local Authority. Located on part of a larger children's centre campus in a residential suburb, it catered for four young people aged between twelve and eighteen years of age of either sex, looked after by a staff team of eight residential social workers, consisting of equal numbers of males and females.

Admission criteria to the unit state that children must be persistent absconders and:

- (a) present a physical risk to themselves or others;
or,
- (b) be in moral danger;
or,
- (c) have committed an offence which carries a potential sentence of fourteen years or more.

(iii) REMAND UNIT FOR YOUNG PEOPLE

A recently opened resource, this unit formed part of a larger children's resource complex. The unit offered residential care and education for six boys and community support for a further four. All clients were remanded to the unit awaiting court appearances. The boys, aged between fourteen and eighteen years of age, were located at this unit, their behaviour having been deemed too difficult to be effectively managed within alternative placements other than secure accommodation. The staff group consisted of thirteen staff, of whom six were women.

(iv) HOME FOR ELDERLY PEOPLE

This home, located in an inner city area was purpose built, catering for some sixty residents (forty female and twenty male). The residents were mainly aged seventy five years and over and considered to be extremely frail, with many also suffering from dementia. The declared aim of the home was to enable residents to live as independently as possible within a social care setting. The home had a staff of thirty nine, with only six males.

(v) RESOURCE CENTRE FOR ELDERLY PEOPLE

In essence this performed a similar function to the previously mentioned elderly person's home. However, it differed in that it also provided a range of day care for elderly people. Another significant variation was that the home had been unitised, creating six distinct living areas for a residential population of sixty one elderly people. These people were in the main aged over seventy five years and suffering from varying degrees of mental infirmity. The staff group consisted of seventy five, with only fifteen staff being male. Of these staff, some sixteen were part-time, all of whom were women.

(vi) DISTRICT CHILDREN'S ASSESSMENT CENTRE

This centre was situated in an affluent residential suburb. The centre's key objective was to provide overall responsibility for the assessment in the community and placements of all children between the age of ten and eighteen years, who had been brought to the attention of the Social Services Department, within a particular catchment area of the City. To perform this function, two teams had been established within the centre, one providing a community assessment and support function, the other responsible for providing residential care within the centre. The Researcher elected to conduct his research with the Community Support Team, which specifically investigated and assessed all referrals to the centre and determined whether the young people referred could be supported and maintained within a community setting or required residential care. This process usually entailed family support work. The staff group consisted of four women and three men.

(vii) AREA SOCIAL WORK TEAM

This area team was responsible for children's fieldwork within an outer area of the City. The area covered ranged from relatively affluent residential areas to large newly established council estates acting as overflows to inner city housing problems. The latter, in particular, presented major social problems, with child abuse enquiries playing an increasingly significant role in the team's workload. The team consisted of twelve qualified social workers, four males and eight females.

The above teams contained the following categories of carers:

- (a) Social Workers (Field);
- (b) Residential Social Workers (Children);
- (c) Care Assistants (Elderly People).

The Researcher initially excluded managers from focus groups, since there was a possibility that any qualitative research involving group or individual interview techniques might be affected by the presence of a line manager. This seemed particularly likely in the light of earlier observations noted in Chapter One, indicating often opposite stances regarding the causes of stress e.g. Redding (1991) and McDonald and Doyle (1981). Indeed the presence of a manager in focus groups, seemed likely to increase employee stress!

In spite of the above problems associated with managerial influence within focus groups, the Researcher recognised the importance and potential influence upon the team work setting which managers are likely to exert and therefore determined to capture this perspective by alternative methods.

The following managers were identified as providing a cross-section of caring experiences:

- (i) Two Officers-in-Charge of Homes for Elderly People;
- (ii) One Deputy Principal with responsibilities within a Community Home School;
- (iii) Two Team Managers with responsibility for Residential Homes for Elderly People;
- (iv) Three Team Managers responsible for Area Social Work Teams;
- (v) One Officer in Charge of a Young Person's Remand Unit.

Some of the above managers selected were responsible for the teams within the study and others were identified by the Researcher's professional contacts.

5.5 METHODOLOGIES

The Researcher designed his research paradigm on the basis of the factors considered in Chapters Three and Four, being primarily concerned with capturing qualitative dimensions of Stress. In particular the following data capture approaches were adopted:

- (i) Focus Groups;
- (ii) In-Depth Individual Interviews;
- (iii) Diary Compilation.

In addition to the above, in the light of his literature search, the Researcher recognised the potential influence of the psychological dimension of job-fit, in relation to potential job satisfaction or job dissonance amongst the respondents. The Researcher therefore attempted to identify a suitable means of profiling personality types within the sample group.

(i) FOCUS GROUPS

(a) Implementation Steps

Step 1 - The Researcher devised a series of open-ended questions (Appendix 1). These questions were designed in such a way as to elicit information in the light of the hypotheses listed in Section 5.2.

The Researcher's questions were ordered in such a way as to anticipate the most likely manner in which discussion would develop within the sessions. In particular, initial questions were primarily designed to allow a degree of warm-up, with more sensitive and penetrating questions being reserved for a later stage, when hopefully the trust of the discussants would have been gained.

Step 2 - Letters (Appendix 2), explaining the purpose of the project, were sent to the teams identified. Managers were asked to circulate these to team members. This approach risked the project being associated by the staff with the manager, thereby creating suspicion concerning the motives of the exercise. However, the Researcher

recognised that access to the teams could be effectively denied by the manager if it was felt that he was not being open. The Researcher decided that on balance it was better to elicit the manager's full co-operation. It would then be necessary to rely upon the Researcher's interpersonal skills within the discussions to allay staff fears of any managerial collusion.

Step 3 - The Researcher visited each manager to discuss his/her level of interest and that of the staff and to explain the project in more detail. It was made explicit that participants would be volunteers. In all cases volunteers emerged in profusion! This suggested a major interest in the topic of staff stress. Group sizes of five to eight respectively were established, which fell within the optimum sizes for group discussion as recommended by MacFarlane-Smith (1972) and Morton-Williams (1978). With only two exceptions, participation was one hundred percent, subject to availability on the day.

At this stage, the Researcher agreed with individual managers the date, time and venue for the proposed discussions. In all cases, the venue agreed upon was the team's workbase. This arrangement was primarily designed for the convenience of team members. The Researcher also felt that a familiar setting would be more likely to put discussants at ease.

Step 4 - On the date of the agreed discussions, the Researcher arrived at the various venues some thirty minutes prior to the agreed starting time and ensured that the designated room was appropriately organised. In particular, this entailed arranging the seating in a manner which ensured that all participants had satisfactory means of visual and audible communication.

The Researcher had decided to audio-tape the discussions and therefore ensured that the tape recorder used was positioned in a central point.

Step 5 - The Researcher welcomed the team participants and ensured that all were familiar with the content of the previously circulated letters. An explanation was given once more as to the purpose of the project and specifically the discussion which was about to follow. The Researcher confirmed that all information would be given in

confidence and that any report or documentation relating to the session would ensure the anonymity of the discussants. An assurance was also given that the contents of the tape would be erased following transcription by the Researcher.

Step 6 - Following the Researcher's introduction, the tape recorder was switched on and discussion began using the discussion prompts. During the discussion, the Researcher made notes in addition to using the tape recorder. This was to facilitate follow-up comments made during the discussion, in particular linking comments which were made non-sequentially. Whilst discussion was structured around the Researcher's schedule, tangential themes arose and were followed up and developed accordingly.

Step 7 - Discussions lasted between fifty minutes and one and a half hours. The Researcher attempted to conclude the meeting when views expressed became repetitive or alternatively within previously specified time limits set by the team manager. It was almost always the latter which prompted closure.

Step 8 - The team members were thanked for their co-operation and participation and asked if they would like the Researcher to arrange a feedback session at the conclusion of the study. There was general enthusiasm for this proposal.

Step 9 - The respective managers were thanked for their participation and offered the chance to have access to the findings of the study, via a seminar, at its conclusion. However, the Researcher once more emphasised that individual comments relating to team members would remain anonymous.

(b) Proposed Analysis of Data

Whilst the relevant literature offers much advice on how discussion groups might be used as a data gathering tool, it is less certain as to how this information might be appropriately processed. The Researcher developed this issue earlier in Chapter Four. However, there appear to be two main approaches:

Impressionistic - This involves the Researcher taking a generalised and subjective

overview of the discussions and presenting the results as a series of impressions, identifying emergent themes.

Systematic - This entails a detailed transcription and content analysis of recordings and noting accurately the number of times that key words and phrases are used. Where appropriate these would be attributed to individuals, thus allowing a further analysis of the interactive elements of the group. The danger of this approach as noted in Chapter Four is translating qualitative data back into a quantitative format.

In the light of the above, the Researcher adopted a pragmatic approach and relating back to the original study hypotheses, devised a series of categories into which the data might be allocated. These were as follows:

- *Definitions*
- *Perceptions of stress as negative*
- *Perceptions of stress as positive*
- *Effects of stress*
- *Sources of stress*
- *Coping strategies*
- *Defensive strategies*
- *Motivating stimuli*
- *Management intervention strategies*
- *Miscellaneous information*

The Researcher analysed the tape recordings and made notes under each of these headings, in some cases recording key words or phrases verbatim. Notes for the respective teams were then compared and summarised within the categories. In particular, the Researcher attempted to identify common themes and factors which were either location or job specific.

(ii) IN-DEPTH INTERVIEWS

The Researcher anticipated that adopting this style with selected managers would provide an

intimate perspective relating to individual concerns of stress, perhaps breaking out of the 'safe area' boundaries associated with group discussions. In particular, the Researcher hoped that this approach might shed some light on the cross-domain relationships which exist between social/home stress and job stress.

(a) Implementation Steps

Step 1 - Four managers were identified as respondents, all having oversight for one of the teams identified in Section (5.4). All were white males.

Step 2 - An interview date, time and location were established with the respective managers. In three instances, managers were interviewed in their place of work. The fourth was conducted at the respondent's home.

Step 3 - The interview was conducted in a similar fashion to the group discussions - i.e. the interview was taped and the interview schedule was the same. One exception to this was the preliminary question with which the Researcher began the interview. This was a safe 'warm-up' question designed to put the individual at ease e.g. 'Can you begin by telling me something about your job?'

It was hoped that this question would be general enough for the respondent to identify experiences with which he/she was familiar and comfortable.

(b) Proposed Analysis of Data

The ensuing steps and subsequent data analysis were identical to those outlined in Section (ii).

(iii) DIARIES

Even during Phase 1 of the study, the Researcher felt it was important to ensure that a longitudinal dimension was present, a deficiency in many other stress research projects noted by the Researcher in Chapter Three. In particular, the Researcher wished to gain some insight

into whether there was any evidence to support the view that stressors associated with a caring context could have a cumulative effect over a period of time, or were more related to intensity of event. In addition, the Researcher hoped that this method of data collection would access episodic rather than semantic memory.

(a) Implementation Steps

Step 1 - The five remaining managers from the nine selected were contacted and individual meetings arranged to discuss details of the proposed exercise. Those managers participating were:

4 Team Managers (2 Area Teams/Children and 2 Area Teams/Elderly)

1 Deputy of a Children's Home.

Step 2 - The Researcher met with managers individually and gave each a note book in which to make diary entries. Each was asked to keep a diary for one month, entering a brief description of all events which they perceived to be stressful. The Researcher asked the individuals to record these events as soon as possible after the event had occurred or at the latest, by the end of each day. It was emphasised that such events could relate either to home or work experiences.

All the participants initially asked the Researcher how a stressful event should be defined. The Researcher elected not to define the term for participants and left definitions and the type of events recorded, entirely to the discretion of the individual. This course of action was decided in order to avoid categorising stress as a cause or effect phenomena or inadvertently constructing a conceptual framework for participants.

The Researcher emphasised the confidentiality of each person's diary, which if the individual wished could also remain anonymous.

Step 3 - At the end of a four week period, the Researcher contacted participants, requesting the return of the diaries.

(b) Proposed Analysis of Data

Analysis of the data followed the same format as outlined in the preceding three sections. However, the Researcher in the light of data received, added a further category of analysis, this being *Cumulative Stress*. This concerned the collation of data relating to the gradual buildup of stress over a period of time and identification of linkages between particular experiences.

(iv) PSYCHOMETRIC TESTING

(a) Background

In Chapter Three, the Researcher indicated a significant body of evidence supporting the view which associated particular personality types with susceptibility to stress. Relating to Hypotheses (ix), the Researcher wished to gain some insight into whether there was any indication that carers might present common personality profiles which increased the likelihood of them being more susceptible to stress than other workers.

The above proposition is clearly highly complex and many studies of stress based upon a psychological view of the phenomenon have devoted significant resources to testing and developing such analyses, without, as the Researcher has indicated in preceding chapters, demonstrating any clear cause and effect relationship. However, as stated earlier, the Researcher at this stage was concerned with identifying signposts within the foothills of the stress field and felt that to ignore this dimension totally might prove an oversight in any future work.

The Researcher considered the most appropriate method of assessing subject personality type would be by means of Cattell's 16 PF psychometric test. This technique was used by Adima (1984) in relation to analysing personality types amongst operational researchers in Nigeria. Unfortunately, when the Researcher attempted to gain access to this test, he discovered that a pre-condition to purchase and administration of this and almost every other psychometric test is that the administrator must be certified following a period of training. Time and work constraints did not allow the Researcher

to undertake this commitment and so other possible methods were considered. In particular a number of psychologists have produced, in mass circulation format, a number of personality tests. One such test is that published by Eysenck H.J. and Wilson (1975).

Eysenck and Wilson have produced a number of personality inventories which can be self-administered. The dimensions which these tests measure are as follows:

Extraversion - Introversion,
Emotional Instability - Adjustment,
Tough Mindedness - Tender mindedness.

Measurements of the above dimensions are on a Thurstone scale and therefore have the advantage of allowing comparisons with other population groupings.

Since copyright regulations meant that reproduction of the inventories was not possible, the Researcher gained permission from the publishers to use them within the context of his project. This was duly agreed without charge.

The Researcher opted to administer only one of the tests, namely, the Extraversion-Introversion Questionnaire. This choice was made since research suggests a relationship exists between personality types displaying predominantly introversion traits and stress, in particular '...in situations of high role conflict or ambiguity' Hockey (1983). Indeed it seems a reasonable supposition that certain aspects of caring are likely to involve coping with situations where there is likely to be high role conflict. In particular, a number of researchers suggest a strong relationship between stress and the impulsivity factor which within Eysenck and Wilson's inventory is a sub-component of extraversion-introversion. The other sub-components within this scale are:

- *Activity - Inactivity*
- *Sociability - Unsociability*
- *Risk-taking - Carefulness*
- *Impulsiveness - Control*

- *Expressiveness - Inhibition*
- *Practicality - Reflectiveness*
- *Irresponsibility - Responsibility*

The Researcher recognised that the use of this personality inventory contained some potential pitfalls. In particular, the length of the questionnaire (210 questions), suggested that the respondent would need to be sufficiently motivated to set aside at least half an hour for its completion. This prompted the Researcher to consider the best means of distributing these in a manner most likely to elicit a high response rate. In addition to this problem, it was necessary to recognise the potential for faked responses by uncooperative or mischievous respondents, even the possibility for completion by other persons!

(b) Implementation Steps

Step 1 - The sample group was identified as all those participants in the focus groups.

Step 2 - The Researcher made a slight modification to the questionnaire, adding a front sheet which outlined the purpose of the project and requested basic demographic details from the respondents. Additionally, each questionnaire was coded according to each staff group, the purpose of which was to allow subgroup comparisons between types of 'carer' rather than locations.

Step 3 - Questionnaires were sent to the various teams, some two weeks prior to the date of the proposed discussion groups. The respective team managers were asked to provide each volunteer discussant with a questionnaire, requesting that they be returned to the Researcher on the date of the proposed discussion meeting. The Researcher hoped that this response would prompt a high return rate. A total of 52 questionnaires were distributed.

Step 4 - The Researcher collected completed questionnaires at the end of the group discussions and provided further copies, with addressed envelopes for use within the departmental internal mail system, to those who had mislaid the originals.

Step 5 - Follow-up telephone calls were made to the various units in an attempt to retrieve completed forms.

(c) Analysis of Information

As indicated earlier, in the first phase of the study, the Researcher was seeking to identify trends and signposts within the stress field, avoiding the temptation to make claims concerning causal relationships. Analysis therefore was relatively simple, making use of a spreadsheet (Supercalc 3). The Researcher intended to process the data in such a manner as to produce the following information represented in both statistical and graphical form:

- *Demographic Details*, expressed in terms of arithmetic means; medians; indications of distribution/dispersal.
- *Dimensions of Extraversion and Introversion*, expressed in terms of arithmetic means; medians; indications of distribution; standard deviation.

(d) Organisation of Raw Data

Data relating to demographic details was initially transferred from the face sheets of the questionnaire and loaded onto the spreadsheet. Both data relating to age and experience was then grouped into five categories in order to allow distributional representation in histogram format. Using the spreadsheet, means and medians were then calculated as described.

In the case of Extraversion - Introversion dimensions, each questionnaire was totalled by the Researcher, using a scoring chart devised by Eysenck and Wilson. The scores of respondents were recorded in seven separate categories on the front sheet. This information was then entered onto the spreadsheet and the various means, medians, standard deviations were calculated in the manner described earlier. In order to graphically demonstrate distribution, the Researcher grouped the scores of each Extraversion-Introversion sub-dimension into six categories.

CHAPTER SIX - RESULTS OF PHASE 1

SUMMARY

During this chapter, the Researcher lists the results arising from the application of the research methodologies described in the previous chapter.

CONTENTS

- 6.1 Introduction.
- 6.2 Focus Groups.
- 6.3 In-Depth Interviews.
- 6.4 Diaries.
- 6.5 Psychometric Questionnaire.

6.1 INTRODUCTION

Using the methodologies and categories of classification identified in Chapter Five, the Researcher listed a selection of key words and phrases and summarised the main emergent themes in an attempt to clarify the questions posed in his original hypotheses. The Researcher recognised the degree of potential subjectivity involved in this process, therefore three key criteria were identified, determining when responses would be included in the framework of analysis:

- (i) Clarity of response.
- (ii) The response should be representative of a body of similar views.
- (iii) If unrepresentative of the main body of views, the response should present a perspective which should not be overlooked e.g. Black workers.

6.2 FOCUS GROUPS

A. DEFINITIONS OF STRESS

When asked to describe stress, groups initially found this difficult, particularly in relation to identifying clear individual definitions. However, the words and phrases listed by the Researcher emerged as being the most representative of the definitions suggested by discussants.

(i) **Negative Perceptions**

As indicated, the overwhelming picture presented by group participants was that stress was indeed ‘..bad for you!’ and therefore something to be avoided at all costs. The rationale presented for this view was described mainly in terms of the detrimental effects that it had upon the individual. The three most repeated words were: *frustration, pressure and worry*, the first two being used to describe stress in every focus group. A number of phrases were repeated in slightly varying forms many times. The most commonly expressed view was the feeling

of, ‘..being out of control’.

‘Frustration’

‘Pressure’

‘Worry’

‘Anxiety’

‘Overwork’

‘Underwork’

‘Not being able to give of your best.’

‘Feeling trapped.’

‘The feeling you get when you are in a corner and want to come out fighting.’

‘Feelings of panic....not being able to achieve a goal.’

‘When everything comes crowding in on you..’

‘Stress is feeling bored.’

(ii) Positive Perceptions

A small number of discussants expressed the perception that stress, and associated phenomena was not necessarily negative. However, it should be noted that these were isolated comments made by five individuals, spread across all of the discussion groups. In particular, the Researcher draws particular attention to the fact that these individuals were both older and more experienced than the majority of the group members and might be regarded as survivors!

‘Stress is not always negative. It’s only negative when it gets too much, otherwise it can be a stimulus.’

‘Effective dealing with stress is stimulating.’

‘I can’t always tell the difference between stress and enjoyment.’

‘I need stress to do a good job... the more the pressure, the better I cope.’

B. EFFECTS OF STRESS

The most frequently occurring words regarding effects of stress were ‘sleeplessness’, ‘tiredness’ and ‘illness’ (Asthma, Psoriasis, Thrombosis, Bronchitis, Upset Stomach). A minority of individuals described their own stress related ailments. However, most description of the effects of stress took place in the third person, with participants

citing examples of people who they knew suffered from stress.

‘Something in the mind rather than the body.’

‘You lose your own priorities.’

‘Not wanting to come to work.’

‘Decreased job satisfaction.’

‘Diminished work performance.’

‘Feelings of being abused turn into anger against the Department.’

‘It affects everyone. I feel worn-down and the clients and my family suffer.’

‘Feeling negative means fewer trips for our clients.’

‘You lose your own priorities.’

It should be noted that a small number of discussants stated that they had no experience of suffering from stress and were therefore oblivious to any possible effects upon themselves.

C. SOURCES/CAUSES OF STRESS

This category prompted the greatest number of responses during the focus groups. Accordingly, the Researcher determined that the best way of presenting his results was under the common theme/source categories already identified. The contents contained within each category do to some extent overlap and therefore should not be regarded as being mutually exclusive.

(i) The Department

In each discussion, the Social Services Department was identified as an entity in its own right which was perceived as being responsible for the majority of job stress encountered by employees. This perception appeared frequently to

disassociate all individual members of staff from the overall organisation!

Specific items identified as stressful and directly attributable to the Department were:

- Reorganisation.
- Fear of disciplinary proceedings.
- Bureaucratic approaches to organisation e.g. 'Bureaucrats try to make things neat and tidy, when we deal with a situation which is inherently chaotic.'
- Job freezes.
- Hierarchical power structure e.g. 'The Department has a hierarchy which doesn't seem to listen or understand.'

(ii) Physical Conditions

Comments concerning physical working conditions tended to be either organisation or establishment specific. However, where concerns were expressed, they clearly provoked a high degree of anxiety amongst staff working within those particular circumstances e.g.

- Lack of office space.
- Lack of shower facilities available to staff working in residential establishments, where 'dirty tasks' may be encountered.
- Concerns relating to deficiencies within the physical environment were particularly heightened within the secure unit. In particular, factors raising staff anxiety related to the quality of windows, locks and doors.

(iii) Lack of Resources

This area was perceived as a significant source of stress, second only to 'the Department', in the degree of anxiety provoked. In the main, this issue was

seen as problematic in terms of lack of staff and finance.

‘Situations are most threatening when there are not enough staff to support you.’

‘Lack of tools to do the job causes frustration at not being able to do preventative work.’

‘Heavy workloads don’t in themselves cause stress, its not having the resources to meet the challenge.’

‘We don’t have enough resources. It goes on and on and nothing seems to happen about it.’

(iv) Clients

Clients were widely perceived as a potential source of stress, but mainly as an additional factor within the overall context of insufficient resources required to manage potentially difficult situations. The nature of the stress identified was very much client group specific and included the following examples:

- **Violence** from children within residential establishments.
- **Child abuse cases** occupied a high level of concern amongst field social workers e.g. ‘Some abuses are clear-cut. It’s the borderline decisions which are the most stressful.’
- **Senile dementia amongst Elderly People** e.g. ‘.....some of the residents continually shout at you and it grinds you down.’
- **Death** was identified as a major stressor in Homes for Elderly People. Some staff stated that they never fully came to terms with this problem e.g. ‘One day I know it will happen to me.’

(v) Managers

Managers were considered by staff to be responsible, in a wide ranging manner, for creating stress in their subordinates:

- Lack of contact, particularly from senior managers.

- Not making quick decisions.
- Lack of understanding of employee problems.
- Destructive criticism e.g. '.....wearing away at people so that they never feel as if they do anything right.'
- Crisis management e.g. 'No news is good news.'

(vi) Communication

Both vertical and horizontal blockages in communication were described as frustrating. This problem was highly specific in nature and highlighted in certain residential establishments where the existence of a large campus frequently provided physical hindrances to communication. In general the smaller the work team, the fewer the problems reported by the staff in this respect.

(vii) Isolation

Feelings of isolation and being cut off from others appeared to be the source of much concern.

- Those staff working within the secure unit were acutely aware of being locked in. This situation made them feel *physically isolated*, particularly in terms of available support and also of being *socially isolated* from everyday events and interaction with colleagues working on other parts of the campus.
- Field social workers described feelings of isolation when making visits to the homes of clients.
- *Emotional isolation*. Some discussants felt that lack of emotional support networks created feelings of loneliness e.g. '....feeling that there is no answer to your own stress.'

(viii) Other Team Members

- Team changes frequently cause disruption and anxiety.

- Where team members are comprised of different professional disciplines, conflict was seen to emerge from differing objectives and conditions of service e.g. teachers, social workers, administrative workers.
- Social relationships with other team members e.g. 'not getting on with one another'.
- Staff sickness was perceived to place additional pressure on others.
- Criticism from other colleagues regarding work performance.

In relation to the above, one comment succinctly summarised a key issue:

'All staff at all levels are potential sources of stress for others.'

It should be noted that colleagues were identified as sources of stress, primarily within larger work groups.

(ix) Task Definition

A number of groups expressed the view that there was lack of clarity concerning their roles which were frequently associated with diverse and conflicting demands. This meant that staff were often left with feelings of confusion concerning clarification of core priorities. In addition, it emerged that within loosely defined caring situations, uncertainty added to any anxiety already inherent within the client group. A number of comments supported this view:

'Demands to complete paperwork frustrate me. There is an awful lot of stress even when clients aren't around.'

'Stress is trying to please too many people, let alone having to manage the clients.'

(x) Working Hours

Long hours were reported as being problematic, by all groups interviewed. Residential workers in particular identified shift work as both tiring and stressful. Difficulties were expressed in recouping time which had been worked over and

above contracted hours (i.e. time in lieu). Related comments included the following:

‘Reduced time for yourself creates a vicious circle. The more you need relaxation, the less time you have!’

‘We come on duty and we don’t actually know when we will be going home.’

‘Sometimes you feel as though you are at work all the time.’

It should be noted that not all staff regarded shift working as stressful, indeed some actually considered it a perk of the job. The important feature affecting the perceived level of stress seemed to be specifically related to the actual length of the hours worked rather than the climate of the organisation.

(xi) Other Agencies

Relationships with external agencies were considered to be a major problem and were highlighted during each group discussion, although each was very much described within the local job context e.g.

- Lack of appropriate skills made some workers feel inadequate.
- A widespread view was expressed that social workers were particular types of people and often held in low regard by the public and other professionals. This typology also suggested that they cared about others and this caring capacity was seen in itself as likely to cause stress to the individual e.g. ‘We are the sorts of people who just get on with it no matter what the cost.’

(xii) Money

Some workers found levels of pay a source of stress. These tended to be staff who had families and mortgage commitments. Frustration was expressed concerning low levels of pay in general and specifically, dissatisfaction with overtime rates.

A counter view to the above was expressed by a small number of respondents, who stated their satisfaction with levels of pay and in fact suggested that the adequacy of payment was a source of stress in itself, in that it had become a 'trap'. They wished to leave the profession, but could not gain access to other employment paying similar rates.

(xiii) Making Decisions

Some discussants stated that the power to make decisions represented a major source of satisfaction to them. However, an equal proportion found having to make decisions highly stressful. This problem was described mainly in relation to taking decisions which were described as 'high-risk', in particular when the consequences of making an incorrect decision were perceived to be serious e.g. a child abuse enquiry.

'Having the power to break up families and wondering if you have done the right thing is highly stressful.'

'I feel a constant need to cover my back when I have made a decision.'

(xiv) Home/Social Pressures

In general, home and social factors were not seen by discussants as major sources of stress.

'What's at home doesn't affect me.'

However, a small minority did identify a number of home and social factors as being potentially stressful.

'Friends and relatives often pour out their problems and block your own coping systems.'

(xv) Gender

Gender issues were raised by a number of female discussants as being responsible for inducing stressful reactions both within fieldwork and residential contexts. In particular the view was expressed that working women within social work related occupations, were engaged in a constant battle to assert their views as professionals.

‘It’s always the females who get the domestic chores done.’ (Female residential social worker).

‘Most men constantly operate in a macho way.’ (Female worker in fieldwork team).

(xvi) Sleeping-in

This was a problem specifically identified by residential workers. It was unanimously described as a duty which produced social isolation. In addition, the point was made by a number of discussants that being ‘called out’ in the night was seriously disruptive to sleep patterns and was responsible for producing cumulative fatigue.

(xvii) Locus of Control

A frequently recurring phrase was that of, ‘...feeling out of control’. Indeed, all groups seemed at some point to identify this phenomenon in an almost ‘catch-all’ fashion i.e. being in any situation where the individual perceived that they could not control their environment.

D. STRESS AS INTERACTIVE

(i) One-directional

Stress was not generally perceived to be a phenomenon that could be described as interactive. Respondents recognised that there was a relationship between

home and stress. However, this was considered to be exclusively one-directional. Job stress was recognised as likely to have an adverse effect upon the home situation, but not vice versa. A number of discussants stated that tiredness for work was likely to produce 'moodiness' or 'bad-temper' at home.

In one way or another, most workers felt that they took work home, both in a physical and emotional sense. This manifested itself in a number of ways:

'.. telephoning back to work to enquire about the well-being of clients.'

'...getting up in the middle of the night and completing casework.'

'...needing one week to unwind in a two week leave programme before being able to relax.'

There was evidence of considerable resentment towards the organisation concerning the adverse effects of work.

'Home stress comes from work. It's a vicious circle.'

(ii) Individual Circumstances

The view was expressed that being married or living with a partner might cause the impact of stress to be moderated. However, in general this was not the view expressed by single people. Indeed some suggested that work was more stimulating and preferable to being at home on their own. However, one single person stated that stress was actually made worse for them because there was no-one at home with whom to talk through difficulties.

(iii) Experience

Some discussants expressed the opinion that the impact of stress upon individuals varied according to their experience of life events.

(iv) Separation

Four discussants stated that their lives were neatly compartmentalised between home and home/social elements. They were all quite clear that work related stress should be kept completely separate from their home life.

E. COPING/DEFENSIVE STRATEGIES

Discussants did not differentiate between coping and defensive strategies. Respondents described any action which made them feel better during or following a stressful experience as coping.

The Researcher grouped responses, into four main categories.

(i) Recreational Activities

Most discussants stated that when they felt under pressure, they attempted to engage in some activity other than work. These activities may be summarised as follows:

- 'Going to the gymnasium.'
- 'Sleeping.'
- 'Housework.'
- 'Listening to records.'
- 'Crosswords.'
- 'Taking a hot shower.'
- 'Doing routine household activities.'
- 'Playing with my children.'

(ii) Willpower

A small number of people stated that they simply put the work situation out of their minds when at home and refused to allow the work problems to cause them anxiety. They were usually unable to express in any clear way how this was achieved. However, those who expressed the ability to put work problems out of their minds, in the main, also professed not to suffer from stress.

'There's no point in worrying about situations you can't do anything about.'

(iii) Talking problems through

This was the most frequently described method of coping. The Researcher identified three main categories within which respondents described this process as taking place:

- (a) with workmates,
- (b) with friends or family,
- (c) with themselves i.e. sitting quietly and thinking things through.

Nearly all discussants felt that coping was considerably enhanced when team structures and relationships existed which were supportive in nature.

(iv) Defensive/Maladaptive Responses

A wide range of defensive strategies were identified by discussants:

'I shout at members of my family.'

'..avoid contact with family and friends.'

'Cry!'

'I drink heavily and seek solace in the bottle.'

'Smoke!'

'Leave the phone off the hook.'

'I try to block out of my mind difficult work situations.'

Some discussants stated that they failed all the time in dealing or coping with stress.

'No matter what I do, I can't switch off. I can't sleep.'

F. MOTIVATION

Motivational stimuli were seen to fall within a relatively narrow band of responses. However, there was considerable consistency in the nature of these responses, which can be regarded within three main categories.

(i) Challenge

All groups expressed the desire to participate in work situations which stretched their professional abilities. Key factors which were all regarded at particular times as being motivating were:

‘Uncertainty’
‘Variety’
‘Risk’
‘Difficult decisions’

(ii) Client Group

The main motivation for staff working within a social work context was overwhelmingly expressed in terms of the clients whom they encountered on a daily basis. This satisfaction was primarily rooted in positive feedback.

‘When a youngster makes it when you least expect, it makes it all worthwhile.’

‘If one young person turns around, its worth it.’

‘Sometimes they drive you mad, but at other times, the children are just the opposite.’

‘Old people’s lives are not finished just because they come to a place like this.’

‘The elderly have a lot to offer us...I like to share experiences with them.’

(iii) Managers

Discussants were in the main supportive of their immediate managers and in particular appreciated those who offered clear leadership and demonstrated commitment and energy. In addition to the above categories, a number of less popular motivators were identified.

- security of employment,
- working with other agencies,
- unusual hours,
- money.

Money assumed greater importance both in a positive and negative manner in those teams where morale was low.

G. MANAGEMENT INITIATIVES

There was an almost total absence of management initiatives designed to deal specifically with the problem of employee stress. However, some discussants were able to identify a number of general support strategies implemented by managers which they felt to be helpful. The most common were as follows:

- Team meetings
- Supervision
- Opportunities for discussion.

Only one team identified experience of clear managerial stress intervention. This approach took the form of introducing role playing exercises around stressful episodes. This was then followed by discussion and evaluation. The team stated that this was seen as a helpful forum in which to express both individual and group concerns.

H. MISCELLANEOUS POINTS ARISING

A number of points were raised during the discussions which did not fit satisfactorily into any of the previously identified categories.

(i) Solutions

A considerable number of possible solutions to the problem of stress were put forward by the staff.

- (a) Better support networks.
- (b) Opportunities to express frustration.
- (c) Improve communication - needs to be lateral as opposed to hierarchical.
- (d) More time off.
- (e) Improved resources - financial, but mainly staffing levels.
- (f) More appropriate training, particularly for inexperienced staff.
- (g) Senior managers need to work with teams on problem-solving.
- (h) Increased opportunities for team-based study days.

(ii) Stress in others

Many discussants expressed the view that those who suffer from stress are often least likely to recognise the symptoms. Additionally, **those members of the Department working in senior positions were perceived to be under little or no stress!**

‘Stress is what no-one in head office suffers from!’

(iii) Stress as a Temporal Factor

Stress was perceived to be both a short and long term problem. It was primarily described as being incident oriented and associated frequently with management

support, or lack of it, in the same manner.

‘Support is not quite the same when you get it a week or two after the incident.’

However, there was also an acknowledgement that stress could build up over a period of time.

‘Those who get new jobs with us are initially over the moon, but after a while, all that changes.’

6.3 IN-DEPTH INTERVIEWS

The Researcher collated information within the same categories designated in Section One and rather than repeat overlapping results, opted to identify similarities with results from the group discussions and specify in greater detail any significant insights or differences.

A. DEFINITIONS OF STRESS

Similar terminology was used to that identified in Section One. The most repeated word used to define stress was, ‘pressure’. However, two significant differences emerged.

- (i) There was much greater emphasis on stress being a personal issue. This was linked to the interaction of a range of factors. In particular, the degree of difficulty of the job or particular dimensions of it and the individual’s ability to perform the task.
- (ii) Stress was considered to occur on a range of different levels. These levels were identified as: *physical, emotional and psychological*.

B. PERCEPTIONS OF STRESS AS NEGATIVE

Comments derived from respondents were in the main consistent with those in the previous section. However, there was a much stronger view expressed that stress could elicit positive effects within the daily work situation. Indeed all managers were able to recall situations when stress had been a useful stimulus:

‘Stress gives me a buzz.’

All managers recognised that stress could remain positive up to the point where it began to create feelings of worry or unhappiness.

C. EFFECTS OF STRESS

Unlike group discussants, interviewees described stress almost exclusively in the first person, usually in considerable detail both in terms of personal characteristics and local work situations. All respondents gave examples of the personal effects of stress. These included:

- Exhaustion;
- High blood pressure;
- Diarrhoea;
- Digestive disorders;
- Deterioration in job performance;
- Poor relationships with others at (a) home, (b) work.

D. SOURCES/CAUSES OF STRESS

In common with Section One, this category elicited the highest number of responses, in particular: *lack of resources, other agencies, self, the Department*. With regard to the latter, frustrations were described particularly in relation to the slowness of the Personnel Section. This, combined with the existing job freeze, meant that

managers were experiencing considerable difficulty in filling job vacancies, with accompanying frustration.

Interviewees did not regard clients as a significant source of stress and no mention was made of gender issues, physical conditions, sleeping-in or decision-making as potential sources of stress. However, a number of other issues consistently emerged as causing concern and evoking anxiety.

(i) Isolation

Interviewees frequently made reference to the expression, 'managerial isolation'.

Other phrases used to describe this experience were as follows:

'There is no support network for managers.'

'I often feel physically and managerially isolated. There is no support outside nine to five.'

'It's a strain being the only person responsible.'

'Being an officer-in-charge is a lonely position.'

(ii) Senior Managers

Senior managers were seen to have unrealistic and diverse expectations of middle managers.

'We are expected to delegate responsibilities without the means to do it.'

'There are unreasonable aspects of what managers are expected to manage.'

'The administrative expectations from senior managers are ridiculous.'

'Senior managers see stress in other managers as a sign of weakness.'

(iii) Subordinate Staff

Subordinate staff were clearly seen as the main source of stress for middle managers.

‘Staff are not always able to see the global situation.’

‘I get angry with staff when I see poor work practices.’

‘Some staff play games and try to make my life difficult.’

‘Staff always complain about managers, no matter how good they are.’

‘Others don’t always have the same commitment as me.’

(iv) Career

Interviewees stated that concern about their career direction occupied a higher profile than money. Anxiety was frequently expressed at the possibility of not being able to move in a new direction.

‘The organisation becomes a trap because of the security it offers.’

(v) Home

The home was recognised as a potential source of stress at different phases in life and tended to centre around a number of common themes:

- (a) health of family members;
- (b) children leaving home;
- (c) financial commitments;
- (d) personal relationships.

In addition to the above points, interviewees suggested that stress in the home could arise from the accumulation of a number of small incidents, which took their toll over a period of time.

E. INTERACTION

Of the four respondents, one identified work and the home situation as being entirely separate. He added that he felt there was no stress at home, rather it supported him and contributed to his well-being as a whole person, which had positive benefits within the work situation:

‘I have emotional needs which must be met.’

The three other interviewees perceived a close relationship between the home and workplace and viewed stress as a highly interactive process.

‘It depends on the type of person you are whether the two areas overlap.’

‘You need the abilities to do the job.’

‘Families become targets.’

‘Social stress can impinge upon the work situation, but it’s not always easy to recognise how.’

‘Pressures culminate from all directions.’

‘Stress reactions at home and work depend on how familiar you are with the problems.’

F. COPING/DEFENSIVE STRATEGIES

Coping strategies were broadly consistent with the categories outlined in Section One *i.e. recreational activities, talking problems through, willpower*. Other individualistic comments included the following.

‘I like pushing a trolley around the supermarket.’

‘Managing an eccentric car can be absorbing.’

In contrast to group discussants, all interviewees recognised that there were times when they failed to cope effectively with stress.

'I am not sure how good I am at coping. Beneath this calm exterior there is a cost.'

G. MOTIVATION

Major sources of motivation were seen to be, (a) *challenge* and (b) *clients*.

'I like facing new situations and uncertainty.'

'Elderly people are our teachers.'

There was a recognition that work satisfaction and motivation depended significantly upon the satisfaction of the individual's needs.

'I like people depending upon me, the staff and clients.'

'My commitment to the clients also fulfils my own needs.'

The view was also expressed that the extent to which the individual could exert control over his/her future within a work setting, was a major factor in sustaining interest and motivation. Some managers described this within the context of developing new and exciting packages of care.

H. MANAGEMENT INTERVENTIONS

Interviewees all agreed that they did not specifically address the issue of stress or staff care. However, it was felt that a number of positive management practices were in operation which would alleviate some of the problems commonly associated with stress.

- (a) Sit down and talk to the staff.
- (b) Provide positive feedback.
- (c) Arrange meetings with individuals to discuss difficult casework.
- (d) Sharing both good news and bad news with the team.
- (e) Team building exercises.
- (f) Regular supervision.

I. MISCELLANEOUS POINTS ARISING

Interviewees raised a number of issues which fell outside of the previously identified categories.

- (i) Those managers who had experiences in other professional areas of caring, felt that the pressures were much the same.
- (ii) There was a perceived need to introduce specific stress training, including the use of consultants to lead relaxation classes.
- (iii) A feeling was expressed that on some occasions a support network for managers would be desirable.
- (iv) Three of the four managers suggested that if an employee had not undertaken their job in an efficient manner, then it was right and proper that they should experience a degree of stress.
- (v) All managers felt that stress might be wholly or partially be alleviated by allowing more time off or being able simply to recoup time-in-lieu.

6.4 DIARIES

Of the five diaries distributed, all five were returned. Three of the five were reasonably detailed, with entries being made consistently for the majority of the four week period. One diary was less comprehensive, whilst one appeared to have been written retrospectively. Information compiled within the diaries could be categorised under five main headings.

- sources of stress;
- duration of stress;
- coping mechanisms;
- motivation;
- perceptions of stress.

(i) Sources of Stress

A wide variety of incident-based stressors were detailed, broadly in line with those identified in sections 6.2 and 6.3. However, a number of these entries merit mention, with some recurring in different forms many times.

(a) Time Availability/Work Overload

Each diary contained the constant theme of too many tasks and too little time in which to carry them out. This feature was described as frequently being the precursor to other stressful incidents.

‘I had to leave one appointment early to go to another.’

‘.....no time to eat today and my hunger is making me irritable.’

‘....no time to complete planned tasks due to letters and phone calls.’

‘I don’t have time to get on top of my paperwork - a full diary!’

However, one counter view to the above was entered in one diary:

‘...no appointments today. I hate boredom.’

(b) Staff Disciplinary/Investigations/Allegations

Each diary contained many entries on disciplinary issues, which appeared to raise the manager’s anxiety, extreme in some cases.

‘Felt anxious during cross-examination at hearing.’

‘Another investigation means that more work has to be dropped.’

‘Staff who have been subjected to an enquiry want blood and I find myself in the middle.’

(c) Clients

Problem cases were frequently cited and related to a variety of problems:

- aggression;
- breakdown of home-on-trials;
- chairing difficult case conferences.

(d) Specific Stressors

A number of stressors were listed which were either individual or organisation/event specific.

- a bomb hoax;
- chairing large meetings;
- home arguments;
- being turned down for a job;
- '...forgot my kit to go jogging in the lunch hour.'

(ii) Duration of Stress

Diaries indicated that short term pressures or difficulties when resolved were stimulating to the respective individuals. However, in each diary, there was evidence of incidents which were linked by the respondent, either in terms of post-referral or in anticipation of their recurrence in the future. Indeed short term stressors frequently appeared to run into one another.

'This is my third consecutive weekend on the trot, and its beginning to get me down.'

'The most stressful part of my management life is that which is not resolved and seems never ending.'

(iii) Coping

Consistent with group discussants, respondents indicated that the most effective means of coping with stressful incidents was by facing up to them and working out appropriate solutions. However, a pre-requisite to reaching such solutions appeared to be either thinking through the problem or discussing the issue with another person. When individuals took days off after the incident, anxiety appeared to remain with the individual until they returned to work and were able to face up to it. Another means of coping identified was that of immersion into routine affairs.

(iv) Motivation

Although asked to concentrate on identifying stressful events, respondents gave some indication of factors which motivated them. The most frequently identified motivator was that of resolving difficult and potentially stressful situations in a creative fashion.

Positive feedback was also highly appreciated.

‘...received a letter of appreciation today, first I’ve had from a client in over four years.’

(v) Perceptions of Stress

There were clear indications in the diaries of differences of perspective in what constituted a stressful situation.

‘There are daily pressure points which are no longer stress that have now become part of my everyday life and now seem normal!’

‘...the incident was irritating rather than stressful.’

‘No stress today.’

6.5 PSYCHOMETRIC QUESTIONNAIRE

Fifty two questionnaires were distributed and forty two returned, two of which were incomplete or incorrectly completed to the extent that they could not be analysed in a satisfactory manner. The raw data contained on the forty valid questionnaires was processed using the mathematical and graphical functions of Supercalc 3.

(i) Demographic Details

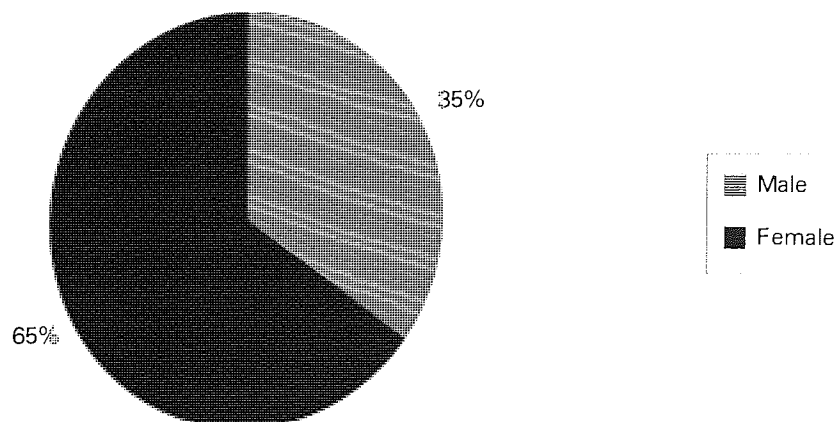
(a) Carer Profile by Gender

Male = 14; Female = 26

The above information is illustrated in Figure 10.

Figure 10 illustrates that the sample contained significantly more female than male respondents. Whilst this probably accurately reflects the predominance of women within social care professions, it does mean that discussion

FIGURE 10. CARER PROFILE BY GENDER



comments will inevitably reflect a female perspective of stress. A future study would benefit from specifically separating and comparing comments made respectively by male and female respondents.

(b) Carer Profile by Age

Mean Age = 39 years; Median Age = 38 years

Ages of respondents were grouped in categories and the ensuing age distribution is illustrated in Figure 11.

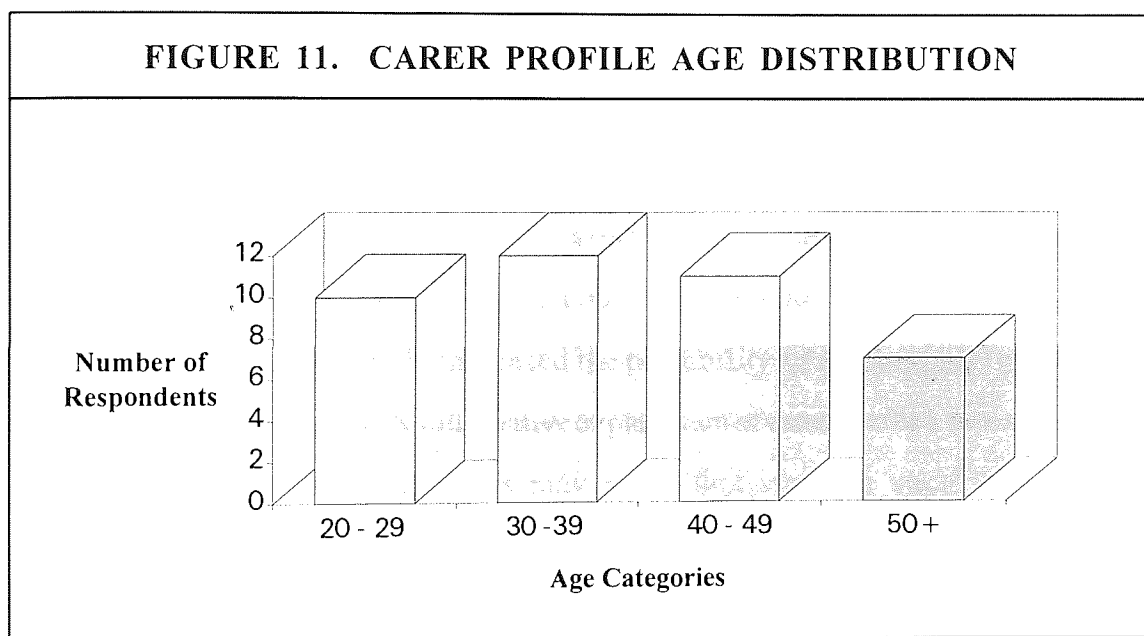


Figure 11 indicates a sharp decline in respondents over the age of 49 years. This may reflect that burnout levels within the caring professions are high, with few employees surviving into more mature years! However, such conclusions must be cautious, since it may also reflect departmental recruitment policy and selection criteria.

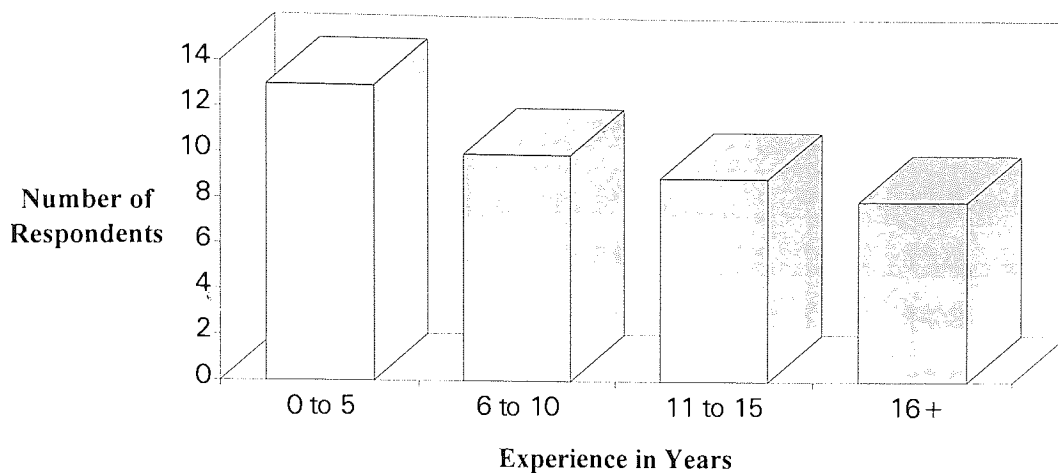
(c) Carer Profile by Experience

The relevant experience of carers is indicated in Figure 12.

Mean Experience = 10 years

Median Experience = 10 years

FIGURE 12. CARER EXPERIENCE DISTRIBUTION



Whilst the experience mean is 10 years, the distribution indicated in Figure 12 illustrates that the greatest number of respondents are to be found in the category of least experience. It was noted earlier, that experienced and older staff were possibly less prone to suffer adverse effects of stress than less experienced staff. This conclusion would suggest that the bias present within the sample increased the possibility of discussants regarding stress as problematical. An alternative explanation of the described demographic features of professional carers may mean that stress is such within the profession, that workers are more likely to leave the profession at an earlier age. Again a more rigorous and wider reaching sample would be required to confirm whether or not the sample was typical of carer experience and age.

(ii) Extraversion-Introversion Traits

Respondent scores for each Extraversion-Introversion dimension were entered onto the spreadsheet and respective means and medians calculated. Rounding each score to the nearest whole or half number, results were as follows:

TABLE 1. EXTRAVERSION-INTROVERSION TRAITS		
TRAIT	MEAN	MEDIAN
Activity	16.5	17.0
Sociability	19.0	19.5
Risk-Taking	12.5	13.0
Impulsivity	14.0	13.0
Expressiveness	14.0	14.0
Practicality	17.5	17.0
Irresponsibility	18.0	19.5

The above figure indicates that three means fell within the Introversion tendency range. These scores were then plotted as indicated in Table 1.

TABLE 2. EXTROVERSION - INTROVERSION TRAITS		
EXTRAVERSION	AVERAGE	INTROVERSION
Activity	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Inactivity
Sociability	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Unsociability
Risk-Taking	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Carefulness
Impulsiveness	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Control
Expressiveness	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Inhibition
Practicality	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Reflectiveness
Irresponsibility	30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1	Responsibility

A subjective view might suggest that the scores indicated in Table 2 are consistent with those traits frequently associated with carers. In particular, three traits, *carefulness, control and responsibility* produced mean scores significantly towards the Introversion end of the scale.

Scores were then entered onto the spreadsheet and the standard deviations calculated. Rounding figures off to one decimal place, standard deviations were as follows:

TABLE 3. STANDARD DEVIATION/DISTRIBUTION

Activity S.D.	=	4.5
Sociability S.D.	=	5.1
Risk-Taking S.D.	=	5.8
Impulsivity S.D.	=	5.9
Expressiveness S.D.	=	4.6
Practicality S.D.	=	3.8
Irresponsibility S.D.	=	4.3

Each respective trait score was placed into groups as indicated in the distribution and is illustrated in Figures 13 and 14.

FIGURE 13. DISTRIBUTIONS OF PERSONALITY TRAIT TEST SCORES

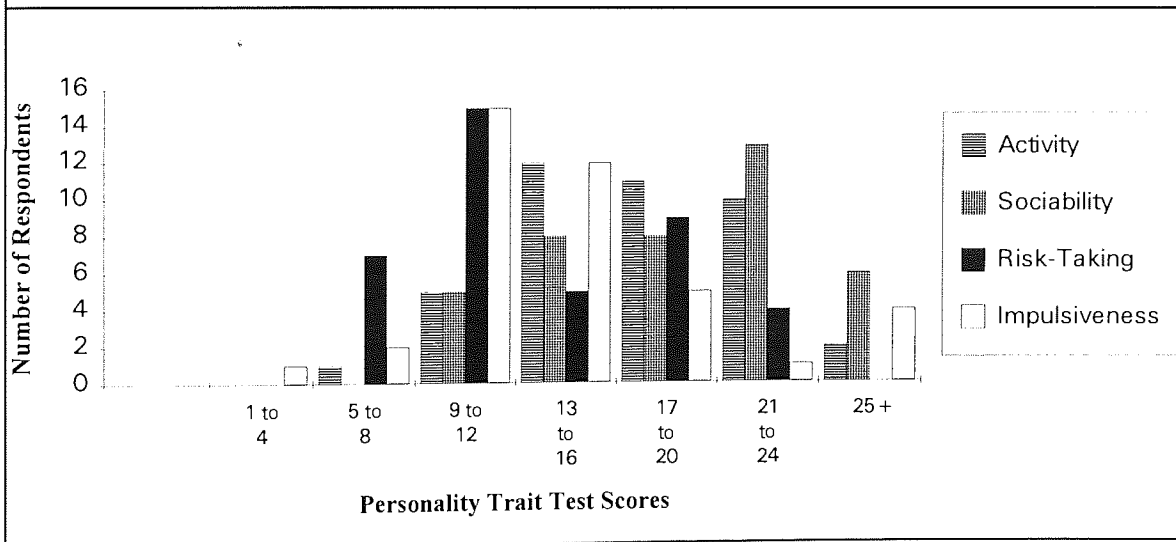
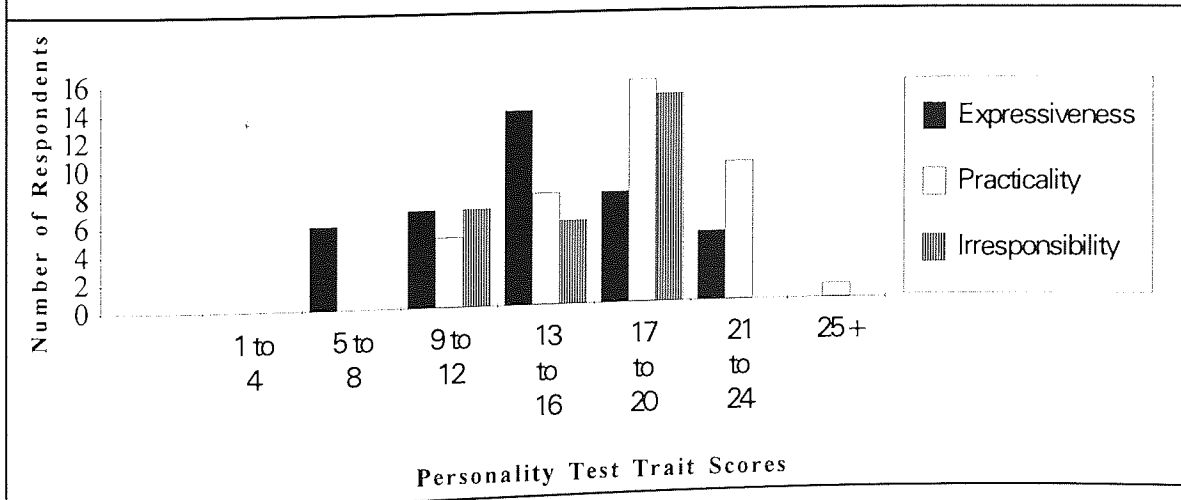


FIGURE 14. DISTRIBUTION OF PERSONALITY TRAIT TEST SCORES



Relating back to Chapter Three Cherniss (1982), states that introverted personality types are more susceptible to stress in certain circumstances. However, the Researcher's findings are not sufficiently marked to support the view that the sample group was exceptionally susceptible to stress. However, the two mean scores concerning *risk-taking - carefulness* and *impulsiveness - control*, do raise a number of interesting issues.

(a) Analysis of the *Risk-Taking/Carefulness* dimension indicates the following:

- The standard deviation of 5.8 is the second highest score. This variation from the mean is emphasised in Table 1. The 9-12 category contains the highest number of respondents (15).
- Twenty two respondents fell below the group mean, with 24 scores within the introversion tendency sector.

It is apparent from the Researcher's results and other research evidence, that caring within a local authority framework can be an area of high risk. This can manifest itself in the form of client behaviour. However, more significantly *risk-taking* is particularly associated with decision making. The stressful effects of making borderline decisions concerning areas of high sensitivity were evident in some of the comments arising from the focus groups. Therefore referring to PE -Fit and Discrepancy Theory in Chapter 2, good job-fit would seem most likely to be achieved by those scoring highly on the Extroversion side of the scale. However, the Researcher's findings indicate that 60% of respondents scored on the Introversion side of the scale. This would seem to increase the likelihood of these staff experiencing poor job-fit and therefore more likely to perceive work experiences as stressful situations.

(b) Analysis of the *Impulsiveness-Control* scores reveals the following:

- The standard deviation of 5.9 is the highest of the trait scores. Variation from the mean is indicated in Figure 13. The 9 to 12 category contains the highest number of respondents.

- 30 respondents fell within the Introversion range of the scale.

Research results from Hockey (1983), indicate that those falling within the Introversion range of this trait scale are more susceptible to stress in certain situations. Since 75% of respondents fell within this range, there is the possibility of a relationship existing between the *Irresponsibility-Responsibility* trait and stress susceptibility.

In the light of the above, in particular the tendency for respondents to score towards *Introversion* on the *Risk-Taking/Carefulness* measures, the results appear to support the view that carers within the sample group may be more susceptible to stress than average. *This would tend to support Hypothesis (ix): Carers will show indications of personality traits which will make them inherently more susceptible to stress than other workers in other professions.*

The Researcher would regard these findings only as an indicator for more rigorous research should it be felt valuable. However, the desirability of conducting further research into the possible relationships existing between carers' personality types and their susceptibility to stress must be questioned. Indeed, the benefits of screening carers at their selection interviews must be considered to have limited benefits. Whilst it may be argued that selection procedures which take significant notice of applicants' personality types, may reduce the possibility of appointing those who are more likely to suffer from stress within a professional caring context, this process would also potentially eliminate other positive elements which that person might bring to the job. Indeed the whole issue as to whether it is desirable to appoint particular personality types to specific jobs suggests a somewhat one-dimensional approach. Similarly, studies of this type are unlikely to be of practical value to the thousands of employees who are already 'in-post'. Indeed the Department involved in the study, has since abandoned the use of personality appraisal tests on the grounds that it is both expensive and has proved ineffective.

The Researcher concludes therefore that in terms of practical benefits, future research would be of more value directed towards exploring the coping process and those associated factors.

CHAPTER SEVEN - DISCUSSION OF PHASE 1 RESULTS

SUMMARY

Within this chapter, the Researcher will discuss the results arising from Focus Groups, In-depth Interviews and Diary Keeping within Phase 1 of his research. The Researcher will consider his initial hypotheses; identifying particular areas of interest; indicate further areas of research. Discussion at this stage will not attempt to be totally comprehensive, since the sample group was relatively small and further information emerging from Phase 2 is likely to modify initial observations and conclusions. In particular, organisational models of stress analysis will only be considered within Phase 2 of the research programme.

CONTENTS

- 7.1 Understanding and Perceptions of Stress.
- 7.2 Effects of Stress.
- 7.3 Sources/Causes of Stress.
- 7.4 Cross-Domain Interaction.
- 7.5 Coping/Defensive Strategies.
- 7.6 Motivation.
- 7.7 Management Interventions.
- 7.8 Conclusion.

7.1 UNDERSTANDING AND PERCEPTIONS OF STRESS

A. CONCEPTUAL CONFUSION

Whilst most respondents expressed opinions concerning their perceptions of stress, no consistent patterns concerning comprehensive definitions were evident, rather a wide-ranging series of thoughts and personal experiences were expressed. This supports the view that the field of stress is indeed an area of conceptual confusion as indicated by Murrell (1978) and Motowildo et al (1986). In particular, confusion and lack of clarity concerning the term stress and associated concepts also tended to confirm the Researcher's view developed in Chapter Four that the use of language plays a key role when conducting research into fields lacking conceptual and definitional clarity.

Regular use of words such as *pressure*, *underwork* and *overwork* indicates a degree of support for those theorists such as Howard and Scott (1965) and Eysenck H.J. (1985), who described stress in terms of an independent variable within the environment. This view was consistent with the findings of Reilly and Lincoln (1987), who found that respondents described stress mainly in terms of its causes. However, the Researcher found this to be a minority perspective, with the majority describing stress in terms of those feelings or effects upon the individual which have arisen from having experienced a pressure situation. This might, at first consideration, seem to be aligned with the early models of Seyle (1956). However, effects were rarely described in isolation from their causes. **Therefore the consistent linkage made by respondents of the perceived effects with a variety of causes, suggests that the experience of stress described by individuals is concerned with a process and thereby interactive in nature.**

This interactive view of factors associated with stress was even more evident in the individual interviews than within the group setting. Individual respondents when probed, gradually developed more complex explanations of their stress experiences. At its simplest level, this was illustrated by the recognition of stress affecting the individual in both physical and emotional senses. The complexity of some explanations

and the varying nature of impact upon different individuals, following similar experiences, tends to support the individually orientated model developed by Michael (1978), and the framework proposed by Lazarus (1966, 1977). These explanations inevitably move towards stress models based within the frameworks of transactional and psychological theory. Diary results were particularly helpful in understanding this transactional pattern.

In addition to the above, diary data collection further highlighted semantic and definitional problems. Entries such as 'No stress today', seemed to indicate either a lack of interest by the respondent in diary completion, or confusion concerning what constituted stress. The latter explanation seems more likely and is supported by a number of comments in which respondents chose to remove routine problems from the arena of stress. Thus low intensity events may be described in terms of Lazarus's 'Daily Hassles', which he chose to firmly include within his stress framework. These definitional differences clearly created difficulties on the part of respondents in terms of what should be entered into the diaries. **However, it is illustrative once more of conceptual confusion, which may be overlooked in traditional questionnaire approaches.**

Based on the weight of evidence emerging from Phase 1, a number of tentative conclusions can be drawn in relation to the original study hypotheses.

(i) *HYPOTHESIS (i): Stress will present definitional problems to carers.*

HYPOTHESIS (ii): Stress will be described by carers either in terms of cause or effect.

These hypotheses were only partially confirmed. Greater emphasis was placed on the latter. However, where respondents had the opportunity to develop their understanding of the concept, there was a marked tendency to link various facets of the stress process, in particular the cause and effect elements.

(ii) The nature of stress definitions put forward by respondents was substantially

affected by the respective methodologies used to collect the data. This would support the view that reliance by researchers upon questionnaires in cause and effect studies is likely to produce contradictory results. The development and working out of definitions and relationships existing between causes and effects of stress, which was evident within the Researcher's data collection methodology, would not be possible within traditional survey techniques.

B. PERCEPTIONS OF STRESS AS NEGATIVE

Whilst conceptual confusion concerning stress was evident, a clear picture did emerge from the vast majority of respondents who indicated that stress was something unpleasant and to be avoided if at all possible. This view was based on the presumed adverse effects upon the individual and indeed on the assumption that it might be possible to be stress-free! There were however, a small number of exceptions to this generalisation, which the Researcher considered to be of significance.

Stress was perceived as less negative by those workers who were most experienced within the 'caring context'. It seems reasonable to suggest that in any occupational setting there will be a number of staff who have remained within the profession for prolonged periods. These employees might be described as 'survivors', with those unable to survive leaving the profession. There are two possible explanations for this.

- (i) It may be argued that familiarity with the task and many years of experience have increased the individual's skill level and coping mechanisms, to the extent that what were once threatening situations can now be managed as a matter of second nature.**

The above proposition and the Researcher's findings tend to support the work of McGrath (1970), who identified experience as being a key factor in alleviating potential stress. In addition, this view is consistent with the models outlined in Figures 3 and 4. Adopting both frameworks, these 'survivors' would be those who are successfully able to maintain their position on the 'challenge' side of the continuum by utilising appropriate coping devices. This is clearly an important area for exploration, but

within Phase 1, the Researcher was unable to pursue this aspect. However, this factor has added significance if the typical carer workforce is consistent with the trends identified by Carver and Edwards (1972), who indicated that the presence of older and more experienced social workers within local authorities was an exception.

(ii) An alternative explanation might be that, those carers who have remained within the profession may be of personality types which make them less susceptible to stress and therefore may be more typical of Type B personality types identified by Friedman and Rosenman (1974).

It should be noted that these respondents may in fact have been confusing stress with concepts of challenge and motivation. This does suggest that stressors may in fact be better regarded as **neutral stimuli** until an interpretation is placed upon them by the individual, as suggested earlier by the Researcher.

7.2 EFFECTS OF STRESS

Hypothesis (iv) states: Negative effects of stress will be identified by carers and will relate primarily to:

- * *The physical and mental health of the individual,*
- * *Work Performance,*
- * *Affecting other People i.e. colleagues or family.*

Phase I results confirm this hypothesis. However, a number of points merit particular mention.

(i) Nature of Effects

Effects of stress as experienced by the individual were described as being both physical and mental or psychological. Indeed the list of physical and emotional problems emerging was consistent with those listed by Anderson (1978). However, the associated social problems identified by the Labour Research Department (1988) were not greatly

in evidence. The Researcher recognises that this may be more to do with the nature of the focus groups and an associated reluctance to reveal potentially embarrassing social problems. The Researcher suggests that this might be one area where the use of a questionnaire may be more likely to produce disclosures within an anonymous context.

It is important to recognise that there was sufficient feedback to indicate that the effects of stress upon carers seem likely to impact upon the organisation, in particular in the form of worker ill-health and a variety of subsequent externalities experienced by clients. Indeed, the Researcher was surprised to find the degree of specificity with which carers described their stress reactions in relation to contributing towards adverse effects imposed upon their clients e.g. 'disturbed sleep patterns'. This confirms much of the anecdotal opinion outlined in Chapter Two. Clearly the depth and breadth of research undertaken in Phase 1 did not allow these linkages to be easily identified. Whether or not adverse effects upon clients and the wider organisation, are greater within a Social Services Department than in other local government or indeed a commercial setting would involve further research concerning the establishment of comparative control groups.

(ii) Third Person Descriptions

The use of the third person descriptions by discussion groups when describing the effects of stress upon individuals, supports the view that stress is perceived by most employees as being a weakness and something which one should conceal. There are clear implications here for the methodological approaches adopted when researching the subject and in any training packages developed.

(iii) No Stress Experienced

The Researcher was surprised to find that all three methodological approaches revealed a few respondents who claimed not to be affected by stress. This seemed unlikely to the Researcher and possible explanations may be as follows:

- (a) Some people are actually less susceptible to stress than others.
- (b) Respondents are unable to effectively recognise their own stress symptoms.
- (c) Respondents deliberately chose not to reveal information of a personal nature to the Researcher.

The view that there are a small number of people who seem to have a stress immunity, sometimes known as *stress inoculation*, is supported by Dunham. In 1989 during discussions with the Researcher Dunham confirmed that his work indicated the existence of a small minority of people, who through a combination of factors such as personality type and lifestyle, did indeed seem to have a degree of immunity from experiencing stress. However, whilst this aspect of the stress field is intriguing, it is doubtful whether its study is likely to have benefits to the wider population within an occupational setting, since the relatively rare combination of all the immunity factors associated with these individuals may be inaccessible to most. The Researcher will therefore not pursue this aspect of stress during the study, but will concentrate on team aspects of coping.

7.3 SOURCES/CAUSES OF STRESS

(i) Categorisation

Collating the sources of stress emerging during Phase 1, the Researcher was able to confirm *Hypothesis (v): Sources of stress will be described in terms of those categories identified by Cooper and Marshall (1978).*

The Researcher was able to allocate sources of stress identified as follows:

INTRINSIC TO JOB: sleeping-in, money, hours, clients, lack of time.

<i>ROLE IN ORGANISATION:</i>	decision-making, task definition, locus of control.
<i>RELATIONSHIPS AT WORK:</i>	gender issues, ethnicity issues, other team members, managers, senior managers, subordinates, related agencies.
<i>CAREER DEVELOPMENT:</i>	career structure (managers).
<i>ORGANISATIONAL STRUCTURE:</i>	physical conditions, communication, isolation, lack of resources, work overload.
<i>INTRINSIC TO INDIVIDUAL:</i>	self.
<i>ORGANISATIONAL INTERFACE:</i>	Health Authorities, Courts.

Although stressors were allocated within the above categories, the Researcher recognised that some were interchangeable - e.g. Cherniss (1982), would argue that *locus of control* is a personality related issue rather than organisational.

(ii) Common Stressors

A number of stressors identified were common to all groups of carers. In particular these were: *the Department, lack of resources, lack of time*. This confirms the findings of Keenan and Newton (1987) who found areas of commonality within varying engineering contexts. However, it seems likely that even within these common contexts, individual perceptions will still differ.

These results confirm *Hypothesis (vi): Some sources of stress identified by respondents will be common to other occupations*. In addition, it may be possible to extend this supposition to a range of occupations where similar conditions exist, in particular other public sector professions. An example of this was the frequent citing of *the*

Department as the most significant source of stress. However, it is important to recognise that it was identified more in terms of its organisational characteristics rather than the nature of its clients. In particular:

- (a) Factors existing within the make-up of the organisation and authority created specific problems e.g. size, political climate, power structure.
- (b) There may be a natural tendency for employees to blame their difficulties upon a faceless organisation. This is confirmed by the research of Cherniss (1982) who suggested that there was a common normative power structure within bureaucratically structured human service organisations in general, which contributed to employee stress levels.

(iii) Specific Factors

Certain factors existing within the local situation at the time of the study, appeared to generate sources of stress which were likely to be organisational and situation specific e.g. *job freeze, death, shortage of office space, security problems within the secure unit.*

Those specific sources of stress which the Researcher identified as existing within the residential context displayed a remarkable similarity with those evident within the research of Cameron (1984).

Physical problems relating to the working environment whilst not consistently creating anxiety for staff, clearly represented a major concern where they did exist. This is consistent with the findings of Pines' *Physical Dimension* (1982).

These observations tend to support *Hypothesis (vii): There will be sources of stress specific to (a) the job; (b) location; (c) the wider organisation.*

(iv) Size of Work Units

The Researcher noted a tendency for stress to be perceived as a greater problem amongst larger work groups or where teams formed sub-units of a larger work unit. This finding supports the research of Greer and Castro (1986). This situation can partly be attributed to a number of factors identified by respondents.

- (a) poor communication channels in larger work groups.
- (b) better coping mechanisms and support networks developed within smaller teams.

(v) The Workplace as a Source of Stress

Evidence supported *Hypothesis (iii): Stress will be perceived as an occupational problem.*

The Researcher draws the above conclusion primarily from the overwhelming number of work related stressors identified by respondents which were attributable to adverse effects upon individuals, albeit as indicated earlier, described in the *third person*.

The proliferation of responses may have been elicited by the relative safety of identifying common causes within a group setting which can then be ascribed to a consensus view. In particular, this methodology does to some extent allow stress to be identified in a manner which is external to the individual, rather than promoting responses which may evoke value judgements of individuals. **This suggests that identifying potential sources of stress may be a more reliable measure of stress within a work environment rather than attempting to measure actual outcomes which may be both individual and of a sensitive nature.** This of course raises serious doubts concerning the authenticity of *before and after* studies.

(vi) The Client as a Source of Stress

In Chapter One, the Researcher noted that writers such as Jervis (1987a and 1987b) and Hopkins (1987a, 1987b, 1991), speculated that carers are subject to particularly

high levels of stress. Phase 1 results, at first consideration, seem to support this view. However, whether such levels are higher than in other professions would require cross-measurement, using a standardised stress scale and the ability to hold a complex range of factors constant. Indeed there is a significant body of research which suggests that the presence of a 'client factor' is common to all human service organisations.

Significantly, the assumptions made by Hopkins and Jervis are based largely upon the premise that the nature of caring, in particular interaction with the client, is likely to produce disproportionate levels of stress. However, the Researcher noted that factors such as difficult clients and high levels of workload did not in themselves appear to be primary sources of stress. Indeed clients were spoken of more in terms of motivation and job satisfaction. These factors only appeared to become problematical when combined with others such as lack of resources, isolation and lack of social support. This again raises the question as to whether or not these associated factors are products of the public sector in general, the occupation, the particular organisation or the local authority.

The above conclusions are supported by comments made by discussants concerning the area of decision-making. Difficulties in this area were reported to be as much associated with management support, or lack of it, as they were to do with the complexity of the case or problems presented by the client. This view is supported by Jenner (1986) who suggested that management support was a key factor in ameliorating stress.

Whilst the nature of the interaction existing between the client and other factors within potential stress situations is not clear, it is evident that sweeping assumptions related to client induced stress were not borne out in Phase 1 results. This may possibly be explained by the sample group being relatively small and therefore unrepresentative, or alternatively, previous studies may have asked one-dimensional questions using traditional survey methods and thereby produced inaccurate conclusions.

(vii) Individual Interpretation

The Researcher noted that potential stressors appeared more important for some individuals than others e.g. money and hours. This confirms the view of Nagy (1985), who suggests that sources of stress only take on significant meaning having been interpreted by the individual. Once more, this supports the proposition that the process of psychological appraisal is essential to a coherent understanding of stress.

7.4 CROSS-DOMAIN INTERACTION

The most interesting aspect concerning this category, relates to the varying depths of stress interactivity as perceived by respondents, revealed by differing methodological approaches. The Researcher has therefore elected to consider each area within the methodological framework applied.

(i) Focus Groups

Discussants did perceive a degree of interaction between work, experience, the individual and the home situation. However, the ensuing response pattern was seen to act in an almost exclusively negative manner upon the home situation, with no reciprocal interaction. This contradicts a body of research proposing an interaction between the work environment and the wider social context of the individual e.g. Dooley et al (1987), Lubin and Rubio (1985). It does however, confirm the negative manner within which stress is viewed in the workplace. More significantly it may reveal a reluctance to critically discuss areas of privacy or sensitivity within a group setting.

(ii) In-Depth Interviews

These seemed to suggest a greater sense of self-awareness with regard to stress which was not apparent within the group discussions. This may reflect the different status and nature of the individuals interviewed i.e. managers. However, it may also be due to the approach which provided a set of circumstances more conducive to personal

disclosures. This was reflected by three of the four respondents providing an interactive analysis of stress, recognising the overlaps and impacts of the respective domains.

(iii) Diaries

The data not only indicated a clear relationship between individual stressor situations and perceived effects upon the individual, but also the cumulative significance of a series of stressful events. Once more these were regarded in an almost entirely negative manner. However, there was some suggestion that moderation of the effects of stress took place when positive events occurred. These findings are not entirely consistent with Lubin and Rubio (1985), who suggested that it was intensity of events rather than duration which provided the most significant impact upon the stress situation.

Whilst the above suggests some evidence of interaction between events and context in relation to stress, it is important to recognise that in general, the home did not emerge as a factor contributing to work stress. Support of *Hypothesis (viii)* must therefore remain equivocal i.e. *There will be evidence of interaction between different sources of stress.*

7.5 COPING/DEFENSIVE STRATEGIES

Results revealed further conceptual confusion amongst respondents, who frequently had considerable difficulty in distinguishing coping from defensive strategies.

Respondents' views on coping strategies may be divided into three categories:

- (i) Coping strategies such as thinking or talking a situation through, correspond with the predominantly psychological model proposed by Latack (1986), who described this approach as *control*.
- (ii) Recreational or activity based modes of coping identified by respondents, corresponded with Latack's category of *symptom management*.

- (iii) A number of activities such as smoking, drinking and 'going sick', clearly fall within the maladaptive classification suggested by the Researcher and described by Latack as *escape*.

The above raises some key issues.

- (a) If coping is concerned with resolving the stressor, are activities such as swimming, reading etc. really coping strategies? Indeed, most respondents regarded them as activities designed to distract their minds from a problem. If this is the case, would they not be better classified as defensive strategies? Of course the counter argument provided by respondents was that participation in these activities promoted feelings of well-being, albeit in some cases temporary.
- (b) Whilst alcohol and smoking may have harmful physical effects and be stressors in their own right, they were appreciated by those who used them. This suggests that they cannot be regarded entirely as maladaptive if the individual feels better having participated in their use. Indeed, focus groups were unable to make the distinction between coping and defensive strategies. However, diary entries suggested that individual's felt significantly better when the stressful situation was resolved. This perception may be clearer for respondents within this data collection category, because episodic rather than semantic memory was being accessed.

As a result of the above, a number of observations can be made in respect of *Hypothesis (x): There will be evidence of a range of coping mechanisms and defensive strategies employed by participants in both their work and social contexts.*

- (a) This hypothesis is confirmed, but the Researcher is likely to find it necessary to redefine his original model in order to clarify the relationship existing between coping and defensive behaviour.

- (b) The Researcher was surprised to find the degree of significance placed by respondents on team coping strategies. This would appear to have some bearing upon the level of individual coping which is useful within the occupational context. It also raises questions concerning the validity of the view expressed by Fineman (1985), who suggested that individual interventions were the only viable approaches to stress management within large organisations. This is clearly an area which needs further exploration.

7.6 MOTIVATION

The Researcher found that **all potential motivators** identified by respondents had previously been described by others as **potential stressors**. This suggests that what is perceived as motivating or stressful respectively, is dependent upon individual interpretation, which in turn is subject to the influence of other factors e.g. situational.

The Researcher's findings support *Hypothesis (xi): Stressors which present as stressful or strain producing to some employees will be perceived as motivating stimuli by others.*

In view of the stated results, doubt must be cast upon the authenticity of Seyle's model outlined in Figure 1. Indeed, whilst Seyle's definition recognises the non-specificity of the stress reaction, there is clearly a need within any model of stress to apply concepts of non-specificity to all stressors and potential stressors. This perspective is more closely allied with Lazarus's cognitive-phenomenological explanation.

If *challenge* can effectively evolve into stress and vice versa, this raises the question as to whether stressors are in fact correctly named. It also follows that strain and motivation are at either end of a *challenge continuum* rather than a *stress continuum* as outlined earlier by the Researcher. The results support the view that motivation evolves into stress according to the individual's skills and abilities and their individual interpretation of events. The Researcher therefore suggests that whilst some stressors are more likely to evoke common responses than others, they should essentially be regarded as neutral stimuli.

7.7 MANAGEMENT INTERVENTIONS

Both group discussants and managers confirmed that specific management interventions regarding stress, were extremely rare. This is somewhat surprising in view of the many complex approaches, earlier outlined in Chapter Four. Thus a very obvious but highly significant point emerges, which indicates that analysis and theory in this respect does not seem to be translated into practice. Indeed research investigating the implementation and effectiveness of these models is sparse. Within the context of Phase 1 research, the following may be considered as a means of possible explanation.

- (i) Stress is not perceived as a problem by senior managers.
- (ii) Lack of conceptual clarity means that approaches towards managing stress are not recognised as such and are merely incorporated into what is considered to be day to day good management.

The Researcher's conclusions are consistent with the views of Hopkins (1987a). However, it is also necessary to consider whether this apparent inaction by managers is occupation specific, or indeed, whether this is a general pattern to be found in other public sector organisations. Comparative research is necessary to draw definitive conclusions.

In relation to *Hypothesis (x)*, there was little evidence of organisational stress management interventions.

7.8 CONCLUSION

A number of key issues and conclusions can be identified, arising from Phase 1 of the Research:

(i) **Theoretical**

- (a) The Researcher found that results confirmed his view that stress was best described in terms of a transactional model.
- (b) Distinctions between coping and defensive behaviour need greater clarification.
- (c) Stressors should be regarded as neutral stimuli within the environment, providing varying degrees of challenge which can lead either to stress and strain or motivation.
- (d) The stress field is a semantic minefield and as such the role of language is critical to determining which research methodologies should be applied.
- (e) The recognition that stress can manifest itself in both short and medium term, suggests that any future work undertaken by the Researcher should endeavour to capture a temporal dimension.
- (f) The view expressed by some managers that some employees deserve to experience stress suggests that they consider the ability to bring this state about in individuals, as a legitimate management ploy. This strategy makes underlying assumptions about how employees are motivated within the work situation. *McGregor's (1960) Theory X-Theory Y* explanation would indicate that the above view would be allied to Theory X assumptions i.e. Employees are unwilling participants who need to be coerced and punished. Such a view does not appear to be supportive of stress management initiatives. Alternatively, a manager making Theory Y assumptions seems more likely to initiate positive responses to reducing employee stress i.e. Employees are self-actualising. However, both perspectives could be harnessed within the Researcher's concept of a challenge continuum.

- (g) Further investigation is merited concerning the precise nature of the client and the influence of associated factors as a potential source of stress.
- (h) Whilst there was evidence of an interrelationship between the work and external factors, this relationship appeared primarily one-directional, with in the main, negative effects attributed to the workplace.

(ii) Practical

Although the Researcher's study was confined to a relatively small sample group, there was sufficient evidence of a qualitative nature to provide a framework for the implementation of intervention strategies for Social Services Departments:

- (a) Managers were considered to be important in organising the workplace in a manner which reduces occupational stress. There is therefore a need for senior managers in particular, to recognise that stress is perceived to be a problem amongst carers and therefore likely to have effects upon individuals, colleagues, clients and work performance. An appropriate practical response is also necessary.
- (b) Once recognition has been achieved, there is a necessity for stress and motivation to be addressed at all levels within the organisation.
- (c) The Department should attempt to identify stressors at both a general and specific level.
- (d) Efforts should be made to modify stressors where they are of a general nature and to enhance both teams and individual members of staff's ability to cope.
- (e) Many solutions regarding the problem of stress were put forward by the various respondents. It is significant that these solutions were

seen as being external to the individual or the home. The expectation for resolution of such difficulties was clearly seen as lying within the workplace and therefore the responsibility of senior managers. This tends to confirm the conceptual framework developed by the trades unions.

(f) Based on respondent feedback, the following strategies may be useful to alleviate stress and promote motivation.

- Improve communication.
- Provide support networks for staff at all levels.
- Provide a forum in which issues of stress and motivation can be addressed.
- Ensure sufficient time off for carers.
- Where possible, improve resources. Where this is not possible, provide clear explanations of underlying rationale.
- Provide more appropriate training for carers at all levels.
- Clarify and streamline disciplinary and investigatory procedures.
- Increase opportunities for team based study days.
- Establish clear definitions of the task and clear roles for carers.
- Introduce stress management programmes into teams e.g. relaxation classes.
- Develop in-house research into stress and motivational issues.

(iii) Emergent Hypotheses

A variety of new hypotheses emerge from the study findings:

- (a) Stress is regarded by employees and managers as a sign of individual weakness.
- (b) Employees with long term work experience are either inherently less susceptible to stress or have better coping mechanisms.
- (c) The negative effects of strain encountered by carers will have repercussions upon clients.

- (d) Caring is not stressful in itself, only when interacting with other variables.
- (e) There are common characteristics in all public sector organisations which are likely to produce stress and strain e.g. power structures, communication, lack of resources.
- (f) Larger work groups cope less effectively with stress and strain than smaller teams.
- (g) The most significant variable in determining whether a stressor (stimulus) represents strain or motivation is the individual.
- (h) Social and home stressors are of less significance in contributing to stress and strain than those arising in the work situation.
- (i) Team coping strategies are more significant in alleviating strain within the work setting, than individual coping mechanisms.
- (j) The most effective method of coping is by resolution of the perceived situation producing stress or strain.
- (k) Implementation of stress management initiatives will reduce strain effects of the stress process e.g. Individual; Team; Organisational
- (l) Managers supporting McGregor's Theory X view of human motivation are less likely to implement stress management initiatives.
- (m) Strain is more likely to be produced by an accumulation of stressors rather than intensity.
- (n) Individuals who purport not to experience adverse stress effects:
 - have effective coping mechanisms;
 - have personality profiles which allow good person-environment fit.
- (o) Carers who display Introversion tendencies on the Risk-Taking/Carefulness scale or the Impulsiveness/Control scale will be more susceptible to stress/strain.

Although Phase 1 of the study was conducted with a relatively small sample, it did allow the Researcher to effectively clarify a number of key concepts and to generate a range of hypotheses. The obvious question arising for the Researcher at this stage was, 'What should be tackled next.' This issue is addressed in the next chapter.

CHAPTER EIGHT - DESIGN OF PHASE 2

SUMMARY

This chapter provides the rationale for and outlines the steps to be taken in Phase 2 of the study in the light of the findings of Phase 1.

CONTENTS

- 8.1 Introduction - The Next Steps.
- 8.2 Formulation of Phase 2 Research Design.
- 8.3 Phase 2 Objectives and Hypotheses.
- 8.4 Implementation Process.

8.1 INTRODUCTION - THE NEXT STEPS

The conclusions drawn in the preceding chapter concerning Phase 1 of the research project:

- *provided a range of possible explanations relating to the Researcher's initial hypotheses;*
- *generated a number of new hypotheses;*
- *cast considerable doubt upon much existing research in the field of occupational stress;*
- *highlighted the importance of the use of language in this field;*
- *identified the diverse and often contradictory results which varying data collection techniques produce.*

Above all, Stage 1 enabled the Researcher to develop a conceptual framework of stress and an understanding of its relationship to professional carers. Clearly on the basis of the above, there were a range of options which the Researcher needed to consider in determining a constructive and most importantly, useful way forward in Phase 2 of the research project. Based on Phase 1 and other research examined, six broad foci for the next phase of research presented themselves:

- (i) Sources/Causes of Stress within a 'caring' context'.
- (ii) Personality types of Carers.
- (iii) Measurement of levels of Stress, including 'before and after' and comparative techniques.
- (iv) Coping Strategies.
- (v) Management Interventions
- (vi) 'Process-Understanding' Research.

Whichever option or combination of options the Researcher might decide to pursue, he considered the practical value of any further research to be of key importance, since *the phenomenon of stress is essentially a practical issue potentially affecting nearly all employees across all sectors.* However, in spite of this fact, it may be

argued that the vast majority of the research conducted over the past 50 years, almost exclusively within the first five categories, has been of little practical benefit to those individuals engaged in the various occupational contexts studied. Neither is there any substantial evidence of its concrete usefulness to managers. Indeed much of the research has primarily been concerned with developing a range of conceptual frameworks and associated methodologies.

In the light of the above, the Researcher identified a number of key elements which he wished to ensure did not predominate within Phase 2:

- (i) **The Researcher determined to resist the temptation of attempting to establish any rigid cause and effect conclusions.** As has consistently been demonstrated in previous chapters, these causal explanations are not only of dubious reliability, but of little practical use to the individual practitioner. Any identification of the possibility therefore of such relationships existing would best be used in a **diagnostic or 'process-understanding'** manner, thereby assisting employees and their managers to cope more effectively with their environment rather than necessarily eliminating the 'so-called cause'.

- (ii) **In a similar vein the Researcher did not wish to pursue the issue of personality studies concerning individual susceptibility to stress.** The Researcher recognises that there is a school of thought which regards this aspect of the stress process as a highly interesting but complex area, meriting lengthy study in its own right. Within the context of 'model building' the Researcher would not disagree with this view. However, of greater significance is the limited practical benefits which research in this vein is likely to bring to employees.

Both the above premises suggest that the most relevant stress research might be within the 'action research' and/or 'process-understanding' mode. However as indicated, little research exists within this particular framework. Indeed, it is interesting to note that where interventionist research has been attempted, particularly relating stress to social work, it has been set within the North American culture, the most prominent researcher being Cherniss (1980). Therefore, the direct relevance which can be drawn

from research conducted within one country may arguably have limited applicability to others. This may be because of differences in cultural or social structures and perhaps most significantly, the manner in which the delivery of social care is organised. The uniqueness of the British Public Sector must therefore be taken fully into account.

Within the UK social care field, the work of Fineman (1985), outlined in Chapter Four is significant in that he attempted to conduct action research within a Social Services Department with the very focused objective of providing positive benefits for the workers involved. This work has considerably influenced the Researcher's subsequent approach.

However, in spite of Fineman's work being both dynamic in nature and in a limited manner concerned with understanding 'the stress process', he essentially focused his work upon individuals, not teams or groupings within the organisation. In addition the individual counselling undertaken on a consultative basis, was highly labour intensive and to most managers in typical work situations, impractical. Indeed Fineman's intense level of counselling is in stark contrast to the reality with which most local authority managers have to contend. This point is well illustrated by the fact that only a very small minority of local authorities attempt to provide a minimal level of employee counselling. One local authority Social Services Department is considered to be particularly innovative in this respect, yet has only two counsellors available for several thousand employees! Clearly the model used by Fineman would be of little ongoing value for a manager attempting to address the issue of stress in a real everyday environment, without the aid of a long-term external support.

8.2 FORMULATION OF PHASE 2 RESEARCH DESIGN

In formulating Phase 2 research design, the Researcher drew upon a number of hypotheses and observations generated within Phase 1. These hypotheses were modified in the light of a more detailed literature search. However, the Researcher considered certain issues as being fundamental to the next phase of his research:

- (i) The research would examine a number of organisational issues in a **diagnostic/**

process understanding fashion rather than adopting a rigid cause and effect paradigm. This was to be achieved by making combined use of a wider survey and a number of small in-depth case studies, involving the development of management intervention strategies. The case studies would be based on a number of selected carer teams within the Department and examine the stress process within these teams in greater depth than Phase 1.

- (ii) A significant part of the research would be concerned with action research i.e. how can managers within a Social Services Department assist employees in overcoming problems of stress?
- (iii) The study would contain a longitudinal element.
- (iv) Qualitative research instruments would be used, thereby avoiding *overuse of* traditional survey methodology.
- (v) The study would be wider in scope than Fineman's, considering how teams of carers and their managers might cope as a group with the effects of stress, promoting motivation and enhancing team coping. It would also involve developing a focused understanding of particular key stress and motivational elements of the wider organisation.
- (vi) The Researcher would place the emphasis on providing the information necessary for managers and their teams to determine and implement appropriate coping measures. **However, most importantly, the Researcher would not be responsible for driving these measures through, responsibility would rest with the managers and their respective teams.**
- (vii) Phase 2 would essentially be implemented within a transactional framework. In particular, the Researcher wished to consider the relevance of discrepancy theory in relation to the respective role dissonance experienced within the stress process by key actors, including service users.

(viii) In view of the small sample size of Phase 1, the Researcher wished to establish a more representative baseline of stress related workplace factors, by which to make comparison with the teams involved in intervention strategies.

8.3 PHASE 2 OBJECTIVES AND HYPOTHESES

In the light of the above, the Researcher defined the **core objectives of Phase 2** as follows:

- (i) Develop a diagnostic profile of the Social Service Department addressing key issues relating to occupational stress, coping and its relevance to the demographic profile of the workforce.
- (ii) Acting in a consultancy capacity to assist identified teams in:
 - (a) constructing a '*team stress profile*' for use by managers and team members;
 - (b) modifying certain work and situational sources of stress, particularly those within the control of team members and managers;
 - (c) assisting team members in coping more effectively with stressful aspects of the work situation.
- (iii) Evaluate the impact of strategies developed within each team.
- (iv) Influence the wider organisation with regard to the problems of stress and the possibility of implementing solutions.
- (v) Attempt to capture aspects of the subjective experience encountered by a range of individual carers.
- (vi) Examine a small range of subjective experiences of service users in relation to their own feelings of stress, specifically in relation to one or more of the selected teams.

- (vii) Develop a range of tools and instruments by which to carry out the above.
- (viii) Develop a stress training package for use by teams and their managers working within human service organisations.

Based on the above, the Researcher has formulated **five key hypotheses**:

- (a) A team intervention approach can effect a positive change with regard to both reducing the number of potential stressors within a social work environment and increase the effectiveness of team member coping mechanisms.
- (b) By raising awareness and clarifying the roles of key actors, discrepancies between their respective expectations of each other will be reduced, thus lowering the potential for stress.

N.B. Key actors: Managers, Team members, Clients.

- (c) There will be significant differences in the nature of stressors between client groups and caring contexts.
- (d) By implementing a range of in-depth interviews, it will be possible to clarify the relationship between workplace coping and stress factors with those encountered in other domains e.g. home, social.

- (e) A workforce survey will indicate consistency with:

- the categorisations of sources of stress identified by Cooper and Marshall (1975a);
- the effects of stress identified by Anderson (1978), and the Labour Research Department (1988);
- individual coping mechanisms suggested by McDerment, Dunham and Shapiro (1988), and Howard et al (1975).

Hypothesis (b) is particularly important and relates back to Discrepancy theory and Van Harrison's PE-Fit. The Researcher suggests that this model is particularly relevant within a social services context.

In the light of the above, Phase 2, whilst drawing on a range of research techniques and approaches, *will essentially be set within a research paradigm which is concerned with management interventions at workplace and team levels and developing an understanding of the stress process at individual, team and organisational levels.*

8.4 IMPLEMENTATION PROCESS

(i) Timescales

The Researcher had to combine his study with a full time job, using a range of leave, flextime, evening and weekend work to undertake his research. Since Phase 2 of the study required more intensive work with teams, the Researcher recognised the need for the intervention to be set within a realistic timescale. These were as follows:

- (a) Development of questionnaire for survey and piloting - 4 months.
- (b) Administering survey and analysis - 6 months.
- (c) Intervention strategies with 6 teams each to be spread over a period of 6 months. Some would run concurrently. The overall time allowed for these to be completed was 18 months to two years.

(ii) Researcher's Role

Whilst the Researcher conducted this study with the agreement of his Director, it was essentially an individual initiative. Access was however allowed to certain facilities such as computer time and photocopying on the basis that the Department was deriving benefit from the Researcher's input. However, the Researcher was essentially fulfilling two roles which were quite separate i.e. researcher and senior manager, although there were times when the distinction between the two caused some difficulties, which will be referred to in Chapter Ten.

The Researcher intended that whilst the study was interventionist in nature, much of the work undertaken within the teams should be implemented by the teams themselves and their managers. This decision was made in light of the time constraints to which the Researcher was subject (unlike Fineman) and also on the basis that any positive changes could only be sustained by the teams not the Researcher. This obviously would entail a clear explanation to participating teams at the commencement of each intervention.

The next chapter deals with the first element of Phase 2, the implementation of a diagnostic survey.

CHAPTER NINE - DIAGNOSTIC SURVEY

SUMMARY

As indicated in the previous chapter, this section considers the development, implementation and analysis of a diagnostic questionnaire administered to all area social work teams within the Department.

CONTENTS

- 9.1 Rationale.
- 9.2 Determining the Sample.
- 9.3 Constructing the Questionnaire.
- 9.4 Distribution.
- 9.5 Analysis and Results.
- 9.6 Discussion.

9.1 RATIONALE

Within this phase of his study, the Researcher wished to extend the potential management interventions previously focused on the individual by Fineman (1985), to team level. This clearly necessitates developing an overview of a broad range of stress factors within the organisation as a whole. Indeed, identification and clarification of wider organisational stress factors is likely to be of assistance at all levels of intervention within the particular organisation concerned.

As indicated previously, the Researcher recognised the problem concerning the sample size of Phase 1 and the danger of generalising from small samples. The initial conclusions could not be extended with any confidence to apply to the Department as a whole. Therefore in order to develop an understanding of certain key elements of the stress process within a wider context, specifically within the Social Services Department selected, the Researcher felt it necessary to gather data from a more representative sample of its workforce. The Researcher anticipated that this would be both useful to senior managers of the Department and in addition, provide a contextual backcloth for research within small teams. This seemed likely to reduce the possibility of major issues relevant to the resolution of carer stress being overlooked at a local level.

Having emphasised the use of more creative paradigms, the Researcher recognises their limitations in gathering data from large numbers of people. In order to generalise from such large numbers it is clearly necessary to make use of the more traditional questionnaire methodology which has been so strongly criticised in earlier chapters. However, the Researcher's criticisms were based upon the conclusions drawn from such surveys which have not accounted sufficiently for both the complexity and conceptual confusion surrounding the stress process and its associated language and terminology. As such, many of the examples quoted represent a misuse of this particular methodology rather than undermining the undoubted usefulness of questionnaires in particular circumstances.

In contrast to the vast majority of previous research in the stress field, the Researcher

wished to implement this survey primarily as a diagnostic and indicative tool, identifying any key trends or questions needing to be addressed by managers at both an organisational and team level, rather than providing hard and fast cause and effect correlations, much in evidence in other research paradigms.

9.2 DETERMINING THE SAMPLE

The Researcher encountered two key problems in identifying an appropriate sample.

- (i) There was total absence of a good quality database concerning both posts and employees within the Department, making identification of individuals and even location of teams extremely difficult.
- (ii) The Researcher was able to identify a vast range of team functions within the Department operating in very specific caring scenarios. This variety and complexity of caring teams presented a real problem in the construction of any representative sample, particularly in the absence of definitive data.

In the light of the above, the implementation of a survey which represented the whole of the Department would have entailed a massive amount of preliminary work in accurately identifying both teams and individuals. Indeed since the Researcher completed his fieldwork, the Department has funded a dedicated team to resolve this problem over a projected period of three years! In addition, some of the individual teams operating within the organisation were so specific in their function and relatively small in numbers, that in many cases a one hundred percent stratified sample would have been necessary! The size and complexity of the ensuing survey would not have allowed the Researcher time to undertake any action research with carer teams.

In light of the above, the Researcher had to make a decision which was likely to involve considerable selectivity in defining a sample. It was therefore decided to attempt a one hundred percent sample of all area fieldwork teams. The factors leading the Researcher to arrive at this decision were as follows.

- (i) Area social work teams remain the fulcrum of caring activities within the Department. They not only provide supportive services to service users within the community such as counselling and welfare benefits advice, but more significantly are the main means of assessing the needs of individuals at the first point of contact, thereby determining future day or residential placements. In addition, following such placements, social workers continue to exert significant influence over the shaping of service users' social care packages. They also remain the most influential group of workers within the Department, both in a day to day sense and in their capacity to influence policy as qualified professionals.
- (ii) One hundred percent inclusion of area teams ensured that all client groups dealt with by the Department would be covered by the survey.
- (iii) Although there have been changes since the research was initially implemented, the line management structure of both Area and Team Managers involves not only responsibility for area teams, but also for a range of residential and day services. Thus, Area Directors are in a position of significant managerial influence.
- (iv) The fourth key influencing factor was the rare presence of personnel data within the Department relating to this particular group of employees.

9.3 CONSTRUCTING THE QUESTIONNAIRE

(i) Issues to be Addressed

As indicated, the prime purpose of the questionnaire was to act as a diagnostic tool/ checklist which would facilitate greater understanding of the stress process. It would hopefully also be appropriate for various levels of use ranging from the organisation as a whole to the individual. The Researcher determined therefore that it should focus on three key areas over which senior and middle managers, or individuals are able to exert a degree of control (i.e. excluding personality profile):

- (a) Potential sources/causes of stress.
- (b) Effects of stress.
- (c) Coping with stress

The Researcher wished to avoid prompting respondents into the inevitable negative connotations associated with the concept of stress and therefore determined that the questionnaire should be concerned with identifying both potential levels of **stress and motivation** within the workplace, consistent with the continuum concept developed by the Researcher in Chapter Two. In addition, in the light of confusion concerning stress terminology, the Researcher decided that it was not necessary to use the term stress within the questionnaire, other than in the introduction. This represented an attempt to ensure as far as possible that respondents had a common understanding of the questions and concepts contained within it.

(ii) Background Factors

At the time of developing the questionnaire, two contextual factors emerged which influenced the Researcher in the construction and implementation of the questionnaire.

- (a) Having received permission from the local authority to undertake the survey and associated action research and subsequently circulated an initial batch of questionnaires, the Researcher was contacted by the trades unions. They were particularly interested in the outcome of the survey in the light of stress related difficulties and from their perceptions, the role of management within this process. They had been informed by a senior manager within the Department that this survey was the Department's official response to union concerns! This comment was made in spite of the fact that the Researcher was conducting the research in his own time and self-financing the fees! A degree of expectancy therefore arose from the trades unions which was not initially anticipated by the Researcher.

The above situation suggested the possibility that the Researcher's findings could, if taken out of context, provide unpalatable information for the Department.

This was a potential source of difficulty, since the Department's managers were essentially being cooperative and there was clearly a danger that the Researcher's findings might be used as a means by which the trades unions could criticise 'management'. This raised the dilemma of how to present sensitive results, which proved to be present throughout the study and will be referred to in later chapters. Whilst this situation did not affect the content of the questionnaire, the Researcher determined to release fully the findings of his survey only after the completion of his case studies, since controversial publicity or criticism arising from the survey would be likely to raise the levels of anxiety of participant teams and in particular, their managers, thereby jeopardising the study as a whole.

- (b) At the time of the survey and indeed increasingly since, there were a number of tensions concerning equal opportunities issues amongst the workforce. The Researcher therefore determined not to include within the demographic element of the questionnaire a question which required identification of race. This had proved to be a difficulty within other departmental documents and seemed within the prevailing circumstances of the time best omitted.

(iii) Content

The questionnaire (Appendix 3) consisted of five pages. On each of the first three pages, one question was asked in relation to a number of particular variables. A range of intensity rating scales were available for respondents to indicate their own position by ticking the appropriate box.

(a) Workplace satisfaction.

'Please indicate the extent to which you are currently satisfied with the following factors in your workplace'.

The above question asked was essentially neutral in nature. The options available for selection were derived from a range of previous research findings outlined in Chapter Three and represented the most significant workplace factors attributable to

occupational stress, excluding factors in the wider environment such as the 'family' or other socio-cultural stimuli.

(b) *Effects of Work concerns.*

'Do you feel that concerns about your work situation have caused you to experience any of the following?'

The above question required respondents to focus specifically upon those effects which they had experienced themselves and attributed directly to workplace concerns.

The checklist was constructed in a similar manner to (a), drawing on previous research findings. However, Phase 1 indicated that unusual idiosyncratic effects could be very profound in certain individual cases, therefore an 'any other' response category was included.

(c) *Coping*

'How likely are you to engage in the following activities when experiencing pressure at work?'

The Researcher avoided using the term 'stress' and instead included the expression 'pressure'. This word was frequently in evidence from respondents in Phase 1 and often used as a means of describing stress as an individual experience.

The checklist was compiled in the same manner as (a) and (b), being extrapolated from research identified in Chapter Three. This list represented a cross section of strategies which using Latack's classification (1986), can be described as:

Control, e.g. 'Tackle problems directly';

Escape, e.g. 'Increase alcohol consumption';

Symptom management, e.g. 'Relaxation exercises'.

(d) *Additional Views*

'If there are any additional points or views that you have regarding stress, job satisfaction and feel that they may be of relevance to the project, please write them in the space below.'

In order to allow respondents to develop any particular points or concerns which they wished to make, a blank page was provided within the questionnaire for this purpose. The Researcher hoped that this would allow a qualitative input and in particular issues such as racism or sexism might be raised.

(e) *Demography*

'I would be grateful if you could provide the following details regarding yourself and current employment.'

The Researcher identified demographic information which when cross-tabulated with the variables contained in the questionnaire, might provide some indication of areas which might be fruitful in alleviating workplace stress i.e.

Age, Sex, Home circumstances, Qualifications, Client Group, Position in Organisation, Experience.

Again the above factors were selected in the light of other research findings.

(iv) Piloting the Questionnaire

Prior to full circulation of the questionnaire, the Researcher conducted a small pilot amongst 30 residential workers who were invited to identify any problems with either the structure or language used within the questionnaire. In the light of this, a small number of changes were made.

* **Section (A):**

A.3 - 'Leadership from Line Manager'. The interpretation of this phrase appeared to cause some confusion. In some cases employees indicated that the identity of their particular line manager was not always clear. Indeed it became apparent that in some cases a number of managers appeared to carry out this function at varying times. As a result, the word 'line' was removed.

A.8 - 'Relationships with Senior Staff'. Respondents felt that whilst relationships might be positive, they did not necessarily receive the direction they required. The two were perceived to be different. Consequently, the Researcher inserted *A.16 - 'Leadership from Central Management'* in the final questionnaire.

'Level of Paperwork', was included on the pilot questionnaire. However, one consistent comment arising from pilot participants was that in many cases this variable seemed to be the same as 'workload'. This variable was therefore removed from the final questionnaire.

* **Section (B)**

A significant number of respondents indicated that overeating was a consequence of workplace concerns as well as being in some cases, a response to pressure. This variable was therefore added as B.17 and the '*Any Other*' category reduced.

* **Sections (C) and (D)**

No changes.

* **Section (E)**

A number of respondents suggested that whilst the anonymity of the questionnaires was accepted, by working through the demographic data, it might be possible to identify individuals. Greater reassurance was requested in this respect. As a result, the

Researcher added the words: *'No attempt will be made to identify individuals'*.

9.4 DISTRIBUTION

Using the internal postal system available to the Department, individually addressed questionnaires were sent to the following staff located at Area Social Work Offices:

Area Directors

Team Managers

Social Workers

Social Work Assistants

Completion was asked for within three weeks of receipt. Each questionnaire had attached to it an addressed envelope for return to the Researcher via the internal postal system. A total of 395 questionnaires were sent out and 312 returned of which 302 were usable.

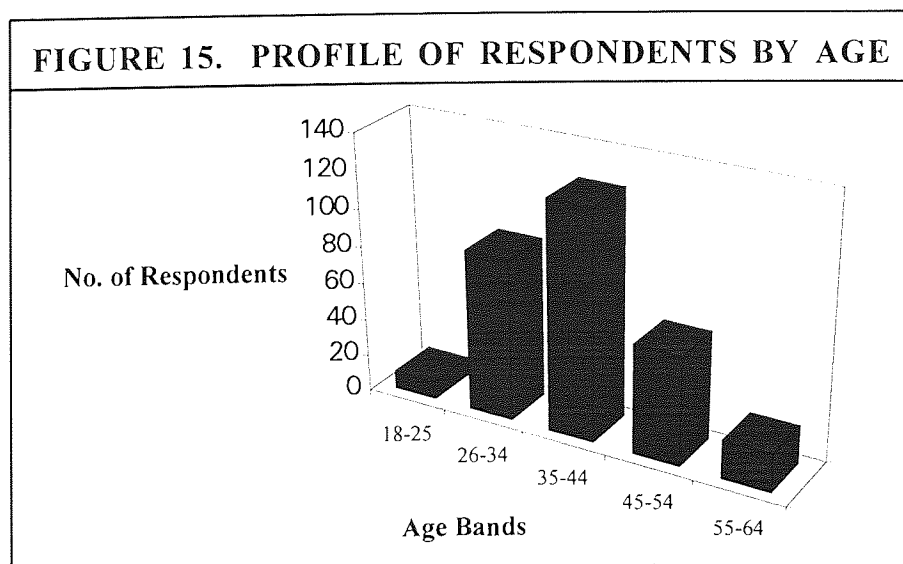
The data from the questionnaires was then processed using the SPSS package for micro-computers.

9.5 ANALYSIS AND RESULTS

(i) Demographic Profile

(a) Age

The age profile of respondents is illustrated in Figure 15.

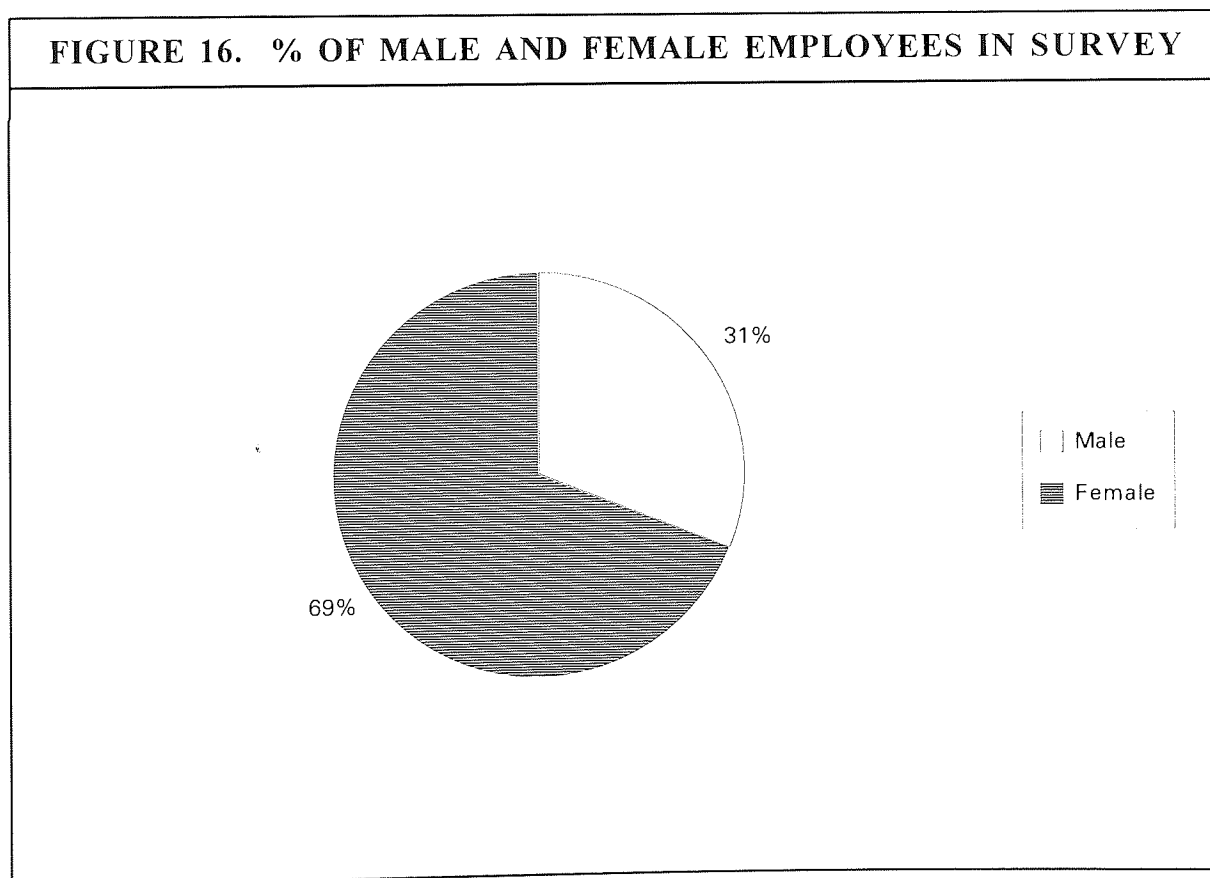


As can be seen from Figure 15, there is a significant fall in the number of social workers after the age of 44 years. This clearly reduces the overall level of experience within the Department. It is not possible to conclude why this might be the case. However, two key possibilities arise and may provide fruitful areas of research for the future: high levels of stress and subsequent burnout; recruitment and selection policies which disadvantage mature people.

In spite of the decline in numbers after 44+, the picture presented is not one of a totally inexperienced workforce which Carver and Edwards (1972), suggested was the norm within Social Services Departments.

(b) Gender

Figure 16 illustrates the sex profile of respondents.

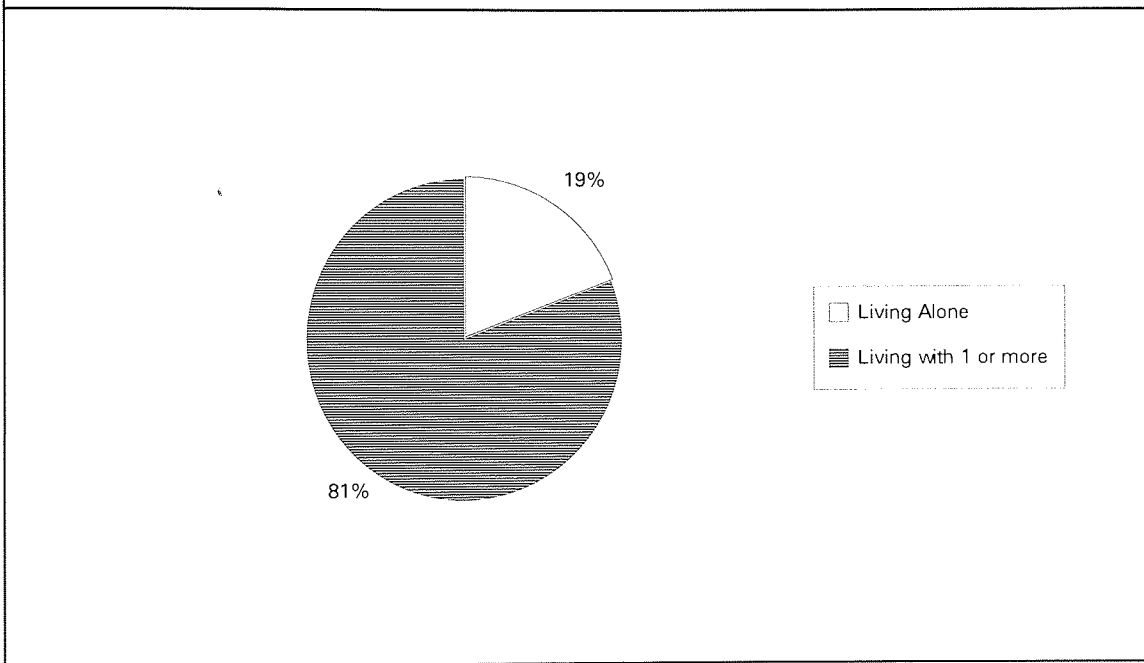


The above figure supports the view put forward by a number of researchers that the caring professions comprise predominantly women (Bloomfield 1985). This suggests therefore that any results relating to stress will be heavily influenced by the gender variable.

(c) Living Alone

Figure 17 indicates that social support will be available to a degree in most cases suggesting that cross-domain amelioration may be present within respondents' coping behaviour. However, it is also a possibility that the predominance of women in the sample coupled with likely gender associated tasks in the home may increase the likelihood of inter-domain conflicts and added pressures.

FIGURE 17. % OF RESPONDENTS LIVING ALONE OR WITH ONE OR MORE PERSONS

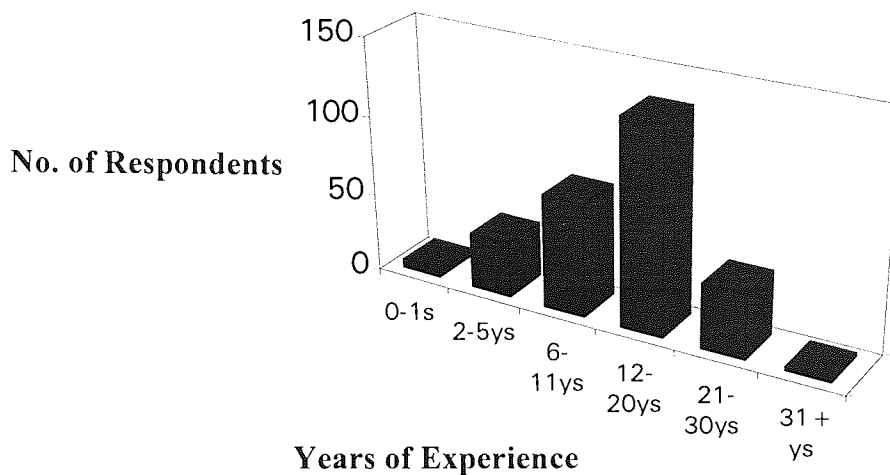


(d) Experience

Figure 18 indicates a similar pattern to Figure 15. There is clearly considerable intermediate experience i.e. 6-20 years. However, there is a sharp reduction in those with experience in excess of this. Similar conclusions can be drawn.

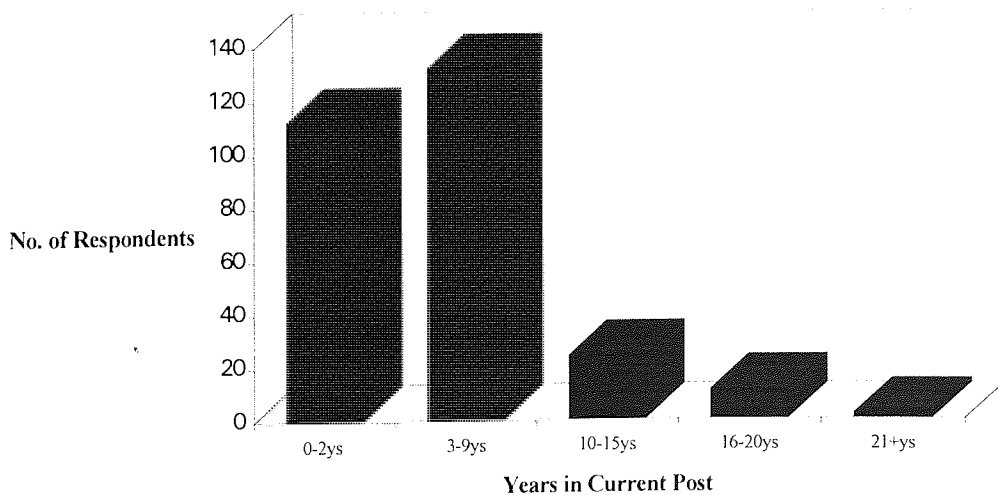
Figure 19 provides some key insights into the broader picture illustrated in Figure 18. Perhaps the most surprising feature is the small number of people who stay in the same workplace for periods in excess of 9 years. Whilst the Researcher is unable to make comparisons with other public sector organisations, the picture is one which suggests there is a high degree of workforce mobility between jobs.

FIGURE 18. YEARS OF EXPERIENCE OF PROFESSIONAL CARING



When placed alongside the Figure 18, it contributes to a picture of an organisation where levels of experience have a very marked watershed. As indicated, there are a range of possible explanations for this. However, if experience does play

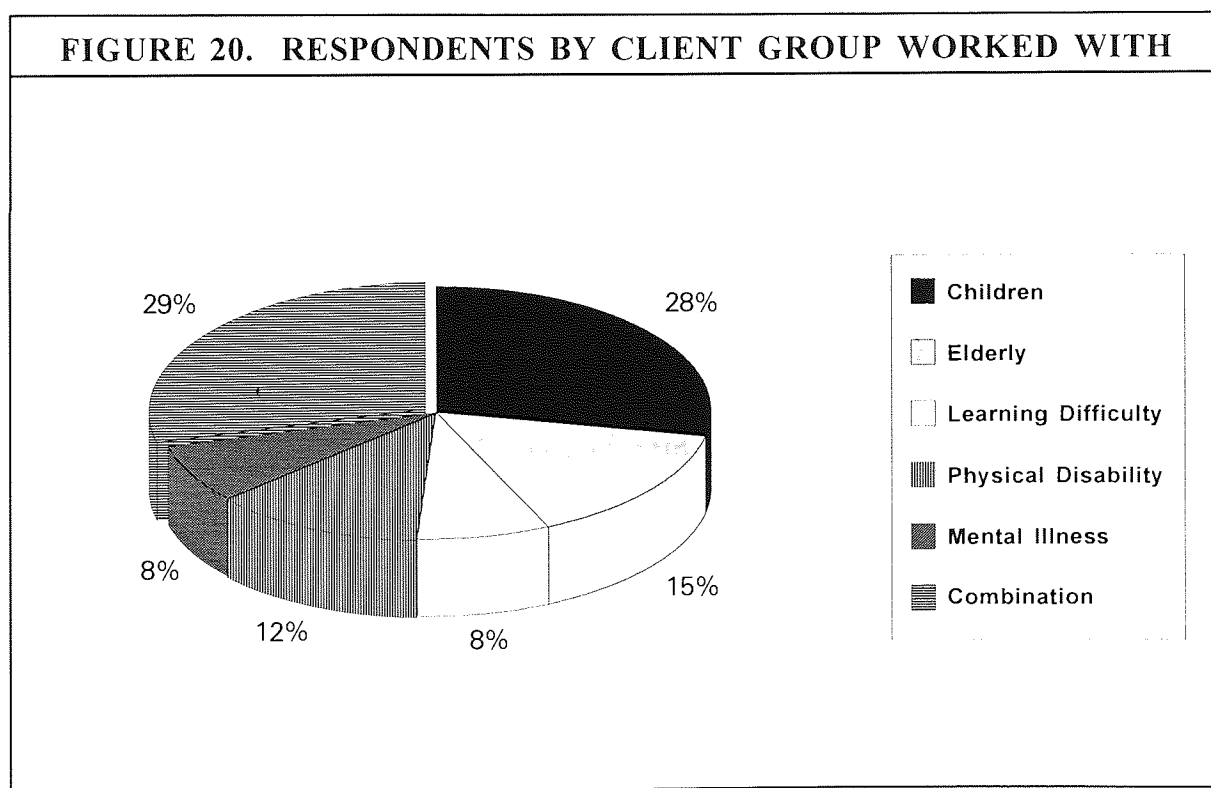
FIGURE 19. RESPONDENTS BY NUMBER OF YEARS IN CURRENT POST



a significant part in coping effectively with stress, then this deficit within a workforce profile seems likely to have detrimental effects upon the organisation.

(e) Client Group Focus

Figure 20 indicates that Children and Families' work accounts for 28% of the workforce. 'Combination and Elderly People between them account for 44%. It is probably best to regard this figure as in the main consisting of elderly person's work, since the combination element usually included a mixture of elderly people with dementia or with a physical disability. The pattern emerging reflects accurately the overall allocation of resources within the authority.



(ii) Stress Profile

(a) Satisfaction with Workplace Factors

Figure 21 indicates overall levels of workplace satisfaction. The first observation

which can be made is that most of the social workers within the sample were satisfied with the vast majority of factors within the workplace, with an **Overall Profile Mean of 3.31**.



This result is not entirely consistent with the widely held view that Social Services or public sector staff are seething hotbeds of discontent. Indeed this observation suggests that managers of this Department have available a pool of fundamental goodwill towards the task.

Those factors which achieved highest scores were *Relationships with Clients* (3.87); *Relationships with Work Peers* (3.95); *Level of Autonomy* (3.89). The high levels of satisfaction support the evolving view of the Researcher that **the client is the greatest source of satisfaction within Social Services Departments not, as much of the anecdotal evidence suggests, a key reason why public sector work is particularly difficult.**

High levels of satisfaction with colleagues is a desirable feature within any organisation and this factor is clearly in evidence.

The fact that autonomy is so highly valued is consistent with the professional ethic of individual autonomy which is often associated with social work. The Researcher considers this to be an important factor to be borne in mind, particularly within the context of increasing legislation which in fact places greater emphasis on procedures and may effectively reduce individual autonomy and by doing so may affect morale.

Only three factors failed to reach a score of 3.0: *Other Departmental Services* (2.97); *Physical Working Conditions* (2.91); *Leadership from Central Management* (2.30). It should be noted that whilst all of these factors are issues which impinge upon the workplace, they might be regarded as factors beyond the team's control.

Clearly the most worrying feature from the management perspective is the low esteem in which management leadership skills are held. It can be argued that as long as social workers feel that they have a high level of autonomy, then this factor can be kept to a degree at arms-length. However, the greater the erosion of autonomy, the more likely that morale will be affected by this factor.

(b) Effects of Workplace Pressure

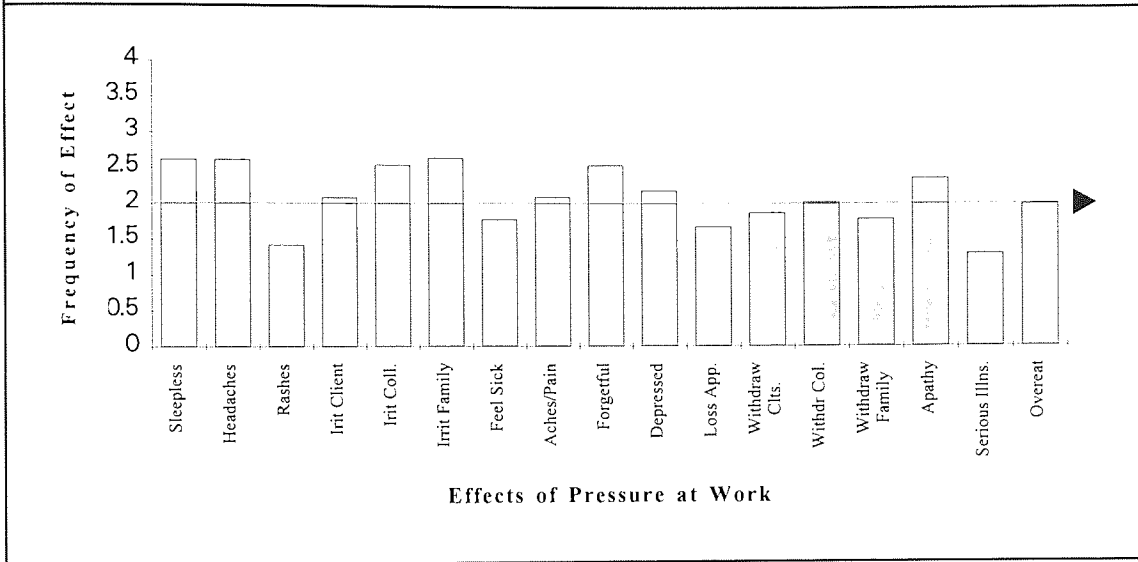
The Overall Profile Mean was 2.1. This score was consistent with the satisfaction score, indicating that the perceived effects of stress did not seem unduly high.

The three highest scoring effects were: *Irritability with Family* (2.65); *Sleeplessness* (2.62) and *Headaches* (2.62) (Figure 22). The latter two factors present no surprises and are consistent with previous research. However, the fact that *Irritability with Family* scored the highest is of some significance.

These findings suggest that effects of workplace stress on an individual will affect others external to that environment. Since families and the social support offered

by them are considered to be helpful in alleviating stress, then high levels of irritability with those key actors seem likely to add to a cycle of stress. This then does support the existence of cross-domain impacts of stress as well as the concept of cross-domain buffering.

FIGURE 22. EFFECTS OF PRESSURE AT WORK ON SOCIAL WORKERS



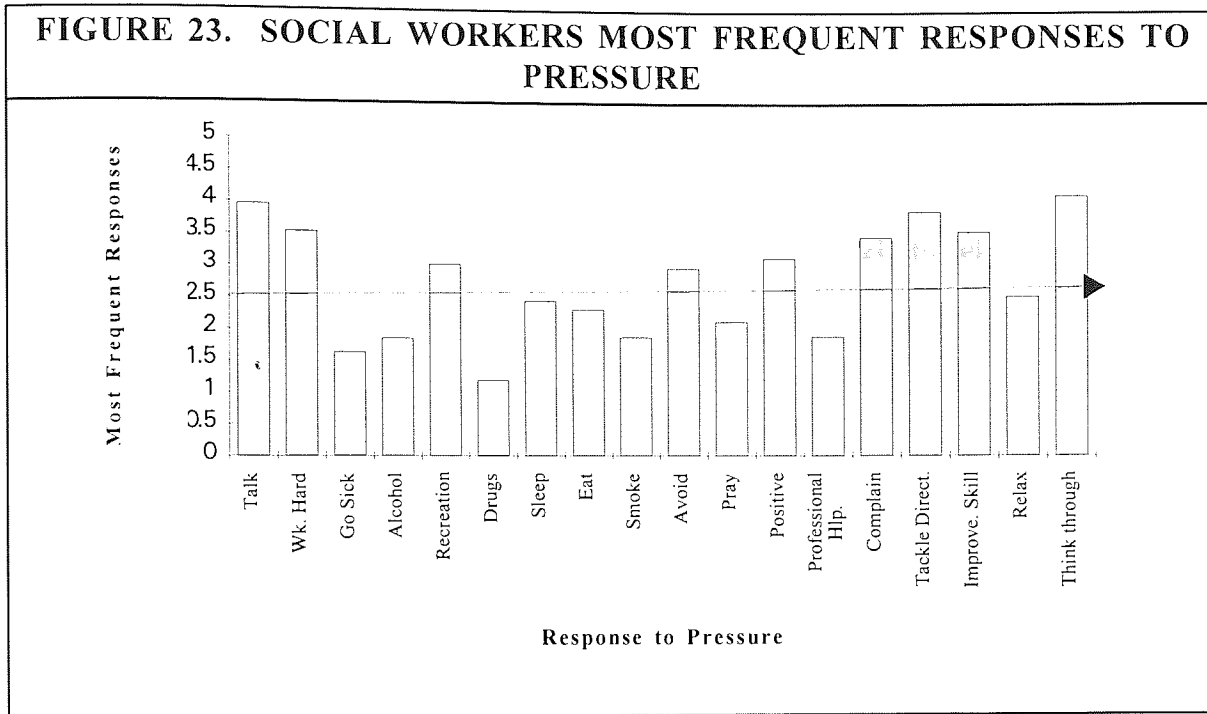
(c) Most Frequent Responses to Pressure at Work

Overall, responses indicated use of those coping strategies considered to be most effective by Latack (1986), McDerment, Dunham and Shapiro (1988), Howard et al (1975). Highest scores were achieved in: *Think Problems Through* (4.11); *Talk to Someone* (3.96) and *Tackle Problem Directly* (3.86). The only strategy which can be considered maladaptive was *Work Harder* (3.53), which appears to be part of the departmental work culture and as indicated earlier may well be a criteria applied to recruitment and selection.

Symptom management strategies did not figure particularly highly with the exception of *Engage in Recreational Activity* (3.02).

Avoidance or maladaptive strategies were reported as being infrequently used.

In fact the levels of response associated with Go Sick (1.63) and Increase Alcohol Consumption (1.85) were lower than the Researcher expected.



9.6 DISCUSSION

(i) Validity

(a) It is important to re-emphasise the point that the survey provided an essentially *snapshot* view of a number of key factors relating to stress as they existed at a particular point in time. Whilst it can be argued that some factors will remain constant, such as physical conditions, other factors will vary in intensity over a period of time e.g. legislative changes. However, since the Researcher primarily intended that the survey be used as a diagnostic and management tool, rather than a cause and effect paradigm, it can be argued that the temporal dimension is therefore of less importance.

(b) The Researcher earlier noted that Capel (1987) in her research observed a significant discrepancy between her survey findings and those emerging anecdotally

from respondents. Whilst not the only influencing factor, the Researcher suggests that this may primarily have been the result of language and interpretation difficulties contained within the questionnaire. By examining this issue in Phase 1, the Researcher hoped to eliminate this problem and used the terminology which arose, within the questionnaire construction. This suggests that the results arising from in-depth interviews within the case studies, should be consistent with the team profiles derived from the Stress Checklists which in the main replicated the questionnaire.

(ii) Demographic Characteristics

One of the key issues arising from the survey is the demographic profile, which illustrates two key elements concerning the make up of social workers.

In particular, 69% of all the authority's social workers were women and the vast majority aged between 26 and 44 years. In particular, the figures relating to gender are consistent with other Social Services research. However, once more, this indicates the necessity to exercise caution when drawing wide-sweeping conclusions. Indeed the Researcher earlier referred to the observations made by Garden (1989), who suggested that burnout measurements were more related to psychological profiles than profession. **Similarly, it must be acknowledged that the Researcher's results will to a significant degree be reflecting gender variables whose interactivity cannot easily be separated from those associated with the profession and organisation.**

(iii) Satisfaction Levels

- (a) As indicated earlier, overall satisfaction levels were expressed as being in most cases better than average. **This factor should be recognised by senior managers as positive working capital rather than emphasising the negative dimensions of the workforce.**

- (b) In spite of increasing legislative and media pressures, clients represent the highest source of satisfaction. This directly contradicts much of the anecdotal evidence which suggests that clients are the key source of difficulty and stress for social care professions e.g. Hopkins (1991). However, it should be noted that the Researcher's survey did not cover residential work which may well be the area where the greatest increase in pressures has recently occurred. **These results suggest that the reason for the public sector being a special case for treatment may not solely be rooted within the face to face interaction of its employees with the general public.**
- (c) Other high scoring factors included *Level of Autonomy* and *Relationships with Peers*. In particular, the Researcher suggests that the high levels of satisfaction expressed concerning autonomy may be of great significance in relation to interactivity with other variables. If for example, social workers were operating within a less autonomous environment and therefore able to exert reduced control over factors such as workload and client contact then levels of satisfaction may well decrease across a number of areas. **Thus, satisfaction with some workplace factors may well be dependent upon satisfaction with others.** The Researcher will consider the influence of autonomy within his case studies.
- (d) The approach used by the Researcher whereby respondents were asked to identify levels of satisfaction, produced a somewhat surprisingly positive result. This raises the issue as to whether a different perspective would have emerged had the Researcher been concerned with identifying levels of dissatisfaction. Indeed, most research has traditionally used the latter approach e.g. French and Caplan (1972) and Cooper and Marshall (1975 a). Therefore, whilst the Researcher's findings do not contradict his original hypothesis in relation to the categories identified by Cooper and Marshall, he would argue that:

- **This particular of focus may well have influenced subsequent**

research designs in applying a problem rather than opportunity focused approach.

- **The categorisation fails to identify sufficiently strongly the interdependency between the various categories.**

(iv) Effects

Using the categorisations identified by Anderson (1978) and the Labour Research Department (1988), the Researcher noted that with the exception of headaches, respondents did not perceive the effects of pressure to contribute strongly to physical illness. Indeed, effects were in the main either behavioural or psychologically based. This may be explained by the fact that respondents were probably unaware of the complex manner in which stress may contribute to serious illness. Nevertheless, this was their perception.

Similarly, results did not overwhelmingly confirm the Labour Research Department's view that pressure produces a whole range of socially induced problems. This may mean that their view is incorrect or that respondents are reluctant to reveal socially disapproved activities, although this seems less likely within an anonymous survey. However, there was one major finding which confirmed the Labour Research Department's identification of *Problems with Relationships* category. Significantly, the highest reported effect was *Irritability with Family* and coupled with the fact that *Irritability with Clients* was much lower, supports the legitimacy of including social factors as a variable for consideration within any stress analytical framework as suggested by the Researcher in Figure 4.

(iv) Responses to Pressure/Coping

The Coping Profile demonstrates that the strategies employed by respondents were

in the main those identified as being within the adaptive or control categories, followed by symptom management. These findings are consistent with the work of McDerment, Dunham and Shapiro (1988) and Howard et al (1975). The one strategy which is inconsistent with the above researchers' results and considered to be maladaptive by almost all other research is *Work Harder*.

The Researcher will use the results arising from this survey as a baseline for comparison within his interventions with a range of specialist teams. In particular, the data emerging from focus groups and in-depth interviews will be compared for consistency with the evidence of the broader survey and use of team checklists

CHAPTER TEN - CASE STUDIES AND TEAM INTERVENTIONS

SUMMARY

This chapter outlines the process involved in implementing the case studies undertaken with a number of selected departmental teams. It also documents the results of the case studies. One case study is detailed in full to illustrate the overall process. Thereafter, with the exception of the analyses of focus groups and in-depth interviews, the other studies are considered in summary form only, identifying key similarities or differences evident in either the results or process. Each intervention is related to the findings of the overall survey documented in the previous chapter. Detailed analysis and conclusions are documented in Chapter Eleven.

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- 10.1 Rationale.
- 10.2 The Action Research Process.
- 10.3 Interview/Discussion Methodology.
- 10.4 Selecting the Participating Teams.
- 10.5 Hazelmere Children's Home.
- 10.6 Lincoln Road Area Children's Team.
- 10.7 Brookmore Learning Disabilities Team.
- 10.8 Princes Hospital Geriatric Team.
- 10.9 Castle Road Day Nursery.
- 10.10 Rosedale Elderly Persons Home.

10.1 RATIONALE

The Researcher has previously identified the need to implement a level of action research and 'process-understanding' case studies with a small number of teams within the Department, in an effort to:

- (a) bring about positive change by increasing the team's and/or individual worker's capacity to deal effectively with stress;
- (b) increase the understanding of the stress process by managers and frontline staff within that particular workplace;
- (c) relate the issues arising within the teams involved to the wider organisational context;
- (d) allow comparison's between teams operating within differing caring contexts, either functional or client grouping.

The Researcher's prime objective within each team would be to develop an understanding amongst team members of their particular environment and in particular those factors which need to be addressed in relation to 'stress' and 'motivation'.

The Researcher intended to examine the feasibility and validity of measuring any 'before and after' changes within the studied teams, somewhat in the mould of Murphy and Sorenson (1988). This was to be achieved by the administration of the Stress and Motivation Checklist devised by the Researcher and using the questionnaire described in the previous chapter.

Clearly, whatever the means of appraising any change within the teams, the potential impact of the programmes may be subject to the 'Hawthorne Effect' (Trist et al, 1963) which would need to be accounted for in the Researcher's analysis.

10.2 THE ACTION RESEARCH PROCESS

The Researcher intended to work with a small number of teams (4-6), over a total period of eighteen months. Due to the Researcher's ongoing work commitments, he anticipated implementing the above process on a phased basis with periodic input into these teams within this timeframe. It was estimated that the timescale for work with each individual team would last between 4-6 months.

The Researcher initially anticipated that action research process would broadly resemble the following pattern:

- (i) Discussion of principles and ground rules with Senior Managers.
- (ii) Identification of Teams.
- (iii) Meet with team's line managers and team members to outline the project, if requested or felt appropriate by the line manager.
- (iv) Circulation and completion of Stress and Motivation Checklists (Appendix 3), to all team members prior to any interventions by the Researcher.
- (v) Workshop 1: Group Discussions/Brainstorming to identify broad areas of concern or issues within that particular workplace (See Group Interview Schedule in Appendix 4).
- (vi) Individual in-depth interviews with team members (See Interview Schedule Appendix 5).
- (vii) Development of team stress, motivation and coping profiles (based on iv-vi).
- (viii) Workshop 2: Team training session: '*Understanding Stress*'. This consists of the Researcher presenting and facilitating discussion concerning the underlying principles of stress, which employees and managers need to be aware of (Appendix 6).
- (ix) Workshop 3: Team training session: Presentation of Team Profile and facilitation of discussion and development of action programmes, where appropriate(iv-vi).
- (x) Ad hoc work with team members/managers where appropriate.
- (xi) Workshop 4: Team training session - '*Feedback*'.
- (xii) Repeat completion of checklist by team members to identify any changes occurring during the proposed intervention.

N.B. Managers were to be included in all team sessions unless exceptional circumstances arose.

10.3 INTERVIEW/DISCUSSION METHODOLOGY

Data was to be gathered from participating individuals and teams by a similar interview process implemented in Phase 1. However, the Researcher decided to gather information by note taking during these interviews. The basis for deciding this was:

- (a) participants appear more relaxed without the presence of a recorder;
- (b) difficulty in deciphering recordings, particularly where more than one person is speaking at the same time;
- (c) improvement in the Researcher's recording and selective skills following regular practice in this area.

Analysis of group discussions and depth interviews will be as within Phase 1. However, individual and group data will be collated in such a manner as to provide 'team profiles'.

10.4 SELECTING THE PARTICIPATING TEAMS

Eliciting support from the Director of the Social Services Department did not prove to be difficult and indeed was very positive. Following this fundamental first step, the Researcher opted to conduct his action research in one of the Department's geographical divisions. The selected division did not differ in nature from the other departmental divisions to any great extent.

The Researcher anticipated that conducting Phase 2 within one division would reduce the amount of time required to meet with different managers and increased the probability of networking between teams, should managers wish to take the initiative further following the cessation of the Researcher's input. However, the time factor still proved to be a major problem and in order to secure permission to work with specific

teams, the Researcher had to undertake a series of meetings which were vastly more time consuming than he had anticipated.

Prior to implementing any research programme with any of the individual teams, meetings outlining the purpose of the project were conducted with: Divisional Director (1), Divisional Management Team (1), Area Management Teams (3), Individual Team Managers (6), Introductory Team Meetings (6). Allowing for travelling time, each meeting consumed a half day. In addition, there was significant preparation, although due to the repetitious nature of the discussions, this became less at each succeeding meeting.

The meetings with the Area and Divisional Management Teams and Team Managers were crucial. In particular, since the research was to be action based, it was important that managers saw the project as being useful to the organisation (consistent with the views of Clark, 1972). However, this inevitably and not necessarily unreasonably, meant that senior managers had their own agendas and requirements which did lead to difficulties, some proving to be irresolvable at later stages in the project.

The above discussions produced a selection of participating teams on an entirely different basis to those involved in Phase 1, where the Researcher was able to control which teams took part in the project. In Phase 2, whilst the Researcher was able to set out broad parameters concerning the range of teams participating, e.g. residential, fieldwork, day centres, he was faced with a situation where the senior operational managers concerned determined which teams they wished to participate in the study.

In Phase 1, those Team Managers most aware of stress related issues and having a commitment to remedy difficulties of this nature, proved particularly eager to be involved in the project. Hence this positive attitude was evident within each team. However, in contrast, because Phase 2 had an action element and Area and Team Managers were much more involved at the formulation stage, they clearly saw this as an opportunity to address certain difficulties within a number of teams. Unfortunately,

the Researcher was later to realise that within three of the teams, problems relating to normal management arrangements were acute to the point of breakdown! Consequently, the enthusiasm displayed by the manager for the Researcher's project was not reflected by certain managers or members of some teams selected.

The teams nominated by the respective managers were as follows (Fictitious Names):

Children's Home - Hazelmere

Elderly Persons Home - Rosedale

Learning Disabilities Community Team - Brookmore

Day Nursery - Castle Road

Hospital Geriatric Social Work Team - Prince's Hospital

Children's Area Social Work Team - Lincoln Road Area Office

10.5 HAZELMERE CHILDREN'S HOME

A. DESCRIPTION OF HOME

The home was a pleasant building built in the early sixties located on the North side of the City and on first impressions presented as being well maintained by the staff and residents, although there were isolated examples of vandalism e.g. broken cupboards. Hazelmere catered for a maximum of eight boys and girls, aged between ten and fourteen years of age, who presented moderate behavioural and emotional problems. Many of the residents did not come from the immediate catchment area.

The home was run by eight staff, two men and six women, including an Officer-in-Charge (female) and Deputy (female). Five of the women were single parents. Three of the staff were African Caribbean and one was Asian. Only one member of the staff had a formal social work qualification. Three of the staff were employed on temporary contracts. The staff group generally saw their key task as establishing trust with the young people and assisting them develop 'living skills'.

An initial meeting with the Home Manager indicated that there was significant

tension between some members of the group, which was exacerbated by the perception of increasingly 'difficult' children being admitted to the home. In addition, it was clear from the Researcher's initial meetings with the Home Manager and the relevant Area Director, that a poor relationship existed between them. The Home Manager surmised that my presence at Hazelmere was due to the fact that, '...he thinks we have a problem'. This indeed was consistent with the impression gained by the Researcher when discussing the project with the home's line manager.

An area of difficulty, which seemed to have been present in the home for a number of months, appeared to surround its role in relation to the children who were admitted. It appeared that the Home Manager, in an effort to prevent the unit from 'drifting' had put forward a number of possibilities to her line manager concerning this, e.g. develop a pre-fostering function. The Home Manager felt that her suggestions had largely been ignored and that a sudden decision, without consultation, had been taken to admit older children. The Home Manager felt that this decision lacked logic. However, in spite of this, pre-fostering work continued by default, due to continuing demand from referring social workers.

In spite of the tensions within the home and between the Home Manager and the Area Director, the Home Manager was positive about the Researcher's input and appeared eager to make the most of the opportunity which the project offered. She approached the intervention in a very organised manner and was keen to clarify expectations from both her team and the Researcher.

B. INITIAL MEETING

The Researcher held an initial meeting which aimed to spell out the objectives of the research and to elicit the support of the staff. Six of the eight team members were present. This meeting took place in a smoke filled room interrupted frequently by phone calls and requests of staff from two children who were not at school. As a nonsmoker, the Researcher found it extremely difficult to function effectively within this environment and recognised that it might have a similar effect on those working there on a permanent basis. It was a common feature of most meetings.

During this initial meeting, the Researcher distributed copies of the Stress Checklist which all members completed. Those absent were also provided with checklists for completion. The scores for each variable were aggregated on an Excel spreadsheet in order to construct a team profile.

C. WORKSHOP 1

A team discussion, using an interview schedule (Appendix 4), addressing issues of stress generally within the home, took place approximately four weeks after the initial meeting. This meeting lasted for one and a half hours and was held with the total staff group. The discussion acted both as an icebreaker and as an opportunity to provide the Researcher with an overview of key stress and motivational issues within the home. The Researcher noted the key comments.

D. INDIVIDUAL IN-DEPTH INTERVIEWS

Following the group discussion, in-depth interviews were held over a four week period with each individual team member. The interviews lasted approximately one to one and a half hours. A number of these meetings had to be rearranged following the Researcher arriving at the home, only to find a change in the person's shift! Once more, the Researcher used an interview schedule (Appendix 5) and made detailed notes of the interviews.

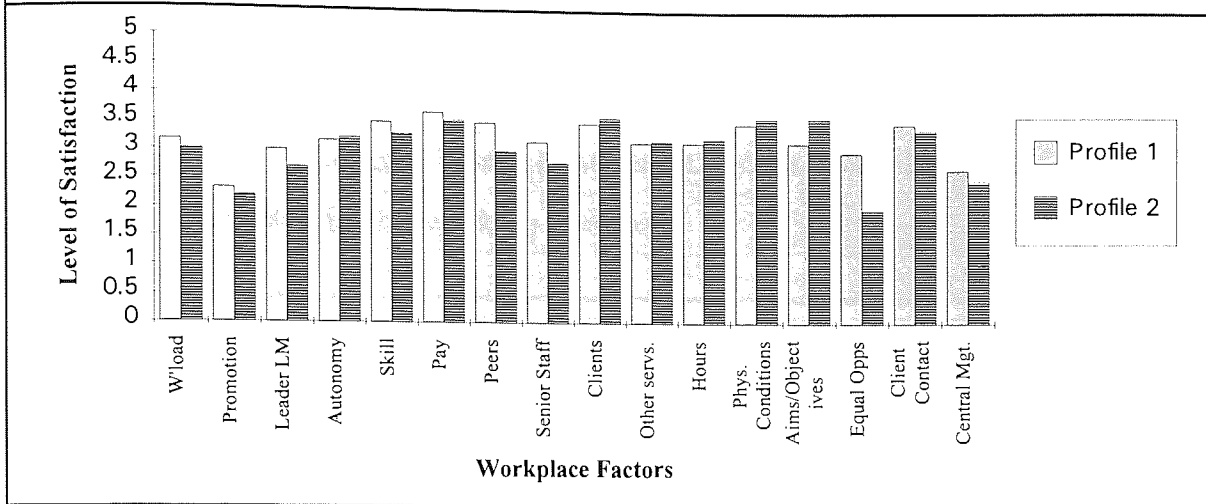
E. STRESS CHECKLIST

The checklist was administered as outlined. The results were as indicated in Figures 24-26, by the column labelled Profile 1.

(i) Satisfaction With Workplace Factors

On a scale of 1 to 5, with 1 representing very dissatisfied and 5 very satisfied, **the Overall Profile Mean was 3.2**, compared with the social worker survey mean of 3.3.

FIGURE 24. HAZELMERE - SATISFACTION WITH WORKPLACE FACTORS



Overall, no workplace factors were considered by the staff team to be overwhelmingly satisfactory. Highest levels of satisfaction were expressed towards: *Relationships with Clients (3.5)*; *Relationships with Work Peers (3.5)*; *Physical Working Conditions (3.5)*; *Level of Client Contact (3.5)*. The satisfaction with factors associated with clients once more tends to confirm the Researcher's earlier view that clients do not necessarily represent a major source of stress to professional carers, although within the very difficult arena of childcare, such difficulties might have been expected.

Only one score fell below 3, *Leadership from Central Management (2.7)*.

(ii) Effects of Stress

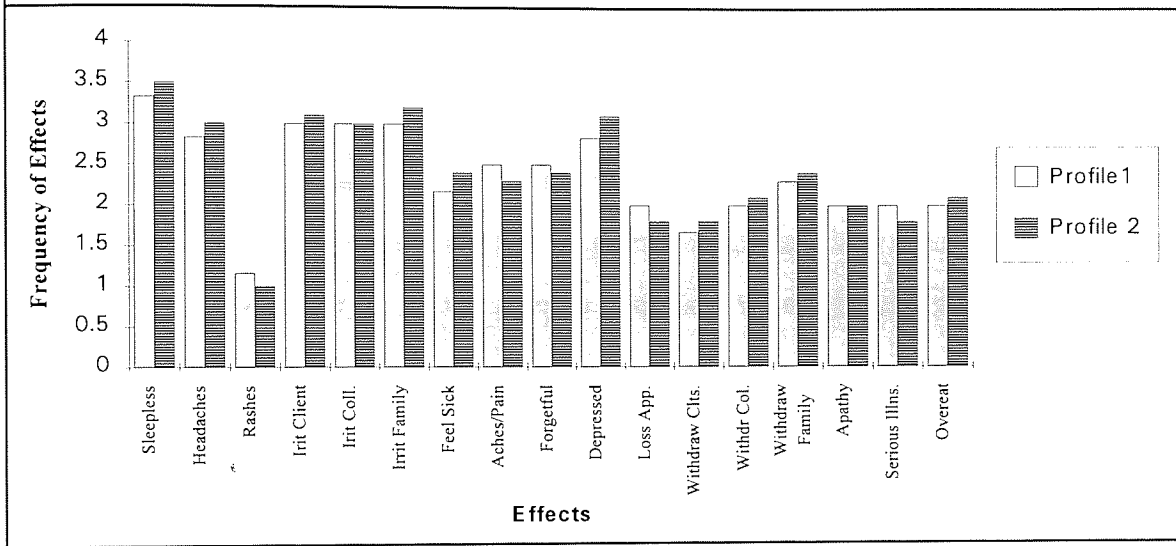
Staff were asked to rate the frequency of their experience of certain symptoms in relation to perceived pressure within the workplace, on a scale of 1 to 4, with 1 representing 'Never' and 4 representing 'Often'.

The Overall Profile Mean was 2.4, relatively high compared with both the social worker survey mean of 2.1 and with other teams in the case study as indicated in Figure 25.

The most frequently occurring effects were reported to be: *Sleeplessness (3.3)*; *Irritability with Clients (3.0)*; *Irritability with Colleagues (3.0)*; *Irritability with Family (3.0)*. Therefore in this particular workplace there was evidence

to suggest that the stress of carers is likely to impact upon others. However, it is interesting to note that *Withdrawal of Contact from Clients, Colleagues and Family*, a possible side effect of irritability, varies in intensity. This might suggest that withdrawal from clients is either not possible or seen by staff as undesirable within the working context.

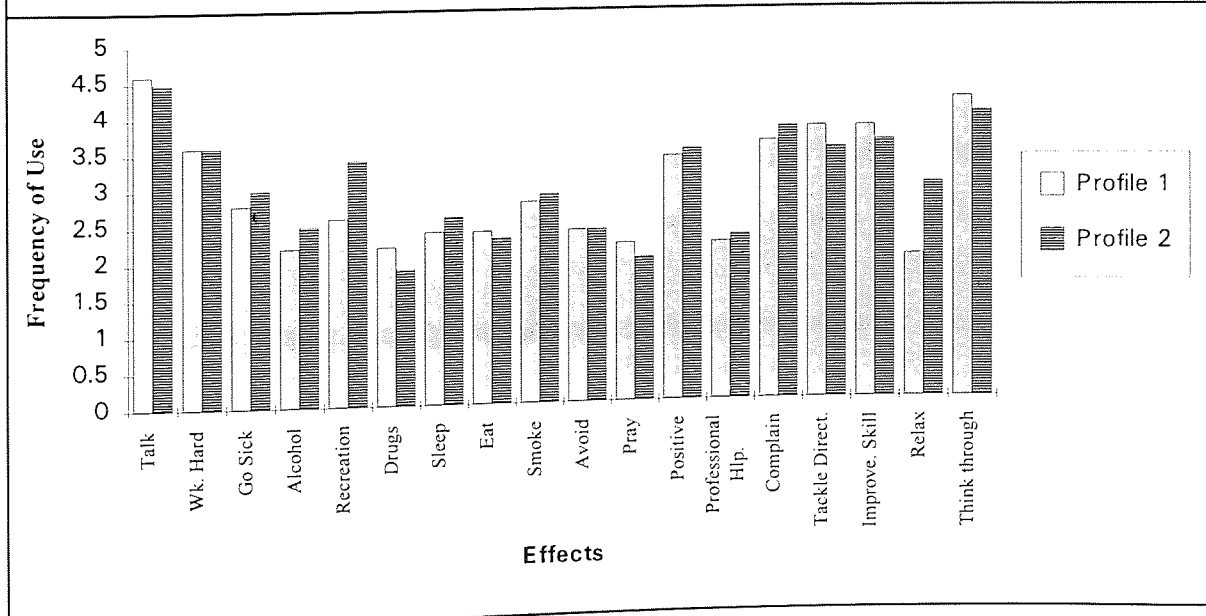
FIGURE 25. HAZELMERE - EFFECTS OF PRESSURE IN THE WORKPLACE



(iii) Most Frequent Responses to Pressures at Work

Respondents rated their responses on a scale from 1 (Most unlikely), to 5 (Very likely).

FIGURE 26. HAZELMERE - MOST FREQUENT RESPONSES TO PRESSURE



Highest rated coping activities were: *Talking to Someone* (4.6); *Think Problems Through* (4.2); *Tackling Problems Directly* (3.8); *Improving Skills* (3.8). It is interesting to note that these activities, identified by staff as their most likely responses to pressure situations, are those identified by Howard et al (1975), as likely to be effective. The one exception to this was the notion that working harder might be beneficial.

F. GROUP AND INDIVIDUAL INTERVIEWS

Analysis of the data emerging from the interviews and group discussions was undertaken as indicated in the preceding chapter. The comments used to illustrate a particular perspective are those which represented a common view or held particular interest.

(i) Causes of Stress

Most of the themes emerging from the interviews were consistent with the findings of the checklist.

(a) Self

Respondents indicated a recognition that their personalities made them more vulnerable to the pressures of the job.

‘You need to be tenderhearted in this job.’

‘Lack of confidence in my own abilities.’

The Home Manager provided an interesting insight that personal circumstances as well as personality characteristics were influential in raising stress levels.

‘One parent family status increases the pressure of work.’

‘Personal high standards can put pressure on you.’

(b) Lack of Training

The low level of training and qualifications illustrated in the workplace profile was a cause of great concern to the staff.

‘Unfair for staff and young people to have to do this job without any training.’

‘People wouldn’t let their children be managed by unqualified staff.’

(c) Residents

In the main, residents tended only to present as being stressful to the team, when the impact of their behaviour was coupled with poor support mechanisms. However, there was a recognition that children could place staff under extreme pressure.

‘...all hell breaking loose and having to dodge the glass.’

‘..trying to bring a client down wears you out.’

‘I had to restrain a child and he kicked and bit me.’

One particular comment indicates the uniqueness of certain elements of stress to the individual:

‘Being in care myself means I get easily hooked into the children’s problems.’

(d) Immediate Colleagues

In spite of the positive views expressed towards colleagues in the Checklist, this was not borne out in the interviews. Indeed the comments revealed some very serious interpersonal issues which were bubbling beneath the surface. In particular, there seemed to be a lack of trust and inconsistency in practice.

‘Just after Christmas, all the children ran off and a member of staff said to me that I managed to lose them.’

‘Lots of bickering, the staff group needs shaking.’

‘Writing something that happened and no-one believes you.’

'Lack of trust within the team.'

'People don't like me for being honest.'

Some concern was expressed towards the Home Manager concerning lack of supervision. However, both the Home Manager and Deputy indicated a number of pressures with which they had to contend.

'Expected to answer calls 24 hours a day.'

'Working in isolation.'

'Criticisms of my Black partner.'

'...picking up the pieces after other people.'

'..phone calls at home and thinking for other people.'

'This is the most difficult time in ten years - nature of children, number of admissions; poor members of staff; split in the group.'

(e) Home and External Factors

A significant number of comments indicated that staff were affected by factors external to the home. In particular all black staff perceived that racism in society had a major impact upon their lives.

'My husband's an Arab and the bar staff ignore me. I've nearly had an ashtray in my face because of this.'

'Children outside often call me a black bastard...they see black as bad.'

'Being black is not a problem at the home, but in other areas it is, such as the poll tax.'

'Last summer I was called a Paki. I laughed because he was so wrong, I'm Trinidadian!'

(f) Conditions of Service

There was a feeling amongst staff that the residential task was unsocial e.g. shift and night work. To a large extent this was considered as inevitable. However, there were some significant concerns raised regarding contractual conditions.

'Whilst I find difficulty in getting on with the team it would be nice to have a permanent contract not temporary!'

'I'm supernumerary and feel a bit half in and half out...I want to be a real person.'

The Home Manager identified the conflict involved in dealing with both childcare problems and the administrative aspects of the home:

'..administration and kids to look after.'

(g) The Wider Department and its Policies

The Social Services Department came in for severe criticism. In particular managers were seen to be distant and unhelpful, both from front-line staff and the Home Manager.

'You need to scream down the phone at management to make them listen.'

'Senior managers are so far away as to not understand the difficulties.'

'I wouldn't know who the SSD managers were.'

'Caring managers don't get on because they can't lie enough or aren't callous enough.'

Similarly, there was discontent with decisions which they made and the level of support expected during a crisis situation.

'Fear of allegations and reprisals.'

'The recent rapid turnover of children has destabilised the building, putting greater pressure on the staff to function.'

The other key area of dissatisfaction concerned Equal Opportunities. Whilst this issue did not appear to be a major problem within the home, the level of feeling and anger towards the Department regarding this area was intense and appeared to indicate a problem festering beneath the surface.

'Equal Opps policy is patronising.'

'Lot's of good committed people around, but unaware of what it is like to be black.'

'95% of our black staff have no identity.'

Interestingly, criticism did not concern lack of action by the Department but rather the nature and implementation of its policies.

'I don't blame white staff for feeling angry. The Department has gone too far.'

In spite of the above there were some minor inconsistencies with the Checklist. In particular, some concerns were expressed at levels of training and skill levels amongst staff, which did not entirely support the degree of satisfaction indicated in the team profiles. However, more significant, was the contrast between *Relationships with Work Peers* and the levels of problems indicated within the interviews, where major concerns were expressed both by the managers of the unit and the staff group as a whole. In particular, the Home Manager expressed concern regarding the levels of management support which she felt needed.

The Researcher considered the most likely explanation of the inconsistencies arising between the two methodologies was that interviews allow respondents a more measured opportunity to explore their feelings in relation to key issues.

(ii) Effects of Stress

(a) *Own Home*

Nearly all team members reported high levels of negative effects upon their home life.

'My kids at home cop for it.'

'Are you sleeping in again mom?'

(b) *Upon Other Staff and Clients*

There were few comments in either of these categories. This seemed to be due

to a lack of awareness rather than a clearly held view, although there was a recognition that residents recognised fear amongst carers when a difficult situation presented itself.

‘When I’m under stress, it frightens the young people if they are out of control.’

(c) Upon Self

Staff reported high levels of personal reactions to pressure, consistent with the Checklist. Most of these effects seemed to manifest themselves as psychological rather than physical problems.

‘I feel as though I am falling apart at the seams.’

‘At home, I panic when the phone rings’

The Home Manager reported severe effects which were of a quite different nature to those experienced by the rest of the team:

‘Very depressing seeing everything that you have worked for slipping through your fingers.’

‘You are left blaming yourself for the failures.’

(iii) Coping

(a) Control

A small number of positive strategies were reported by the team.

‘Staff meetings are very helpful.’

‘Work through problems in a methodical way.’

Most comments referred to the benefits of experience in the job. It was however, hard to distinguish whether the nature of this experience resulted in positive action or avoidance!

'You get used to problems after a while.'

'You get hardened to what the kids throw at you.'

(b) Escape/Avoidance

There were very few comments within this category, most of which referred to the use of alcohol. Some recognised the limitations of this strategy.

'I go for a pint on the way home....go home and have another...then another and finally I unwind.'

'Can't cope....drink no longer works.'

(c) Symptom Management

A wide range of symptom management strategies were reported. The nature of these strategies was in the main concerned with significantly more mundane activities than the relevant literature suggests.

'I do evening work at the town hall, it's something completely different.'

'Having a large family helps take your mind off things.'

'Collecting newspaper clippings.'

'I become obsessive about cleaning'.

One highly idiosyncratic strategy was reported.

'Sometimes I hold a tree at the bottom of the garden to get strength.'

Interviews in the main were consistent with the Checklist. However, reported responses of symptom management were in greater evidence and once more this suggests that interviews are more likely to promote personal and at times amusing comments. The total absence of avoidance strategies within the interviews was surprising. This could suggest that respondents were reluctant to admit that they took such actions when under pressure. However, a more likely explanation may be the lack of opportunity to implement avoidance strategies in an environment

with a high intensity of peer and client relationships, from which it appeared to the Researcher almost impossible to opt out.

(iv) Suggested Remedies

In the main, there was a surprising lack of positive suggestions concerning resolution of difficulties within the home. Training was the most frequently suggested remedy. This response seems to indicate a lack of broader, strategic thinking, with the team placing a priority on day to day problems.

‘Need assertiveness training or full time course.’

‘More training.’

‘More support from outside ...contact with other homes.’

(v) Motivation/Positives

Once more the interviews revealed consistency with the checklist findings, but provided more depth. It is interesting to note that all the positives were internal, with no mention of external support. A significant omission was any reference to work peers being a positive influence within the workplace.

(a) Residents

Residents were the most frequently reported source of satisfaction, in spite of the difficulties which they presented.

‘I get a sense of achievement when young people achieve.’

‘At the end of the day, the kids are worth it.’

‘Positive feedback from the kids.’

(b) Physical Conditions/Location

The building was regarded as a significant benefit to both children and staff.

'I like the building.'

'This is the nearest there is to being homely.'

'Small is beautiful.'

'The home has a good atmosphere.'

(c) *Internal Management Style*

In spite of the undercurrent referred to earlier, the management style of the Home Manager was seen to be positive.

'The Home Manager is fair.'

'Get treated like a person not a number....always included in staff meetings.'

'The Home Manager is very honest and very good.'

(d) *Colleagues*

As indicated earlier, positive comments concerning colleagues were few, an unusual situation when compared to the other case studies.

(e) *Money*

Money was seen by four of the staff team to be the most significant reason for coming to work.

G. WORKSHOP 2

Workshop 2 was held approximately four weeks after the completion of the interviews and involved the presentation of a package developed by the Researcher, which outlined the principles of stress and motivation. This was entitled 'Understanding Stress' (Appendix 6). The workshop consisted of a presentation of overhead projection slides and discussion. A summarised analysis of the checklist, group discussion and individual interviews was presented to the team, all but one of whom attended. This provided a team profile, identifying key themes (Appendix 7). The Researcher ensured that all key areas were included in the profile, although any potentially

embarrassing or personalised comments were screened out. The workshop lasted two hours and its purpose was to assist the team in:

- *understanding some of the linkages existing between stress and motivation;*
- *the importance of stress and motivation in the workplace;*
- *possible causes and effects of stress;*
- *allow members to identify team issues in relation to cause and effects.*

The discussion was lively and frank, particularly in relation to the issues of staff relationships and departmental managers. However, the Researcher was conscious of some areas which team members were reluctant to focus upon e.g. race issues.

There was agreement amongst team members that the profile presented was representative of the Hazelmere. Each team member was given a booklet of the areas covered in the workshop (Appendix. 6).

H. WORKSHOP 3

Workshop 3 entitled 'Coping with Stress', was held four weeks after Workshop 2 and took a similar format to that described above, again starting with a summarised team profile, this time covering the coping section in Appendix 6. Once more all team members attended apart from one member of staff (not the same person missing in Workshop 2). The objectives of this workshop were primarily concerned with identifying:

- *the most effective means of team and individual coping;*
- *the least effective means of team and individual coping;*
- *the team coping profile of Hazelmere in relation to the above;*
- *possible action points to promote more effective workplace coping.*

The discussions were stimulating and provided a great deal of enjoyment, particularly when considering some of the more eccentric means of coping identified by members of staff. There was some concern expressed at the number of factors which were

effectively outside the team's control and recognition that some could not be changed. However, the team identified a number of steps which could be taken to alleviate the effects arising.

In determining team action, it was agreed that an appropriate way forward might be by discussing the most suitable strategies within future team meetings. However, the Researcher was somewhat sceptical that this would happen. The issue of temporary contracts was raised and it was agreed by the Home Manager that she would contact her line manager in an attempt to resolve this issue.

Once more each team member was given a booklet of the areas covered in the workshop.

I. CHECKLIST 2

Two months after Workshop 3, the Checklist was re-administered to staff. The results were as indicated in Figures 24, 25 and 26.

(i) Satisfaction With Workplace Factors

The Overall Profile mean was 3.1 (-0.1).

Whilst the overall change was not substantial, the most noticeable decreases were in three key areas:

Leadership from Line Manager:	- 0.3
Relationships with Senior Staff:	- 0.4
Equal Opportunities:	- 1.0

The change in satisfaction with Equal opportunities is particularly marked and may be closely related to the declining satisfaction with the other two factors. This change can probably be explained by major racial tensions which emerged within the workplace between members of staff and the management. This

occurred after the first administration of the Checklist. Subsequently, the Home Manager left the unit and a number of workshops were arranged by senior managers, with an external facilitator being commissioned in an attempt to resolve some of the staffing tensions surrounding this area.

(ii) Effects of Stress

The Overall Profile Mean was 2.4. Whilst the overall mean remained constant, two areas of change did occur:

Feeling Sick: + 0.2

Depression: + 0.3

(iii) Most Frequent Responses to Pressure at Work

No consistent pattern emerged in relation to team member responses. However, a slight increase in the tendency to use maladaptive/avoidance responses can be noted: e.g. *Alcohol Consumption* (+ 0.3).

The most likely explanation for the major change in *Seek Professional Help* (+ 0.8) is the introduction of an external facilitator to address issues of racism. The significant increase in the scores relating to *Engage in Recreational Activity* (+0.8) and *Relaxation Exercises* (+1.0) were reported by team members as being partly in response to the Researcher's workshop concerning this area. Equally however, their increased usage may well be seen as a response to increased stress levels within the workplace which may in turn have moderated the potential effects and may explain the lack of change noted in the previous section.

J. WORKSHOP 4

This workshop was intended primarily as a means of providing feedback to the team in terms of the Researcher's observations and results. Owing to industrial difficulties mentioned within the previous section, it was not possible to hold this session.

K. OUTCOMES AND CONCLUSIONS

With the exception of Workshop 4, the Researcher was able to implement each stage of the proposed intervention programme as he had anticipated, and a number of tentative conclusions can be identified:

- (i) The administration of the initial checklist was able to provide a broad team profile which in the main was consistent with that derived from in-depth interviews, with the exception of causes of stress, which demonstrated some marked discrepancies.
- (ii) In the Researcher's opinion, in-depth interviews provided a richer and both more detailed and accurate analysis of certain aspects of the individual stress process.
- (iii) Cross-domain impacts in particular and to a lesser extent buffering, were in evidence in all interviews, indicating that any changes relating to the effects of stress amongst team members could not solely be attributed to intervention within the workplace e.g. the fact that five staff members were single parents would seem to be a variable likely to influence the results.
- (iv) Whilst the workshops and team profiles were initially well received by the unit staff, the proposal that actions would be developed within team meetings was not implemented.
- (v) The ultimate inability of the Home's Manager to act upon the information

provided by the Researcher undoubtedly negated the 'team coping' element of the exercise.

- (vi) Changes occurred within the stress profiles constructed by the Researcher, which indicated a heightening of stress levels in the workplace during the period when the research was undertaken. This was undoubtedly due to the internal upheavals relating to racism which were all-pervading. The influence of this factor contributes to the conclusion that **there was no clear evidence to suggest that changes within the team's stress profile were directly due to the Researcher's project.** However, increases in the use of particular coping mechanisms (*Recreation and Relaxation*), seem likely to be at least partially attributable to the Researcher's intervention.

Following a period of attempted resolution of the difficulties by the Department and through a fall in demand for the service being offered, the unit was closed.

10.6 LINCOLN ROAD AREA CHILDREN'S TEAM

A. DESCRIPTION OF TEAM

This team case study was implemented within a Children's Area Social Work team consisting of a male Team Leader, 7 Social Workers and two Social Work Assistants. The Social Workers comprised three white males and four white females of whom two job shared. All were qualified with a CQSW, plus a range of other degrees and diplomas. One of the Social Work Assistants was an African Caribbean female and the other a white female. Neither possessed a formal social work qualification. The core tasks of the team surrounded Child Protection work, which included a range of activities such as assessment, application for care orders and associated court work.

The Team Leader had initially approached the Researcher via his Area Director, expressing interest from both himself and his team in participating in the project. An initial discussion with the Team Leader and then with the whole team indicated that members perceived that they were operating within a very stressful area, but were

nevertheless a very supportive and cohesive group. Positive relationships between team members and with the Team Leader were evident throughout the Researcher's study. The high regard in which the Team Leader was held within the group and his strong commitment to the study proved to be a considerable asset to the Researcher's intervention.

There was a strong union membership and an accompanying level of associated activity evident within the team, in particular linked to explicit expectations concerning management support at a senior level. In addition there was evident tension between team members and the local Area Director, although this was always presented to the Researcher in a professional manner.

The team was located in a busy suburban high street and situated within a very congested and unwelcoming office block. Indeed a recurring theme associated with this case study proved to be the physical location. The team worked in an open plan office area alongside a range of other functional area social work teams concerned respectively with Home Care and Elderly Persons. The Researcher's initial impression of the office area was of an environment which was noisy and cramped, with telephones constantly ringing and a relentless hubbub of staff talking to each other and clients. This was also the base of the Area Director who had overall responsibility for teams located within this particular office.

B. RESEARCH PROCESS

The priority attached to the project by the team appeared from the outset to be particularly high, with a clear expectation from the Team Leader that times set aside for the workshops would be adhered to. In addition, it was evident that the issue of stress and staff pressure had already been considered by the team and their manager as an important dynamic likely to affect their performance.

The workshop sessions were attended on each occasion by the entire team. These were successful and enjoyable, with most members of the team seeming attentive and interested. In particular, there was considerable mirth and laughter concerning some

of the effects and coping strategies which the team employed, a feature common to all the completed studies.

The presentation of a team stress profile and suggested team and individual coping strategies was received with great interest. It was agreed that the Team Leader and team members would work through some of the suggested techniques which the Researcher had outlined in an attempt to build them into everyday practice. However, unlike the previous study, there was clear intent by the team and their manager to carry out this process. Whilst a number of staff wished to pursue the issue of relationships with the Area Director, it was suggested by the Team Leader that this was best dealt with without my presence.

The following key issues emerged during the workshop process:

(i) *The stress/motivation continuum*, was viewed by team members as particularly relevant to their own experiences. Most members felt that they identified with the lower end of the stress curve and could recognise elements of burnout within themselves. The Researcher suggests that this is of considerable significance, particularly for those team members with a potentially long career in front of them.

(ii) *The issue of assertiveness arose in relation to women employees*. The view was expressed that assertiveness was a strategy frequently associated with Women and Black and Minority Ethnic People as a response to sexism and racism. This was considered to be an illegitimate coping strategy, since it was perceived to place the onus for change back onto the aggrieved party. An overall team view was expressed that all work teams and the organisation, had a responsibility to create an atmosphere which supported women and black people in resolving these problems.

C. STRESS PROFILES - FOCUS GROUPS AND IN-DEPTH INTERVIEWS

(i) Causes of Stress

(a) *Clients*

Only two team members made comments indicating that client's behaviour could be a source of stress to them:

'Some clients are out to get me the sack.'

'I always worry about seeing one seventeen year old.'

The above comments were not indicative of a widely held view that clients in themselves created stress and this view is supported by the Checklist Profiles, in which clients were seen as a source of high satisfaction. Indeed, it should be noted that the negative comments were made by the two unqualified members of the team who also had least experience. Much more significant was the range of associated factors which were perceived as contributory to determining whether or not circumstances and situations were stressful. The following comments, in varying manner, were expressed by the whole team:

'Borderline decisions worry me, particularly when I know that I will get no support from senior managers if things go wrong.'

'Major incidents like the death of a child upset me, but to be honest, mainly in terms of what the consequence for me might be.'

(b) *Immediate Colleagues*

Whilst relationships with colleagues and the team manager were reported as positive, a significant number of team members identified the Area Director as a major source of difficulty and stress to the team:

'My Area Director invited me into his office, told me off and then realised he was talking to the wrong person. I've only worked in the same office as him for five years!'

(c) Home and External Factors

As in the case of the previous case study, team members identified a range of factors external to the workplace but which impacted upon the work situation. Comments could not be generalised and indeed were at times contradictory. However, an interrelationship was clearly perceived to exist.

‘There are high stress levels in my home which come to work.’

‘Coming to work alleviates my home stress!’

‘Children being ill, 101 things to do, of course it affects my work!’

(d) Wider Work Environment

A surprisingly high number of team members cited factors associated with publicity as being a significant source of stress. This appeared most likely related to the very high media profile attached to Child Protection work.

‘I worry about my name being in the press.’

‘The public view of social work makes me angry.’

One team member indicated difficulties in relation to racism and the court process:

‘Judges do not like black solicitors or social workers.’

(e) Conditions of Service

At one level, pressures associated with social work were expressed in a manner consistent with opinions expressed by authors in the social care field:

‘The job has got harder in recent years....more professional, more accountable’.

‘Court work causes me great stress.’

‘Overwork.....too high a caseload.’

‘Rarely consensus about what we should be doing.’

However, one unexpected view expressed by virtually the whole team was the inadequacy of professional training in relation to the duties which they were currently expected to undertake:

‘The training bears no relation to the job and this causes me problems.’

If the above view is accepted, then the fact that a person is professionally qualified would not necessarily contribute to the capacity of staff to deal with the pressures of social work.

Perhaps the most surprising comments arose from those members of the team who either worked part-time or job share:

‘I work job share and my half workload makes me feel guilty, so I take extra work home.’

‘Being part-time and expecting to work part-time hours is a joke.’

The above comments are in direct conflict with certain research (McNeely and Schulz 1986) which indicates that job-share is a stress relieving strategy!

Lack of induction was identified by several team members as contributing to stress levels:

‘Being dumped to get on with job after the first day was frightening.’

(f) The Wider Department and its Policies

It was this category which was perceived by the team as being the source of most stress. In particular senior managers were singled out for severe criticism, with their critics identifying a wide range of shortcomings:

‘Managers cause stress because they don’t give us any resources.’

‘I’ve never seen the Director....male or female?’

‘There are no clear indications of what is right and what is wrong.’

'Verbal abuse from a client can be refreshing compared with what we have to put up with from senior managers.'

'The Department's attitude to staff care is crap.'

'Senior managers suspend first and think about it afterwards.'

A number of more specific problems were identified:

'Getting money from the Department is a huge problem...I'm always out of pocket.'

'Shortage of admin. staff gets me worked up.'

As in the case of the previous study, Equal Opportunities issues were perceived to be a source of concern within the wider departmental context.

'Black workers do not get enough support and local managers are not helped enough to manage equal opportunity issues.'

'Equal Opportunities is a lottery.'

'Senior managers are unable to grasp issues of gender and racial abuse.'

(g) Physical Conditions

In contrast to the previous case study, the whole team perceived the physical conditions within which they operated as the major source of their stress. The importance of workplace physical conditions has been noted by Wineman (1982). Comments made by team members were remarkably consistent and particularly vehement!

'The building is hideous. Its noisy all the time. The other teams are a problem and there's no partition.'

'The kitchen is a dump.'

'There's no privacy'

'Why do managers in head office have plush carpets whilst ours are bare?'

‘Poor facilities for clients. The Elderly are frightened to death of the lift.’

(ii) Effects of Stress

Respondents in general did not report a wide range of adverse effects upon either colleagues or clients as a response to work pressure, a marked contrast to the previous study. This absence of adverse comment was consistent with the checklist profiles, which in particular reported relationships with work peers as being the greatest area of satisfaction. This may have been due to the fact that participants were unwilling to disclose information of a negative or critical nature. However, from the Researcher’s observations, it seems more likely that in spite of the pressures evident within their immediate working environment, the team was in fact coping effectively with its difficulties.

A number of isolated effects were reported. However, it is interesting to note that these were all physical, with none being psychological, again pointing to a work environment which dealt effectively with workplace pressures. However, whilst the effects of workplace stress upon other people within the work environment were reported as low, this was not the case regarding team members’ home lives, where a number of adverse effects were indicated:

‘I find a carry over of work problems to my home. There is a wind down time.’

‘If I have problems at work, I take it out on my partner.’

‘Stress at work really takes its toll on the family.’

(iii) Coping

Responses to pressure were very consistent with those identified by the research literature as being most effective i.e. control and appropriate symptom management. *Control strategies* were remarkably similar across the whole team:

‘Talk problems through with friend.’

'I make a conscious effort not to take worries home to my husband.'

'We talk real problems through as a team.'

There was even a recognition amongst the team of those strategies which were least effective:

'I try to work harder at the problem, but that often makes things worse.'

As in the previous study, no mention was made of escape or avoidance strategies.

Symptom management strategies were consistent with those regarded as being most effective by the stress research field:

'I do keep fit and yoga.'

'I play netball.'

'I make sure that work is not my number one priority.'

Only one maladaptive strategy was reported:

'I eat and eat before I come to work.'

(iv) Suggested Remedies

In contrast to the previous study, a number of remedies were suggested, the most consistent view being the need for more resources. However, one frequently suggested remedy related to managers:

'More positive feedback from senior managers.'

It is interesting to note that team members did not see solutions in terms of new accommodation, even though it was clearly an outstanding problem. This seemed to reflect both a realism and an acceptance that some sources of stress are totally outside the control of the team and therefore cannot be changed. This could be

perceived as a positive means of coping with the problem i.e. thinking the problem through and rationalising it.

(v) Motivation/Positives

Four key areas emerged as being positive and motivating to the staff.

(a) Clients:

‘The unpredictability of clients is stimulating.’

‘I enjoy working with the clients but its like loads of positives all with U turns!’

It is interesting to note that behaviour from clients such as that described above, might be seen as a source of stress in other less supportive circumstances!

(b) Internal Management Style

‘I get good support from my Team Leader.’

‘The flexibility of the manager allows me to take my kids to school.’

(c) Colleagues

‘This is a good team...supportive.’

‘Being black is seen by the rest of the team as something positive.’

‘We are a cohesive group and share each others interests.’

D. CHECKLIST PROFILES

(i) Satisfaction with Workplace Factors.

	<i>Profile 1</i>	<i>Profile 2</i>	<i>Social Work Survey</i>
Overall Satisfaction Mean	3.2	3.2 (0.0)	3.3
Overall Effects Mean	2.1	2.0 (-0.1)	2.1

Profile 1 indicated levels of satisfaction greater than 3.0 in all but four cases. Those factors falling below a satisfaction level of 3 were: *Promotion Prospects (2.8)*, *Pay (2.7)*, *Other Departmental Services (2.7)*, *Physical Conditions (2.3)*, *Central Management Leadership (2.2)*. The latter two factors appeared to represent unusually high levels of dissatisfaction amongst the team and demonstrates the uniqueness of local factors, which will not necessarily be apparent within a broader survey framework.

Those factors with which staff expressed particularly high levels of satisfaction were: *Leadership from Line Management (3.8)*; *Level of Autonomy (3.9)*; *Relationships with Work Peers (4.0)*; *Relationships with Clients (3.8)* and *Working Hours (3.9)*.

Profile 2, developed following the Researcher's intervention indicated minimal change from the first.

(ii) Effects of Stress

Profile 1 indicated that the most frequently experienced effect of pressure, by a significant margin was *Irritability with Family (3.1)*. Once more this appears to support the view, evident in the previous case study, of the cross-domain phenomenon

present within the stress process. The other high scoring effects were *Forgetfulness* (2.7), and *Headaches* (2.7).

Overall changes between Profile 1 and Profile 2 were marginal, with the most notable difference occurring in relation to *Depression*, which was reduced by -0.3.

(iii) Most Frequent Responses to Pressures at Work

Profile 1 indicated that the most frequently used response to pressure, by a significant margin, was *Talk to Someone* (4.8). This is consistent with the high level of satisfaction expressed by team members with their peers indicated in Section (i). The other highest scoring responses were: *Think Problems Through* (4.4) and *Tackle Problem Directly* (3.9).

Once again, changes between the first and second profiles, in most instances were marginal. Greatest differences occurred in two positive coping activities: *Recreation* (+0.4); *Think Positively about Yourself* (+0.4). The positive change in use of recreation as a means of symptom management does reflect the interest and associated discussion within the workshop, but other factors may well have contributed.

The above profiles are indicated in Figures 28-30, contained in Appendix (8).

E. OUTCOMES AND CONCLUSIONS

(i) Feedback from the team and Team Leader was positive and from a subjective point of view, the Researcher considered that the intervention was successful. Team members indicated that on a personal level they had employed a number of coping techniques suggested by the Researcher, and at a team level the following issues had been addressed and changes implemented:

- *Induction programme introduced;*

- *Clarification of particular problem areas e.g. Relationships with the Area Director;*
- *Improved supervision.*

In addition, there was greater acceptance that physical conditions could not be substantially changed. However, at the Team Leader's initiative during the intervention, it had since been possible to erect a noise reducing screen between other teams within the office location.

(ii) The profile measurements indicated a number of changes following the Researcher's intervention:

- a slight increase in overall satisfaction with workplace factors;
- a slight decrease in reported adverse effects from workplace pressures;
- a minor increase in the use of a number of positive coping strategies.

However, in spite of these *positives*, changes were marginal and cannot be attributed to the Researcher's intervention with any certainty. However, the Researcher suggests that since the team presented as being healthy from the outset, the likelihood was that any changes would inevitably be slight.

(iii) It was evident to the Researcher that whilst team morale was high both before and after the intervention, a number of pressures were clearly intense: the physical location; relationships between the team and the Area Director; anxiety created by child protection work. The pressures upon the Lincoln Road team were certainly as great as those experienced by the team in the previous study, yet the team response to them was undoubtedly much more effective. **Therefore in the Researcher's opinion this study indicated that it is possible to maintain a healthy work atmosphere**

even when there are factors outside the team's control which appear all-pervasive. This contradicts Fineman's view (1985).

- (iv) A number of factors appeared to contribute significantly towards the healthy team atmosphere e.g. an experienced team; a group of people who adopted positive coping mechanisms. **However, above all, the presence of a positive Team Leader who attempted to implement staff care and focused work strategies, seemed to be the key determining factor.** It should also be noted that it was the attitude and support of the Team Leader which enabled the study to be undertaken in an effective manner.
- (v) In spite of the team being well qualified, comments concerning the relevance of their professional training courses suggested that experience was a more influential factor in the ability of staff to cope.
- (vi) The area of child protection appears to be a particularly stressful area of work in comparison with Community Care, in particular due to the media interest in mistakes or deleterious outcomes.

10.7 BROOKMORE LEARNING DISABILITIES COMMUNITY TEAM

A. DESCRIPTION OF TEAM

This team was a joint Health and Social Services venture, located on a pleasant campus on the North side of the City, with considerable greenery and attractive gardens. In contrast, the actual office buildings, whilst bright, were rather cramped and somewhat noisy.

The staff group consisted of two teams, one of Social Workers and one of Community Nurses. The Social Work team comprised 9 Social Workers and one Social Work Assistant, (three white males, one black male, six white females), plus a Team Manager (white male), all of whom were qualified with the exception of the social work assistant. The nursing team consisted of eight nurses, all of whom were qualified (5 white females, one white male, two black males) plus a team manager (White Female).

The overall objective of the joint team was that of successfully maintaining People with Learning Difficulties within their own homes. The core tasks of the team were: assessment, arranging appropriate funding, supervising and monitoring casework, providing nursing support within the homes of clients.

The Researcher's prime contact point was the Team Manager of the Social Work Team, who proved to be enthusiastic and keen for assistance in addressing the issue of stress. However, it soon became evident from discussions with both team managers, that there had been interpersonal difficulties within the teams, with high levels of reported stress. This was supported by frequent occurrences of sickness.

Upon meeting team members it became apparent that within both teams tensions existed between team members and their respective managers. Consequently, whilst there was no evidence of active resistance by most team members towards the Researcher, neither was there a great deal of enthusiasm.

It also became evident that whilst the team was supposedly joint, this related primarily to collaborative management arrangements, rather than actual working side by side involvement with individual cases. An example of this was the process of holding separate team meetings. Thus, whilst there was an overall team ethos, there were also two distinct subcultures. This separation of roles was to be a significant problem for the Researcher in effectively implementing his research programme. Indeed it proved almost impossible to organise joint or group meetings with consistent attendance.

Awareness of stress issues was significantly greater amongst the nursing team, whose members demonstrated a medical grasp of the relevant process and consequences.

B. RESEARCH PROCESS

The Research process was conducted in the same manner as previously outlined with the exception of having to convene two separate meetings for the Social Work and Health teams respectively. The Researcher also experienced considerable difficulty in conducting the necessary individual interviews. There seemed to be a reluctance amongst staff to spare the

required time and a number of appointments were broken by team members for a wide range of reasons. This was reflected in patchy attendance at subsequent workshops, particularly by the nursing team.

Whilst polite interest was shown during the workshops, interaction with and between team members was low. The Researcher felt that there was an undercurrent of tension concerning matters which the team opted not to bring into the open. On a more positive note significant discussion and interest focused upon the best means of coping and the issue of recreation was perceived as important in managing stress. In particular, team members spent some time discussing the potential benefits of recreational interests and activities which in recent years had fallen into the background.

In spite of the difficulties identified, there was agreement by the respective team managers to undertake the following:

- (i) Increase regularity of supervision.
- (ii) Increase regularity of staff meetings, with clearer agenda setting.

It was also agreed that further consideration would be given to stress issues raised within respective team meetings.

It did not prove possible to hold Workshop 4, owing to difficulty in organising sufficient attendance from both teams. Neither was the Researcher able to ascertain the extent to which changes had been implemented as agreed by the Team Managers. Because the final workshop was not held, the Researcher had to rely upon a postal return of the second checklist, some four months after the first had been administered. This meant that there was only a 40% return. As a result, it is difficult to draw any major conclusions from comparisons with the first checklist.

C. STRESS PROFILES - FOCUS GROUPS AND IN-DEPTH INTERVIEWS

(i) Causes of Stress

(a) *Self*

A number of staff, mainly from the nursing team, recognised that their personality might make them more susceptible to stress:

‘I tend to be oversensitive and a worrier.’

‘I feel guilty about letting clients and staff down.’

(b) *Clients*

Because the core function of the team was to support clients in their own homes, there were a number of instances cited where staff had found themselves in vulnerable and threatening situations:

‘One client threw a knife at me. I was out of the door fast!’

However, in the main, it was the wider family which provided the greatest cause of concern to the team:

‘It’s relatives rather than clients that cause you stress. They see you as a panacea.’

‘Conflicting objectives between clients and families.’

Nursing staff appeared to enjoy a more positive relationship with clients:

‘There is less stigma attached to nurses by the general public than social workers.’

(c) *Immediate Colleagues*

A considerable number of comments were made suggesting that interpersonal relationships between team members could be improved. In particular, the Social Work staff meeting appeared to be the focal point of dissension. This view was also echoed by the

Team Manager suggesting that this might be an internal management arrangement which may need reviewing:

‘The way people perform at team meetings is like being in a pantomime.’

‘Staff meetings get in the way of doing the job.’

‘I hate staff meetings’ (TM).

Other comments from both teams indicated strong feelings of concern regarding management practice:

‘I think the management here are deaf.’

Both Team Managers shared a number of common worries:

‘Making judgements of Solomon to please everybody and satisfying no-one.’

‘Supervision causes me stress.’

(d) Inter-Team Difficulties

In general, boundary tensions were no greater than might have been expected and certainly their nature was predictable:

‘Advice to the other team is sometimes seen as threatening.’

However, a number of interesting observations emerged. In particular, legislative and organisational change within both disciplines was seen to have impacted adversely upon the other:

‘We’ve dragged Health workers into our anxieties and vice versa.’

(e) Home and External Factors

The home was seen by most to be an added pressure rather than offering support, particularly by women:

‘Being a woman, I am expected to put the children to bed, do the household chores and go to work.’

‘Matters at work always seem worse when the kids are on holiday.’

(f) *The Wider Department and its Policies*

A number of similar criticisms were made concerning both the Health Authority and the Social Services Department, suggesting a certain commonality of pressures and difficulties, which may relate either to large organisations or to the role and function of caring for people in the community. Both teams experienced feelings of isolation.

‘Expansion of role without expansion of resources.’

‘If you ask for support, you are labelled as a problem.’

‘No-one notices you except when you make a mistake.’

In particular, both teams suffered from a confusion amongst the general public and professionals concerning the definition of the term Learning Disabilities:

‘What’s a severe learning disability? What’s a moderate learning disability?’

‘What’s a learning disability? Most people who phone me seem to think it’s dyslexia!’

However, the level of dissatisfaction expressed was much higher amongst the Social Work Team than within the Nursing Team, with some very specific examples:

‘The Department has no clear objectives. They move the goalposts all the time.’

‘We get to know about training courses 6 months after they happen.’

(g) *Physical Conditions*

Whilst the Researcher recognised that the conditions within the building were not ideal, he was surprised at the level of vehemence expressed by staff in this area, which seemed out of proportion to the severity of the problem. A whole range of difficulties were listed, including the heating, lighting and noise of the photocopier. One comment clearly expressed heartfelt discontent:

‘If you work late, you are likely to be vacuumed out of the building.’

The Researcher felt that to a degree, the expression of discontent was symptomatic of dissatisfaction with the overall working atmosphere.

(h) Equal Opportunities

A number of issues relating to black staff were raised. In particular an example was cited concerning how colleagues could inadvertently impose pressure on black colleagues:

‘Because I’m black, everyone expects me to be an expert on black issues.’

‘Black clients want white social workers. That’s demoralising!’ (Black Nurse).

The above comment suggests that clients may perceive white staff as having more power and influence than black staff within the organisation for which they work!

(ii) Effects of Stress

A large number of pressure induced effects was noted. This may to some extent be attributed to heightened awareness of the Nursing Team. However, it seems more likely that it reflected the generally low morale which seemed to exist within both teams. Whilst some physical effects were reported, most were described as psychological:

‘My level of thinking is impaired.’

‘Forgetting how to spell my own name.’

One comment in particular captured a sense of stress being a vicious circle within the team:

‘Race my work, race my meals, race the housework, can’t sleep.’

In addition to the above, most team members reported significant impacts of work stress upon their families:

‘My stress goes home more often than not.’

'When I go home and the kids want to play I tell them to go away.'

(iii) Coping

Whilst positive coping strategies prevailed, there was evidence, supporting the checklist profiles, that drinking as a maladaptive behaviour figured highly.

'I often go home and get drunk.'

'Drinking with other team members at lunchtime and after work.'

As usual some very idiosyncratic methods of coping were cited:

'I kick a post in the garden.'

(iv) Suggested Remedies

Suggested remedies from both teams were remarkably consistent and in spite of both managers disliking the experience, supervision was once more regarded as the most appropriate response. All suggestions saw resolution of the difficulties in terms of local management, with no consideration given to the possible role of other team members.

'We need sensible supervision.'

'Our Line Managers need to go on listening skills courses.'

(v) Motivation/Positives

Satisfaction was expressed at working with another professional group of people by both teams. However, it was noticeable that the nursing team appeared much more satisfied with their work situation than the social work team. The greatest areas of satisfaction for both teams appeared to focus on interaction with clients and successful case outcomes:

'Parents are delighted when they find someone else who actually likes their children.'

D. STRESS CHECKLIST TEAM PROFILES:

(i) Satisfaction with Workplace Factors

	<i>Profile 1</i>	<i>Profile 2</i>	<i>Social Work Survey</i>
Overall Satisfaction Mean	3.3	3.3 (0.0)	3.3
Overall Effects Mean	2.4	2.4 (0.0)	2.1

The above Profiles are illustrated in detail in Figures 31-33 in Appendix 8.

The three highest areas of expressed satisfaction were:

Relationships with clients (4.2); Levels of Autonomy; (3.9); Relationships with Work Peers (3.9). Four areas were identified as being less than satisfactory: *Promotion Prospects (2.8); Physical Conditions (2.8); Leadership from Line Management (2.5); Leadership from Central Management (2.4).* The low level of satisfaction with local line management did not auger well for the overall implementation of the project.

Profile 2 indicated that levels of satisfaction remained fairly constant, with the biggest increase in satisfaction, concerning *Relationships with Clients (+0.3).* The greatest decrease in satisfaction related to *Leadership from Central Management (-0.3).*

(ii) Effects of Stress

Profile 1 indicated that the most frequently recurring effects of pressure in the workplace were reported to be: *Headaches (2.9); Sleeplessness (2.9); Forgetfulness (2.8).* On the whole changes during the study were minor. Those effects which showed the greatest increase were *Irritability with Colleagues (+0.4) and Feeling Sick (+0.4).*

(iii) Most Frequent Responses to Pressures at Work

Profile 1 indicated that adaptive strategies were the most frequently used by team members e.g. *Talk to Someone* (3.9); *Tackle Problems Directly* (3.8); *Think Problems Through* (3.6). However, these overall scores were in general lower than most other teams. Similarly, reported use of a number of strategies considered to be maladaptive scored more highly than might be expected: *Eat Excessively* (3.0); *Increase Alcohol Consumption* (2.8); *Avoid being in Stressful Situations* (3.1). **The overall picture presented was that of a team which was not using appropriate coping strategies to their best effect.**

A number of changes were evident in Profile 2. There were increases in reported use of adaptive coping strategies. Most notably in the use of *Recreation* (+0.5). Indeed this reflected interest expressed within the workshops. However, avoidance or maladaptive strategies still figured highly in the individual response patterns of the team, with increases in *Alcohol Intake* (+0.1) and the tendency to *Eat Excessively* (+0.3). It should be noted that both these responses already had registered high scores in Profile 1, compared to other teams.

E. DISCUSSION/CONCLUSIONS

There was insufficient change observable either within interviews and workshops, or the stress profiles of the team to provide any clear evidence that the Researcher's intervention had impacted in any noticeable manner. Nevertheless, the increase in use of *Recreation* as a preferred coping mechanism seems likely to be attributable to the attention which it received during the workshops. In spite of lack of significant change, a number of useful observations can be made.

- (i) Relationships between team members and team managers were poor. Whilst staff clearly strove as individuals to work to the highest professional standards with clients, there was evidently very low morale within the workplace, which was supported by the relatively high incidence of negative psychological effects reported.

In order to effect a programme of change in relation to stress in the workplace, it became clear that the level of time input required was far greater than that available to the Researcher. Therefore whilst Team Managers were enthusiastic concerning the project, internal relationships meant that the staff group were unwilling to be fully committed to something perceived as being 'management introduced'.

- (ii) It is important to recognise that in spite of a difficult workplace climate, clients remained a continuing source of satisfaction to the staff group.

- (iii) The response to stress of eating excessively and drinking significant levels of alcohol were unique to this particular work group. The Researcher has no explanation concerning the latter. However, the consumption of alcohol appeared to be a group activity, in the same manner as smoking was in the Hazelmere case study. This may suggest that just as it is possible to have healthy teams which employ a range of adaptive group coping strategies, it is also possible for teams to rely upon maladaptive approaches, also as a group i.e. group culture.

- (iv) Whilst the team was supposedly joint, as indicated there were two clear sub-units, each with their own particular professional values and culture. Indeed, one clear difference appeared to be the confidence which the nursing team had in their professional title of 'Nurse'. There was clear evidence during the course of individual interviews, that the perceived public view of social workers was less favourable than their nursing colleagues. The influence upon individual and team morale of this public perception may well be of greater significance than generally appreciated.

10.8 PRINCE'S HOSPITAL GERIATRIC TEAM

A. DESCRIPTION OF TEAM

This team consisted of 12 white staff, of whom eleven were women. Two of these women operated in a job-share capacity. There was also a job-share arrangement in place relating to the Team Manager position, with one person in post and the other

taking up her position, shortly after the project began. Team members comprised eleven Social Workers, all of whom were qualified and one Social Work Assistant who was unqualified. Nearly all staff had significant levels of experience of working in this particular field.

The twelve staff were located on three different hospital sites. Eight were situated at Prince's Geriatric Hospital, which acted as the main team base. However, two staff were situated on the campus of a general hospital unit and two at a hospital specialising in mental health care. The separate locations were significant in that there were clear differences in the degree of support available to staff, the lack of which in the smaller sub-units clearly created a feeling of isolation amongst staff. In addition, physical conditions were markedly inferior at the general hospital base, which was a dark and depressing office, situated in an outposted building, with an extremely antiquated phone system.

This contrasted dramatically with the other locations, which were both situated on very 'green' sites and had ample, spacious and airy offices.

It should be noted that whilst the team was nominally managed by the Area Director of the local area team, the locations of all hospital teams were well removed from the main area office location. Hence there was a feeling amongst the team, that they were able to operate in a semi-autonomous manner. This was regarded as positive.

All team members were responsible for assessments and social support of geriatric patients located in the respective hospitals and for identifying plans for their resettlement into the community or alternative provision. Patients having left the hospitals, then became the responsibility of the relevant area social work team. Much of this work involved significant levels of interaction with wider family groups.

The two team managers were both extremely helpful and the Researcher was generally well received by the team. Initial impressions were of a team which ran smoothly

and exhibited good morale. However, it became apparent that this was not as evident amongst those staff situated away from the main location.

B. RESEARCH PROCESS

The workshops and interviews went well with good attendance. However, it became clear that two of the staff located at the general unit found difficulty in attending the workshops. A number of action points were agreed by the group in the light of the workshops, all of which placed a significant onus on action by team managers.

- (a) Increase regularity of supervision.*
- (b) Provide greater management support to those individuals in isolated locations.*
- (c) Make greater efforts to be more assertive in dealings with NHS staff.*
- (d) Ensure greater frequency of team meetings.*
- (e) Clear agendas for staff meetings.*
- (f) Examine means of prioritising workloads.*

C. STRESS PROFILES - FOCUS GROUPS AND IN-DEPTH INTERVIEWS

(i) Causes of Stress

(a) Self

The fact that all but one of the team were women meant that a number had returned from either career breaks or maternity leave. This process was clearly considered to be problematic. In addition, there appeared to be underlying pressures relating to gender.

‘I found it difficult coming back into the work after 10 years break.’

‘I’m doing this course at university, putting myself under pressure at home and work.’

(b) Clients

Clients were not in themselves seen as a source of stress, rather the difficulties

frequently associated with their families. In addition, the increased frailty of clients and a combination of other factors such as scarce resources and Community Care policy, were perceived in some cases to have raised the anxiety of social workers.

‘I have problems in distinguishing between what the family want and what the client wants.’

‘Patients are discharged much earlier and are at risk. This causes me to worry.’

(c) Immediate Colleagues

A range of comments were made within this category, but were mainly directed at the role of Team Manager rather than peers:

‘Irregular supervision.’

‘When my manager gives me piles of work, I blank out for a few minutes.’

‘We need a full time TM. Splitting the duties cause me confusion.’

The latter two comments seems to indicate that whilst job share relieved pressure on the Team Managers, it added to the burden felt by other team members.

One Team Manager indicated that team meetings tended to raise her anxiety levels.

‘Sometimes team meetings really worry me. There is one member of staff who always dominates, but I have to let her get on with it, she’s usually right.’

One interesting comment was made relating to the issue of gender:

‘I don’t like working with so many women, it means equal opportunity issues never have to get discussed.’

(d) NHS Staff

Had the Researcher included a specific category within his checklist, relating to NHS staff as a source of stress, it would undoubtedly have been the focus of much attention. Indeed the interviews prompted a tremendous range of negative comments concerning NHS staff, ranging from doctors, cleaners and even the switchboard!

‘The switchboard operator actually intercepted one of my calls and told me that I was phoning my clients too frequently!’

‘NHS staff are miserable and it rubs off.’

‘Some doctors view social workers as there to get the patients off the wards.’

‘If I stand up against doctors I’m viewed as a lefty feminist.’

‘Social Workers are seen as messenger girls.’

The above contains evidence to suggest inter-domain conflict, which ranges from divergent professional training, to gender and associated discrimination and role ambiguity. This level of criticism was clearly not captured within the checklist.

(e) Home and External Factors

The home was seen on occasions to be a source of stress which tended to exacerbate stress encountered in the workplace. Once more the ramifications of gender issues are plainly evident.

‘My domestic arrangements cause me problems.’

‘I get home and then have to cook the tea.’

‘My husband does not talk through any work problems with me.’

(f) Conditions of Service

A number of comments made by the Team Manager indicated that she felt her position was onerous and not always appreciated.

'I suppose I'm paid to take the worry.'

Volume of work was unanimously seen to be a major issue, which seemed worse for those who worked part-time:

'Too much to do, no time to do it.'

'Being part-time means more flexibility and more work for me!'

Comments which described the volume and ever-increasing complexity of workloads were often accompanied by statements concerning the inappropriateness of professional training. These were similar to issues raised by the Lincoln Road Team.

'The practice is quite removed from the theory.'

(g) The Wider Department and its Policies

The Department came in for severe criticism from staff on a whole range of fronts, ranging from lack of resources to its perceived tendency towards political correctness. However, these comments were primarily made by the two Team Managers rather than front-line staff. This was probably due to their greater level of interaction with the wider Department. In particular, it was senior management who bore the brunt of their criticism.

'I have no confidence in being supported by senior managers whatsoever.'

'The Department has a big thing about Equal Opps. but their managers do not follow through policies.'

'Senior managers make policies and then deny resources.'

(h) Physical Conditions

As stated most views were very positive, but physical conditions clearly represented a major source of concern for those staff working within the general hospital.

'The building is oppressive with an air of neglect.'

(ii) Effects of Stress

Comments concerning effects were rather limited. There were no comments relating to any impacts upon colleagues and only one suggesting that tiredness in social workers can sometimes be negative for clients. However a number of statements were made concerning impact upon self:

‘I often feel tired or weary.’

‘Lose sleep.’

‘My memory goes.’

However, the greatest impacts were seen to focus upon home circumstances:

‘I do take my anxiety home.’

‘Sometimes I go home and snap at my husband.’

‘Lack of patience with my children when things are hard at work.’

(iii) Coping

Coping strategies, as indicated within the team profile, were primarily concerned with *control* i.e.:

‘Think it through’;

or *symptom management*:

“When I’m at home, I say to my husband: ‘Let me have a cup of tea and I’ll be alright.’”

‘I like horse riding.’

‘I work my problems out in the car on the way home. Traffic jams help!’

However, as indicated within the profiles, there was much evidence to suggest that ‘working harder’ was a regularly used strategy.

‘If you work harder, you think the problem will go away.’

(iv) Suggested Remedies

Clearly the main focus of stress related problems centred around three areas which were probably outside the control of the team, i.e. NHS staff, The Department, Gender. Solutions were not proposed for any of these factors. However, two key thrusts for change emerged, both of which had significant workload implications for the Team Managers.

‘Prioritise workloads.’

‘Improve supervision.’

(v) Motivation/Positives

Consistent with the Researcher's overall impressions, staff found much to motivate them, specifically within the immediate work environment.

‘I’m confident of getting support from my Team Manager.’

‘I like contact with colleagues.’

‘We have very nice surroundings.’

Clients too were regarded as being a major source of work satisfaction.

‘I have faith in clients.’

One particular comment is worth noting which was made by a social worker who had made the switch from working with children to the elderly which illustrates the very different pressures associated with the different client groups.

‘The difference between statutory children’s work and the elderly is great - much less stressful.’

The feeling of team autonomy and the ability to operate to a degree outside of normal social services channels was seen as positive by most members of the team.

‘It’s really good being able to relate to the base team and not the area.’

D. STRESS CHECKLIST TEAM PROFILES:

Full results are illustrated by Figures 34, 35 and 36 in Appendix 8.

(i) Satisfaction With Workplace Factors

TABLE 6. CHECKLIST PROFILES - PRINCE'S HOSPITAL			
	<i>Profile 1</i>	<i>Profile 2</i>	<i>Social Work Survey</i>
Overall Satisfaction Mean	3.5	3.6 (+0.1)	3.3
Overall Effects Mean	2.1	2.0 (-0.1)	2.1

The overall means indicate a reasonably high level of satisfaction amongst team members. Those factors scoring highest were *Relationships with Work Peers (4.1)*; *Level of Client Contact (3.8)*; *Relationships with Clients (3.8)*; *Level of Autonomy (3.8)*; *Physical Conditions (3.9)*. The high score relating to autonomy is consistent with the Researcher's initial views. However, it should be noted that the *Physical Conditions* score comprised very high scores from eight of the team members and very low scores from two, indicating the disparities between sites. The only factor scoring less than 3.0 was *Other Departmental Services (2.9)*, which appeared to reflect the degree of detachment from mainstream departmental services, which the Researcher initially observed.

Profile 2 indicated increases in satisfaction had been registered in ten factors, most of them by very small margins. The three greatest increases were *Other Departmental Services (+0.4)*; *Personal Level of Skill (+0.4)*; *Relationships with Clients (+0.4)*. Decreases in satisfaction had occurred in only five categories. These changes were minor with the exception of *Promotion Prospects (-0.5)*. This may be explained by the fact that the Acting Team Manager had her position consolidated, which effectively reduced internal promotion prospects.

(ii) Effects of Stress

Profile 1 indicated that stress levels were not unusually high. Highest reported effects of pressure were: *Forgetfulness* (2.6); *Irritability with Family* (2.6); *Headaches* (2.6).

Profile 2 identified decreases in ten variables. The greatest of these occurred in relation to *Aches and Pains* (-0.6) and *Withdrawal from Contact with Clients* (-0.7). Interestingly there were also corresponding drops within the other two *Withdrawal* categories, *from Colleagues* (-0.1); *from Family* (-0.6). This pattern was replicated in reverse in relation to the *Irritability* categories: *with Clients* (+0.1); *with Colleagues* (+0.3); *with Family* (+0.2). At first sight this does suggest that there may be a link between increased contact with significant groups of people and the tendency to increased irritability towards them.

(iii) Most Frequent Responses to Pressures at Work

Profile 1 suggests that those activities most likely to be engaged in by staff were those generally agreed to be the most effective. Of these, the two highest scoring responses were: *Talk to Someone* (4.3) and *Think Problems Through* (4.3). However, surprisingly one of the least effective coping strategies also scored highly: *Work Harder* (4.1).

In Profile 2, greatest increases occurred in those categories which might be considered most effective: *Engage in Recreational Activity* (+0.6); *Complain to Others in Workplace* (+0.5); *Tackle Problems Directly* (+0.5). In contrast, there was an increase in *Take Drugs* (+0.4). However, the overall rating remained low.

E. DISCUSSIONS/CONCLUSIONS

- (i) A number of minor but undoubtedly positive changes occurred within the Team profile during the course of the study.

- (a) Satisfaction levels within the workplace rose slightly.
- (b) Reported adverse effects upon staff resulting from workplace pressures decreased slightly.
- (c) A significant increase occurred in the use of recreation as a coping mechanism.
- (d) Verbal feedback from the staff group suggested that the project had been helpful and a number of responses to team coping had been made internally.

In addition, a number of practical changes were reported to have been implemented at a team level. There appeared to be more regular supervision and staff meetings were operating on a more formal basis. A general view was expressed by the team that the workshops did sharpen the team's perceptions concerning potential causes of stress. Similarly, team members noted that following the workshops there had been some discussion of the stress issue at team meetings and concern expressed at some of the potential effects upon others. On the negative side, those staff working within the general hospital unit felt that the intervention had not been helpful in resolving the difficulties caused by their physical location.

- (ii) The above suggests that the Researcher's intervention had effected positive change. However, it should be noted that a number of factors may have influenced the project positively, which were not attributable to the Researcher:

- (a) *a stable team;*
- (b) *a team with significant experience and qualifications;*
- (c) *the team did not experience any major negative events during the course of the study;*
- (d) *both team managers were positive and responsive;*
- (e) *the relative autonomy enjoyed by the team.*

- (iii) The observation that a decrease in withdrawal from key groups e.g. clients, appears to coincide in an increase in irritability towards them, suggests

an interrelatedness which is not evident within the broader research field. The possibility that maladaptive behaviour can trigger further potential sources of stress is recognised and well documented. **However, the notion of negative effects directly attributable to positive behaviour does not appear to have been researched.**

- (iv) Two key issues appeared to represent sources of stress, which were uniquely illustrated within this study.
 - (a) The problem of inter-domain conflict between the Social Services Department role and the NHS was a major issue and supports the findings of Moos (1988) and Pines (1982).
 - (b) The gender profile of the team and reported responses provided an insight into the interactive influence which this factor exerts in relation to both coping strategies and potential sources of stress. In particular, the Researcher's findings suggest that the effectiveness of organisational coping strategies suggested by Zastrow (1984), of *job-share* and *career breaks*, will be significantly influenced by gender.
- (v) In spite of the main sources of stress identified as being external to the team's control, staff still found it possible to cope effectively and to identify internal strategies likely to assist in managing these pressures. In particular, the issue of supervision was seen to be significant and confirms the views of Preston-Shoot (1988).
- (vi) The key persons responsible for maintaining a healthy work environment and for bearing the brunt of wider departmental stressors were the Team Managers. Similarly, they emerged as the key change agents in addressing workplace stress strategies. It seems unlikely therefore that managers will always be able to cope effectively if their only support is other team members. The need for external line manager support to assist them in dealing with their *management related stress* was clearly evident.

10.9 CASTLE ROAD DAY NURSERY

A. DESCRIPTION OF TEAM

The official function of the unit was to provide day care provision for up to twenty children aged between 0-4 years of age. However, by default and the nature of referrals from the local Team Manager, the unit had in fact become a Family Centre i.e. the staff worked with wider family problems, including family therapy sessions, rather than merely offering day provision for children. Indeed the unit clearly provided a popular service since it had the highest occupancy rates within the local authority and at the time of the project, the centre had more children attending than its supposed maximum occupancy level! The unit had five full-time staff, including an OIC and a Deputy and two staff who job-shared. All staff were women, with only one black member of staff. Staff tended not to live in the immediate catchment area. Six of the seven staff were qualified with an NNEB, with the deputy also possessing a CSS. There was low staff turnover and the majority of the staff had significant experience.

The home was attractively laid out and best possible use made of the space, which helped to alleviate the feeling of being in a somewhat cramped area.

Both the Team Manager and OIC were extremely enthusiastic for the team to participate in the project with the OIC making a clear commitment to see the study through. Neither appeared to have any hidden agendas.

A preliminary meeting with the OIC and her Deputy suggested a stable team, with low levels of sickness and virtually no trace of industrial disputes. They seemed only able to identify two levels of difficulty within the team. The first related to the volume of work handled by the unit, which was felt to be excessive. The second issue seemed to centre around staff pay and conditions which were not the equal of family centres, even though Castle Road performed this function.

An initial meeting with team members to discuss the project was extremely well received and initial impressions were of a reasonably happy and stable team, confirming

the impression given by the OIC and her Deputy. A clear picture emerged of a team that very much viewed itself as a self-contained unit, providing a service almost independently from other departmental employees, particularly Social Workers.

B. RESEARCH PROCESS

The Researcher was particularly impressed with the manner in which both the OIC and staff were able to discuss their feelings openly and frankly. Indeed, the enthusiasm and commitment of the team proved such that the Researcher was able to explore a number of areas which was not possible in the other studies, in particular the participation in the study of a small number of service users.

At the behest of the staff and OIC, an action list designed to tackle a number of workplace pressures was developed during the workshops. This immediate action was in marked contrast to all of the previous studies. Each point raised was entered onto an action sheet (Appendix 9).

During one workshop, the Researcher was asked to raise the issue of space with senior managers. Whilst this did happen, the Researcher cannot claim any credit for the action which eventually took place. This request suggested that the Researcher was seen in a role which to some extent was indistinguishable from his management function within the Department!

As the workshops progressed, there was a significant change in the team's frame of mind. The staff were evidently under much greater work pressure than had been the case at the outset of the study. This seemed to be externally focused and centred around three main factors:

- (a) **Role ambiguity** and the issue of whether the unit was a day nursery or family centre. The team felt that they were being asked to undertake increasingly complex family work which was outside their remit. This also seemed to be tied in with feelings that they were not paid an appropriate salary to carry out these tasks. Team members consequently felt undervalued by *The Department*.

- (b) The saga of **extra space** had still not been resolved.
- (c) All team members were undergoing a **compulsory training course** relating to the Children Act which meant a shortage of staff in the unit from time to time.

However, at the end of the intervention, a further change had taken place, with the mood of the team becoming exceptionally positive. A number of external factors had significantly impacted upon the establishment: (a) a new wing was to be added to the centre; (b) the unit was to be redesignated as a Family Centre. The Researcher discerned that these positive developments had been interpreted by the team as connected to his intervention!

C. STRESS PROFILES - FOCUS GROUPS AND IN-DEPTH INTERVIEWS

(i) Causes of Stress

(a) Self

There was only one comment which identified personal characteristics as likely to be a source of stress. Lack of comment may well be reflected in the degree of confidence exhibited by most team members in their own skill levels. This might have been either rooted in significant years of experience or because all but one person held a professional qualification.

‘I get angry with myself for not getting decisions right.’

(b) Clients

It is interesting to note that when discussing clients, the staff group more often than not saw the parent fulfilling this role and being the ‘problem’, rather than the child. However, very few comments identified the behaviour of children or parents as being a source of stress for staff. There were however occasional references of this nature made concerning parents:

‘Parents really, really annoy me! Why do they keep getting pregnant?’

‘One father flies in wrecks havoc and then flies out.’

‘I get frustrated with families making the same mistakes over and over again.’

However, most stress generated by clients was perceived as being related to anxiety and upset experienced by staff members when dealing with cases of Non-Accidental Injury (NAI). The factor which turned this into an anxiety provoking experience was unanimously seen to be the potential consequences incurred as a result of not dealing correctly with such situations, either from the media, or lack of support from senior managers within the Department.

‘I get concerned over whether I am doing the right thing.’

‘Seeing bruising on babies is worrying. But its when you get home and wonder if you forgot to record it correctly that is really distressing.’

(c) Immediate Colleagues

Whilst team members recognised the potential for friction between individuals in any work situation, it was not seen to be a problem, since difficult situations were invariably talked through and resolved at an early stage.

(d) Internal Management of Unit

Whilst the OIC was not considered by the team to be a source of great stress, there were a number of management arrangements identified which staff saw as having considerable scope for improvement. In common with other teams, lack of supervision was perceived to be a major deficit within the unit. However, the OIC actually identified this aspect of management as a source of stress to herself:

‘I hate supervision sessions.’

A number of staff expressed frustration that they were not able to utilise their skills to the best possible effect:

‘Some parents gravitate to OIC rather than key workers.’

‘I get frustrated at not being invited to case conferences.’

The above frustration may well be related to the fact that the majority of the staff group were well qualified and experienced, but restricted by a flat management structure which inhibited career development. The other key issue raised related to the fact that staff sometimes felt isolated during the day, mainly due to the structure of the building, which was exacerbated by not seeing the OIC or Deputy on a regular basis.

‘I sometimes feel cut off in the rooms and don’t see anyone all day.’

(e) Home and External Factors

The home was not regarded as a source of stress likely to impact upon the workplace. The main external factor which was seen as a source of stress was the media, whom staff saw as ‘.....always waiting for something to happen or go wrong.’

(f) Conditions of Service

There were few comments within this category, but those made tended to reaffirm the concern associated with NAI.

‘I hate the fact that as part of my job, I have to go to court for NAI’s.’

(g) The Wider Department and its Policies

The Department received severe criticism, consistent with other case studies. However, the nature of these comments were specific to the work location.

‘No Admin. backup.’

‘Emphasis on keeping numbers up.’

‘Not enough staff.’

‘I feel disillusioned about the failure for the Department to provide more space.’

In particular, major criticism was made of Social Workers, which confirmed the Researcher's initial impressions, that the unit was considered by its staff to be somewhat autonomous from other departmental services.

‘Social workers think all we do is wipe noses and change nappies.’

‘We are undervalued by other professionals who think we have a tradition of non-academic day centre work!’

(h) Physical Conditions

The physical facilities clearly were viewed as inadequate to effectively carry out the function of the centre and were obviously a major point of contention:

‘No room to do groupwork.’

(ii) Effects of Stress

Staff primarily saw pressure as producing a number of effects upon themselves. However sickness levels were occasionally perceived to be a nuisance for other team members:

‘I get depressed’

‘Sometimes I get tired and irritable.’

‘I get irritated when I cover for sickness.’

However, stress within the workplace was not seen to directly impact upon the client and only to a limited extent upon the home:

‘I take home feelings concerning NAI and it upsets my family.’

This perceived lack of cross-domain impacts between home and the work environment stood out in contrast to the other case studies.

(iii) Coping

A particularly wide range of coping methods were used by the team. In particular, many comments indicated that the most effective coping measures were frequently implemented by staff, perhaps to a more marked degree than in any other case study.

‘I do not take things home. I deliberately switch off.’

‘I talk the problem through.’

Similarly, symptom management appeared to be well utilised by team members, with a wide cross-section of interesting and varied activities:

‘I have a vintage car which helps my stress.’

In view of the above responses to stress, it surprised the Researcher that avoidance or maladaptive responses to stress were also much in evidence.

‘I smoke.’

‘I bottle things up and end up in tears.’

‘I enjoy going out and getting drunk!’

(iv) Suggested Remedies

Unsurprisingly the staff group identified the provision of more space as being a key step to relieving some of the internal pressures. However, significantly every single member of staff, other than the OIC, identified a need for greater consistency, to be achieved via increased supervision.

(v) Motivation/Positives

The staff team provided many examples of good practice and areas of motivation which indicated to the Researcher a healthy work environment. Four key areas were identified:

(a) Clients

‘Seeing children get on is stimulating.’

‘There is an intrinsic pleasure in working with children.’

(b) Internal Management Style

‘The OIC is generally supportive.’

‘The OIC has established good professional procedures.’

The above comments linked to the constructive criticism concerning lack of supervision, seem to indicate a healthy environment, where staff were able to make rational and honest judgements concerning their manager.

(c) Colleagues

Comments towards colleagues were almost unanimously positive confirming the comments in (b).

‘I have confidence in my colleagues.’

(d) Conditions of Service

The two staff who job shared, both saw this as positive:

‘Being job share is good. It allows me more time at home.’

This view differed from all other case studies and may illustrate that its effectiveness as a response to work or home stress, lies in the extent to which staff are allowed to work within their contracted hours by their line-managers.

D. CHECKLIST PROFILES

(i) Satisfaction with Workplace Factors

TABLE 7. CHECKLIST PROFILES - CASTLE ROAD			
	<i>Profile 1</i>	<i>Profile 2</i>	<i>Social Work Survey</i>
Overall Satisfaction Mean	3.5	3.6 (+0.1)	3.3
Overall Effects Mean	2.0	2.3 (+0.3)	2.1

Full details are illustrated in Figures 37-39, in Appendix 8.

The highest overall level of satisfaction amongst the six case studies was indicated. The three highest scoring factors were: *Equal Opportunities (4.0)*, *Relationships with Work Peers (4.0)* and *Level of Client Contact (3.8)*. Satisfaction with *Leadership from Line Manager* was also reasonably high (3.5). Indeed only *Pay (2.8)* fell below a score of 3.0. The high level of satisfaction with *Equal Opportunities* may stem from the fact that the team was entirely comprised of women and therefore the issue may not have been seen to be a contentious issue within the workplace. However, this contrasted with the previous study, where this situation was perceived by some as problematic.

The Profile 2 score represented the highest level achieved by any team in the study, with nine of the workplace factors measured showing an increase, the most marked being *Workload (+0.7)* and *Autonomy (+0.8)*. The increased level of satisfaction with workload is at first sight difficult to reconcile with concerns expressed regarding the unit's role. However, it might be that both indicate general increased internal satisfaction as a result of the actions implemented by the OIC. In contrast, three factors displayed a remarkable decrease and account for the fact that the overall mean was not higher than at first might have been expected: *Satisfaction with Other*

Departmental Services (-0.9); Leadership with Central Management (-1.5); Equal Opportunities (-1.2).

It is possible to hypothesise with some certainty that the changes in the first two factors were as result of frustration arising from the two contentious issues mentioned in the previous section i.e. function and space. However, it is not as easy to explain the latter variation. The Researcher could see no reason for this change other than to speculate that some specific incident had occurred of which he was unaware.

(ii) Effects of Stress

The initial score was the lowest of all the teams participating in the study and indicative of an environment which was not perceived by the staff as being exceptionally stressful. The most commonly reported effects were: *Headaches (3.0), Irritability with Family (2.4), Forgetfulness (2.4)*. However, to the Researcher's surprise Profile 2 indicated an increase in frequency of effects in 15 of the 17 variables. In only two cases was there a decrease: *Sleeplessness (-0.1) and Headaches (-0.6)*. Significant increases in frequency were reported in the cases of *Irritability with Family (+0.8); Forgetfulness (+0.6); Overeating (+0.6); Apathy (+0.6)*.

(iii) Responses to Pressure

Profile 1 indicated the most frequently used coping strategies by the team were those considered by Howard et al (1975) and McDerment, Dunham and Shapiro (1988), to be the most effective. These were as follows: *Talk to Someone (4.8), Think Problem Through (4.2), Improve Skills (4.2), Tackle Problems Directly (4.2)*. However, it should be noted that some strategies recognised as being less effective or indeed maladaptive, also scored quite highly: *Work Harder (3.4), Avoid being in Stressful Situations (3.0), Increase Smoking (3.0), Increase Alcohol Consumption (2.2)*.

Profile 2 revealed a number of significant changes. Two positive strategies appear to have increased: *Think Positively About Yourself (+0.5); Complain to Others in the Workplace (+0.7)*. The latter may well be a result of the active promotion by

the OIC of discussing difficulties in the workplace in a more open manner. A large increase in *Sleeping* (+1.3) as a coping mechanism, may be a product of the high level of pressure the team was experiencing and would possibly account for the decrease in *Relaxation Exercises* (-0.9). However on the negative side, there were significant increases in the tendency to *Go Sick* (+1.2) and to *Eat Excessively* (+0.7). The changes in these factors may of course support the view indicated in the previous section that the period in question was an exceptionally demanding time for the team.

E. DISCUSSION/CONCLUSIONS (i)

The above results at first sight seem somewhat surprising in the light of an increase in satisfaction levels. They may be interpreted in a number of ways.

- (i) This particular study, was in the Researcher's view the most successful in bringing about effective change within the working team. Feedback from all staff had been positive and the Researcher's input openly appreciated. Indeed for many months after the cessation of the intervention, the Researcher received a range of invitations for various unit functions. It is important to note the contribution to the success of the intervention made by a number of factors outside of the Researcher's control:
 - (a) the resilience of the OIC throughout the study;
 - (b) the general 'healthiness' of the team which was evident at the commencement of the study;
 - (c) the ability of the team to function in a semi-autonomous state outside of mainstream Department activities;
 - (d) the considerable experience within the team;
 - (e) the approval for a building extension which was somehow associated with the Researcher's intervention!

These must be regarded as key positive influencing 'givens' which the Researcher did not bring to the situation.

(ii) A number of internal mechanisms were put in place during the study, arising directly from the Researcher's intervention and subsequent discussion with the team:

- (a) *increased supervision;*
- (b) *introduction of special interest groups/quality circles;*
- (c) *increased social support from the OIC;*
- (d) *increased opportunities for open discussion.*

These four factors were viewed by the staff as being effective responses to stress, supporting the views of a number of writers in the stress field that these strategies are effective management tools: (a) McDerment, Dunham and Shapiro (1988); (b) McNeely (1988); (c&d) Cooper and Marshall (1978). However, it should be noted that the OIC was responsible for implementing and sustaining the above and as a result, with increased awareness of stress by the team, felt under increased stress herself. This clearly identifies a specific issue concerning how appropriate support and stress management for managers might be implemented.

(iii) In spite of apparent success of the programme, the Researcher suggests a cautious approach in drawing any substantive cause and effect conclusions from his intervention, for although there was clear reported enthusiasm from the staff, **when the second checklist was administered, reported stress levels were higher than at the commencement of the project.** However, there are a number of possible explanations:

- (a) It is possible that the team members now had a greater sense of awareness of stress issues, as indicated by the OIC, and were therefore more easily able to identify the relationship between work pressures and effects.
- (b) The increased reporting of effects may reflect departmental pressures.

The Researcher suggests that this was due to a number of key **external** pressures impacting upon staff :

- *ongoing role ambiguity concerning the function of the unit;*
- *continuing and related difficulties concerning status and pay;*
- *failure to resolve issues of space;*
- *legislative changes requiring attendance at special workshops.*

(c) There may be individual changing home circumstances impacting upon the workplace.

In spite of the above, the fact that satisfaction levels increased suggests that it is possible to organise a healthy and supportive work environment which is likely to ameliorate the impact of external pressures.

(iv) The changes displayed concerning the individual coping behaviour of members of staff presented some apparent contradictions, in particular the relatively common usage, amongst a team which coped well under pressure, of coping responses which are usually regarded within the avoidance or maladaptive category. The Researcher is not able to provide a clear explanation, but an interesting hypothesis might be that **so-called maladaptive strategies when used within a balanced range of coping responses may have little negative impact upon the individual.**

(v) **The study demonstrated the difficulty in statistically linking interventions to changes in stress levels of staff. Indeed there may be no actual bearing between higher or lower reported stress levels following a successful stress intervention programme.** However, this particular study does suggest that whilst accepting that cross-domain factors will impact in a variety of ways which are difficult to measure, it is valid to focus on changing the operating conditions within one identified domain such as the work situation, with an expectation that such changes will contribute

to the overall ability of the team and its individuals to cope with a range of pressures.

F. PARENTS STRESS WORKSHOPS

During the course of the intervention, a member of staff asked the Researcher to run two 'coping' sessions with the parents of children attending the centre. This arose out of her own increased awareness of stress and from a discussion in which parents had expressed their need for support in this area. Because this opportunity was consistent with the Researcher's original intention to test out discrepancy of perceptions between key actors, it became apparent that the inclusion of such a workshop within the study would contribute to an overall understanding of the process.

(i) Process

Two sessions were planned, with each session attended respectively by a care worker plus seven parents. Of the parents, all were white, one was male and one person had a physical disability. Most of the women were not married but had boyfriends or partners.

The sessions were structured as follows:

- (a) Brief explanation of the nature of stress - very non-technical, based primarily on examples.
- (b) Discussion of causes and effects of stress from their experiences (Appendix 10).
- (c) Explanation of some of the ways in which stress might be managed.
- (d) Handouts and overheads were prepared using wording which was simpler in nature to those used for the staff workshops.
- (f) Each session lasted for two hours, with a break for coffee in the middle.

(ii) Focus Group Profiles

(a) *Causes of Stress*

Children were described in both affectionate and exasperating terms.

‘I could kill them sometimes’.

‘At the end of the day, they’re all I live for’.

‘Worrying about them when they’re ill.’

Partners and men in general were seen as a major source of stress, in particular, by continually stereotyping women in the traditional female role i.e. provider/carer of the home. However, in addition, women were seen as responsible for bringing in money from part-time work whenever possible!

‘He expects me to do everything and more.’

There was clearly resentment towards the inability of statutory services, in particular the Social Services Department, to deal with their problems in a manner which they considered to be satisfactory. However, the Day Centre was much appreciated and somehow distanced from the rest of Social Services, as if in some way they were an independent entity.

‘Social workers cause me stress. They never do what you want them to.’

‘Social workers never do anything, they just talk.’

‘Staff at the centre are really helpful. They help me sort out my stress’

The groups did not present as being resentful at their difficult personal situations, but varied from being generally depressed, to being at their wits end. This made a deep impression upon the Researcher, in particular, the hopelessness with which they viewed their situations. It contrasted sharply with professional carers who generally viewed home as their escape from work pressures. To these parents there seemed little escape.

‘Money cause me problems, I never have any.’

‘My house is terrible. It’s damp and makes the children ill.’

‘I hate the area where I live....but I’ll never be able to move. I just know it.’

(b) Coping

The participants generally felt there was no solution to their problems.

‘I’ve tried everything. Praying.... we’ve all tried that haven’t we, but it doesn’t make any difference.’

‘I’ve tried drugs. I used to use them quite regularly, but I’ve stopped now. It did make me feel better.’

Some of the comments made by parents were highly amusing but also deeply moving.

‘If I’m feeling miserable, I put my wedding dress on and do the shopping. It makes other people laugh and it makes me laugh too. I’ve never got to use it at a wedding!’

(iii) Presentation on Stress Management

There was general interest, but also a high level of amusement at some of the suggestions put forward by the various experts. Holidays and various aspects of leisure were considered to be entirely outside the financial scope of those participating. Similarly, many of the strategies proposed within the relevant literature assume that people are in employment, with consequently, no basis of relevance to the unemployed.

Those who did work felt that they would not have time to participate in some of the suggested strategies, mainly due to unreasonable expectations from their partners. The Researcher identified a clear gender based stress issue which also appeared to be related to socio-economic grouping.

In terms of what was most required by the participants, it seemed that some emergency coping techniques would be useful in preventing ‘over-the-top reactions. In some

cases, the reactions described were extremely radical and indeed worrying.

‘When I get uptight I feel like belting the kids. Not afterwards, but at the time I don’t know what to do.’

‘Last time I fell out with my boyfriend, I felt so angry that I took a hammer to his car. I must admit I felt better afterwards.’

In respect of the above, the most useful stress management technique seemed to be *Emergency Relaxation* (Appendix 6), which was enthusiastically received by the participants.

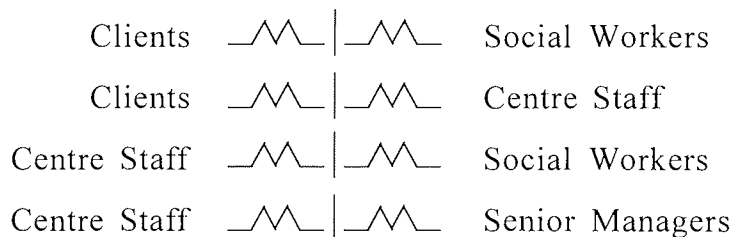
(iv) Parent Feedback

Parents appeared to have enjoyed the workshop and at the end of the session, the Researcher provided a handout with an explanation of some of the techniques. Interestingly, parents stated that they felt better by just talking about stress, as if sharing the problems and getting it off their chests was an effective coping mechanism. This was expressed by both groups.

During discussion at the end of the session, one of the mothers described how stress affected one of her friends. She described someone who drank a lot and lost her temper when under pressure. She then went into some detail as to how this turned into physical abuse of her children, including hitting them and throwing the iron at them. This was confirmed by another mother. It was established that the person concerned had a social worker allocated to her, but in their opinion was not doing her job. This raised a potential ethical dilemma for the Researcher who on the one hand had promised confidentiality, but who also happened to be a senior manager within the Department. Fortunately, the centre worker present at the workshop was sufficiently aware to pick this issue up and saw the two mothers concerned after the meeting to deal with the matter. However, it raised some fundamental dilemmas concerning the role of the Researcher when the organisation researched is also the employer.

G. DISCUSSION/CONCLUSIONS (ii)

- (i) The workshops held with parents provided an invaluable insight and could well form the basis for more detailed research.
- (ii) Traditional coping strategies within the stress literature have little relevance for those people who are unemployed and are within the lower socio-economic bands.
- (iii) Expressed parental disaffection with social workers and their perceived inability to deliver what was required of them stands out in sharp contrast to the positive way in which the centre was viewed. **Thus there is clear evidence of discrepancy concerning role between key actors at a range of different levels and indeed between the different value systems in operation:**



In the light of the above, role conflict between the centre staff and other departmental employees is likely to be reinforced by the expectations of the clients, adding to the potential for workplace stress.

10.10 ROSEDALE ELDERLY PERSONS HOME

A. DESCRIPTION OF TEAM

Rosedale Elderly Persons Home, located in a pleasant residential area on the North side of the City, was a mixed 44 bed residential unit catering for Elderly People, who traditionally had presented only mild problems of challenging behaviour and dementia. However, at the time

of the Researcher's intervention, the nature of residents had undergone a fairly dramatic transformation during the preceding 6 months. In line with Community Care policies, less dependent elderly people were now being supported within a community setting, with the subsequent impact upon homes such as Rosedale, which now had an intake of very frail, and in some cases highly demanding residents with severe mental health problems.

The home was staffed by some thirty people of whom twenty four were women and consisted of an Officer-in-Charge, two deputies and a range of care assistants and domestics, most of whom were paid on relatively low salary grades. Within the staff team, only members of senior staff had a professional qualification. Members of the team operated a shift system, day and evenings/nights on a permanent basis, which meant that it was possible for some team members to never meet. The home itself was a fairly modern building and very large, having been erected during the sixties when economies of scale had suggested that large homes were the most effective means of catering for the elderly population, all of whom were white.

The Team Manager had indicated to the Researcher that there had been some staffing difficulties associated with morale, but that through a series of training sessions, the situation was now improving. However, upon meeting with the Home Manager it became apparent that the situation was very much worse than had initially been portrayed.

The Home Manager was quite welcoming and initially seemed eager to participate in the project. However, she described the current circumstances within the home in a manner which indicated a history of deep-seated difficulties. This included low morale; high sickness levels; a number of current suspensions; a sacking which currently was the subject of an industrial tribunal; a residential population which was now much more challenging to staff. In spite of these difficulties, the Home Manager felt that the situation was improving and spoke in positive terms of a supportive Team Manager.

The Researcher made it clear that the proposed project was unlikely to resolve some of the wider problems and described in detail the relevant format.

B. RESEARCH PROCESS

Since the staff group was extremely large, clearly the proposition of a single meeting to discuss the project as in previous case studies, was not possible. The Researcher therefore opted to convene a number of meetings at different times of the day due to the shift system in operation. In the event, only three meetings took place, but twenty staff were involved.

C. STRESS PROFILE - FOCUS GROUPS

Whilst the extent of discussions proved to be limited and no individual interviews actually took place, it is worth recording the information which was gathered, since these comments provided an interesting insight into the wider situational context. The group discussions were very negative in nature, as is indicated below. In addition it is worth noting that during these sessions, staff described their tasks as the following key activities: bathing residents, washing residents, bed-making, washing commodes: all tasks which may be described as unpleasant and containing no suggestion of an interactive role with residents.

(i) Causes of Stress

It is interesting to note that when describing causes of stress, staff saw this as a phenomenon entirely external to themselves and an emotive issue associated with blaming others. Indeed the Researcher would describe the home environment as being characterised by a *blame atmosphere*.

(a) *Internal Management of the Team*

A significant number of causes of stress were attributed to the internal management of the Home. Some comments were concerned with very specific management practice.

‘No supervision.’

‘There is no consistency. Rules are always changing.’

‘No freedom of speech.’

Other comments were of a much more general nature but perhaps represented a more widespread malaise within the home.

‘Some residents come in bubbly, but they soon fizzle out.’

‘This used to be a happy place.’

(b) *Clients & Relatives*

A number of comments made were clearly associated with some of the in-built dilemmas of caring for an elderly group of people.

‘Death of residents shakes you initially, but you get used to it.’

‘Some aggression from the clients, but you just keep going’.

‘There’s conflict between safety and trusting residents. Are they in a field or walking in the middle of the main road?’

Other views indicated feelings of depression and an inability to cope with the situation. However, of greater significance were a number of comments which actually appeared to move towards blaming residents and their relatives.

‘Relatives complain about the smell. What do they expect with no proper materials?’

‘The residents we have now, don’t want to do anything.’

(c) *Immediate Colleagues*

The tendency to associate causes of stress with blame continued with comments made concerning colleagues, which certainly could not be described as being supportive or positive in nature!

‘There’s a lot of friction between groups.’

‘You look to colleagues to confide in and they think you are silly.’

Most significant were a number of statements which were highly critical of other team members who suffered illness, clearly perceived by some staff to be false.

‘Lots of sickness. Its not fair on the rest of us.’

(d) Other Sources

A number of other sources of stress were identified, such as stress at home and wider departmental policies and managers. However, none carried the same weight of opinion as those already mentioned. However, two comments worth mentioning were a recurring theme amongst a number of staff, both being concerned with their socio-economic status.

‘My family’s found it difficult during the recession.’

‘Pay is bad.’

(ii) Effects of Stress

There was little variety in the comments which were made concerning the effects of stress. Certainly none were made in relation to other people, with comments focusing entirely around effects upon *self*.

‘I cry a lot.’

‘I feel so bad I take anti-depressant tablets.’

(iii) Coping

All comments made concerning coping related to *Escape/Avoidance*:

‘I drink diamond whites.’

‘I drink whenever I can.’

‘Go into the toilet and have a fag.’

(iv) Motivation/Positives

In light of the many negative comments made, it is not surprising that staff did not have much

to contribute within this category and the staff perspective was perhaps best summed up by the following comment:

‘Motivate? Nothing to motivate us here!’

(v) Remedies.

Surprisingly there was a significant degree of consensus concerning a possible resolution of the existing difficulties. However, there was little optimism that any change could take place.

‘Staff being involved and more information.’

D. OUTCOMES AND CONCLUSIONS

The above discussions, whilst limited in scope, were sufficient to indicate that the prevailing atmosphere within the home was one of overwhelming negativity. Indeed following the conclusion of these initial meetings, the Researcher now had grave doubts about whether his role could be effective within such a hostile environment. Consequently, the Researcher met with the Home Manager to discuss the next steps in the research. During this meeting it became apparent that the Home Manager was concerned about any criticisms that might be emerging concerning the internal management of the home. It became clear during this discussion that it would be extremely difficult for the Researcher to maintain his study. Therefore, by mutual agreement with the Home Manager, the Researcher decided that further work would be impractical and the case study was therefore terminated.

In spite of the premature termination of the study, the Researcher was able to draw a number of valuable observations and conclusions from the experience and the discussions held.

- (i) Causes of stress from the staff perception were focused almost exclusively internally rather than externally. This did not fit the overall framework evident in the Researcher’s other case studies. In turn this focus had over a period of time translated itself into blame of others for the atmosphere prevailing within the home, in particular internal managers and other colleagues. Similarly, the

tendency to dislike residents is often regarded as a symptom of individual burnout. However, in this case, such negativity was exhibited by the majority of the team.

- (ii) The high levels of sickness apparent within the team were now regarded as the 'fault' of individuals and the situation arising was consistent with the work of Colligan and Murphy (1979), who identified organisation stress-like epidemics of sickness.
- (iii) The reported low levels of social support from management and the subsequent disenchantment amongst the staff group were consistent with Caplan et al (1975), who linked this factor with a depressed workforce.
- (iv) One interesting observation to be made was the possible significance of the emergence of a range of staff characteristics based upon socio-economic rather than psychological factors. This group of staff were by far the least well paid amongst all the case studies. Significantly, the coping strategies used to alleviate stress were those considered to be least effective (Howard et al 1975), and in marked contrast to other case studies which showed a range of approaches. This contrast was particularly evident when compared with the social worker survey, who were a much better paid group of employees. Indeed the responses of the home staff group were much more akin to those displayed by the service users in the previous case study. The basis of this similarity may well be income-based.
- (v) The size of the staff groups and the existence of individual teams within this group made it unlikely that a corporate staff identity could be more important than the allegiances developed within the respective sub-teams.
- (vi) The difficulties presented by the residents had now become a key focus for staff. Their changing nature and presenting degree of difficulty not surprisingly became an area of conflict for a largely unprepared and unqualified staff.
- (vii) The combination of the above factors and significantly, the inability of team members to identify positives within the situation supports the description of

Charlesworth and Nathan(1986), which they identified as a 'Distress Cycle'.
Thus the evidence of this case study would suggest that this cycle can manifest itself within whole teams as well as individuals.

- (vii) The rectification of the situation within the home and the high levels of stress evident only seemed likely to be resolved by both internal and external managers working through a long-term programme designed to eliminate or modify some of the obvious problems. The concept of using an external change agent, such as the work attempted by the Researcher, is only likely to be effective in such an extreme situation if the intervention is on both a long-term basis and has the commitment of both managers and staff to achieving a positive outcome. The alternative is that within a 'blame atmosphere' a change agent will be seen by either side as an opportunity to criticise or expose shortcomings in others.

CHAPTER ELEVEN - CONCLUSIONS AND DISCUSSION

SUMMARY

This chapter considers the results of the cases studies, relating and comparing them with previous research and existing theoretical frameworks. In addition, the Researcher identifies a number of areas in which his research has provided an original contribution to knowledge.

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11.1 Effectiveness of Case Studies.

11.2 Analysis of Coping and Management Strategies and their Effectiveness:

- A. Effects
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11.3 Review of Theoretical and Methodological Frameworks:

- A. Qualitative versus Quantitative
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11.1 EFFECTIVENESS OF CASE STUDIES

A. OVERVIEW

(i) Role of the Researcher

In conducting the six case studies the Researcher gathered a great deal of rich and detailed information from respondents and entered, to varying degrees, into the day to day operation of each team. The experience in itself was productive not only in terms of being a successful project but on a personal level was also both enriching and enjoyable. The interaction with a wide range of carers when conducting both group and individual interviews, provided a high degree of motivation and interest for the Researcher; a not inconsiderable factor when conducting research over a period of several years. However, in spite of the positives, there were a number of pressures impacting upon the Researcher which should be restated for consideration by other researchers considering similar approaches.

(a) *Time.* Conducting the field work when fulfilling a full-time job did place the Researcher under considerable pressure. This was exacerbated by the nature of the study. The setting up of meetings, their implementation, their postponement and subsequent rearrangement, coupled with travelling time, were all significant factors in increasing the Researcher's own levels of stress and strain.

(b) *Involvement and Withdrawal.* Within all the case studies, it was important that the Researcher clearly demonstrated his commitment to both the team and individuals in steering them through the intervention process. However, at times there was an expectation from particular individuals for the Researcher to demonstrate a time commitment to them which he was unable to provide owing to the constraints and parameters of the study. The Researcher found that this needed careful management since, amongst some teams, when the study ceased there was an expectation amongst frontline staff that he would continue to provide greater input than was possible. This perhaps needed increased clarity from the Researcher concerning his role, particularly its constraints, at the outset with

the managers involved. Nevertheless it may be that such an expectation is inevitable where the interaction has been positive.

(c) **Conflict of Interests.** There were clear benefits derived by the Researcher in conducting research within his own authority, both in terms of convenience and the networking opportunities available through personal contacts. However, there were instances when the Researcher experienced a conflict of interest between his study and his role as a senior manager within the same authority. This occurred on a number of occasions when the Researcher's colleagues were criticised by participants, requiring that the filtering of such criticism to senior managers be carried out with extreme care and diplomatic handling. However of greater significance was the observation of poor practice on a small number of occasions which presented some dilemmas, as did the issue of confidentiality. The Researcher was able to resolve most of these problems at a local level, but it should be noted that this did require skilful negotiating skills acquired over a number of years of relevant experience. Nevertheless, in one instance the Researcher came to the conclusion that withdrawal from the site of enquiry was the only viable option. Another difficulty, referred to during the study was the constant union interest in the outcomes of the survey.

(ii) **Role of Line Managers**

The Researcher notes in Chapter One that:

'local authority senior managers and politicians are most likely to address issues such as stress arising from an impetus that shakes the credibility of the organisation rather than via an educative process'.

As indicated in Chapter Ten, of the six teams identified for participation: two were suffering from severe staffing difficulties and apparent high levels of stress; two were clearly experiencing extreme levels of pressure and were considered likely to benefit from the Researcher's intervention; two were self selecting. Certainly two teams were in serious difficulties and on the verge of external management intervention and two were thought by their senior managers likely to become a management problem

in the near future. However, whilst impetus provoking difficulties may well be a means by which managers identify problems, the Researcher perceived that **a successful intervention was dependent upon both an educative process and, more critically, a committed local manager.**

In each case study, its success in both the short and medium term was heavily reliant upon the receptiveness of the local manager and his or her commitment to implementing those issues identified in conjunction with the Researcher. This has significant implications for the role of management consultants brought in to rectify organisational problems. Clearly all they can hope to achieve is to clarify the problems and opportunities and present a range of possible recommendations. **The manager will still remain the key person responsible for implementing change and is therefore another critical variable which stress researchers need to account for when considering the impact of particular stressors within the workplace.**

In light of the above, the views of Barker (1989), that a healthy workplace is first and foremost the responsibility of the immediate manager, are re-affirmed by the Researcher.

(iii) Sites of Enquiry

Whilst a number of the sites, identified for the Researcher by senior managers, presented some formidable, if not impossible challenges, they did provide a more realistic cross-section than those involved in Phase 1. Even the case study which was abandoned provided a number of valuable insights and indeed enabled the Researcher to identify constraining parameters to this type of intervention.

For purposes of this particular study, the Researcher found that the teams represented an appropriate cross-section of professional carers. However, whilst there were an adequate and representative range of Black and Minority Ethnic workers within the study, the Researcher felt that a team with a greater focus upon specifically providing specialist services for Black and Minority Ethnic Clients would have provided a useful perspective.

B. ORIGINAL OBJECTIVES

The Researcher set out the objectives of Phase 2 in Section 8.3. These were as follows:

- (i) Develop a diagnostic profile of the Social Services Department addressing key issues relating to occupational stress, coping and its relevance to the demographic profile of the workforce.
- (ii) Acting in a consultancy capacity to assist identified teams in:
 - (a) constructing a '*team stress profile*' for use by managers and team members;
 - (b) modifying certain work and situational sources of stress, particularly those within the control of team members and managers;
 - (c) assisting team members in coping more effectively with stressful aspects of the work situation.
- (iii) Evaluate the impact of strategies developed within each team.
- (iv) Influence the wider organisation with regard to the problems of stress and the possibility of implementing solutions.
- (v) Attempt to capture aspects of the subjective experience encountered by a range of individual carers.
- (vi) Examine a small range of subjective experiences of service users in relation to their own feelings of stress, specifically in relation to one or more of the selected teams.
- (vii) Develop a range of tools and instruments by which to carry out the above.
- (viii) Develop a stress training package for use by teams and their managers working within human service organisations.

Based on the above, the Researcher formulated **five key hypotheses**:

- (a) A team intervention approach can effect a positive change with regard to both reducing the number of potential stressors within a social work environment and increase the effectiveness of team member coping mechanisms.
- (b) By raising awareness and clarifying the roles of key actors (Managers, Team members, Clients), discrepancies between their respective

expectations of each other will be reduced, thus lowering the potential for stress.

- (c) There will be significant differences in the nature of stressors between client groups and caring contexts.
- (d) By implementing a range of in-depth interviews, it will be possible to clarify the relationship between workplace coping and stress factors with those encountered in other domains e.g. home, social.
- (e) A workforce survey will indicate consistency with:
 - the categorisations of sources of stress identified by Cooper and Marshall (1975a and 1975b);
 - the effects of stress identified by Anderson (1978), and the Labour Research Department (1988);
 - individual coping mechanisms suggested by McDerment, Dunham, Shapiro (1988) and Howard et al (1975).

C. ASSESSMENT OF IMPACT

(i) Aims and Objectives

The Researcher considered that he was able to fulfil all of the stated objectives, with the possible exception of (iv), where success was limited.

The Researcher held a number workshops providing feedback of results, including one for the Department's training section and in addition, published a paper (Miles 1990) suggesting an appropriate training approach to stress in the workplace. Certainly, the implementation of the survey raised levels of awareness amongst some groups within the Department, including key members of its management team. However, in general, interest external to the sites of intervention was inconsistent, with a number of senior managers able to acknowledge that stress in the workplace was a problem, but unwilling or unable to address the issue other than through the general vehicle of improving good management practice.

Whilst two major initiatives relating to staff care were developed within the Social

Services Department during the period of the study, both introduced by the Researcher, it is difficult to claim any direct relationship between these and the research findings, other than through an increase in the Researcher's own awareness and knowledge. Indeed each respective initiative was implemented as a response to a crisis situation which had led to the Department being the subject of public and media criticism.

In spite of the above, the Researcher is in the process of arranging a series of seminars to feed back results to senior managers of the Department.

(ii) Hypothesis (a)

(a) *Potential Stressors*

In developing the above hypothesis, the Researcher made an assumption that there would be a significant number of stimuli present within the workplace environment which would be perceived as threatening and also be within the direct control of the team. In three of the case studies, Lincoln Road, Prince's Hospital and Castle Road Day Nursery, this was clearly not the case. Indeed the majority of stimuli perceived as negatively impacting upon staff in these locations could largely be classified as external to their control. These included factors such as *physical working conditions, departmental policies and senior managers, media pressure* and to some extent, *the inherent nature of the task e.g. child protection work*. Clearly, within the limited parameters of the study and the complexity of their interaction, the Researcher would be unlikely to change such pressures and indeed this perspective supports the views expressed by Fineman (1985) who suggested that some of these elements were part of 'organisational life' and to a large extent unchangeable.

The Researcher was able to identify a number of internal workplace issues where change seemed appropriate during the course of the above three studies and subsequent modifying action was taken by the relevant managers e.g. increased support of staff at Castle Road. However, within these three relatively healthy environments, greatest emphasis was placed upon building further those positives already existing and coping effectively with those pressures which could not be changed.

The workplace conditions prevailing in the other three case studies were to varying degrees less healthy than those locations already mentioned. Whilst identifying potential pressures within the team's control was relatively straightforward, rectifying them was not. In all three cases, the overriding factor responsible for generating difficult and stressful situations was related to interpersonal factors. The severity of these difficulties in some cases was such that any resolution of the problem was beyond the capabilities of the Researcher to change within his existing time-scales and project remit. Indeed as indicated earlier, the Researcher considered that responsibility to effect such change must rest with the manager. In these three case studies, for a range of reasons, the managers were unable or unwilling to change some very complex workplace factors.

In view of the above the Researcher suggests that **the degree to which workplace pressures will need modifying and the extent to which such change is possible will largely depend upon: the complexity of existing difficulties, the abilities and in particular the skills and qualities of the local manager.**

(b) Coping Mechanisms

In five of the six case studies (Excluding Rosedale EPH), the Researcher is quite clear from his own observations, feedback from both staff and managers and analysis of the stress checklists, that his intervention did lead to a range of positive coping mechanisms being implemented at both team and individual levels. These changes ranged from increased recreation on an individual level to changes in supervision practice and restructuring of team meetings. However, as in (a), the greatest impacts were achieved within the three healthiest teams and were once more attributable to the commitment of the local manager. However, the effectiveness of the introduction of these team coping strategies was less easy to evaluate.

(c) Effectiveness

If the before and after methodology advocated by Murphy and Sorenson (1988) and Schloss et al (1983), is applied, then it can be argued that measuring the effectiveness

of the Researcher's intervention should be relatively straightforward. The before and after checklist measurements should provide this information. Indeed, overall positive changes, although small, can be identified in four of the five cases studies where the two checklist profiles were compared. However, the work undertaken at Castle Road Day Centre throws considerable doubt upon this conclusion.

Subjectively, the Researcher is of the opinion that this was the most successful intervention and this view is supported by the opinions of the staff and yet if the effects profile is analysed, just the opposite appears to be the case. As indicated in Chapter Ten, this can be explained by increases both in awareness of the issue and intensity of pressures impacting upon that workplace at a particular point in time. However, it was the opinion of the staff group and the manager that they were able to cope much more effectively with these pressures following the Researcher's input.

Similar variations were evident in all case studies in relation to changing intensity of pressures external to the team's control e.g. introduction of legislation. In addition positive events also occurred in the lives of individuals e.g. birth of a baby, which undoubtedly brought both positive motivating influences and simultaneously, different pressures into the lives of the individuals concerned. Indeed the evidence of the studies undertaken at Lincoln Road, Prince's Hospital and Castle Road, where external pressures were certainly as great as the other three studies, suggests that **high levels of work pressure do not automatically create an unhealthy environment and subsequent impact of pressures is dependent upon the extent to which they are coped with effectively.**

The above has major implications for those who advocate 'before and after studies' and seek to evaluate their impact or effects statistically. **In order for such conclusions to have any validity, all variables would have to be held constant e.g. external pressures and positives, which by definition are often uncontrollable; social support; world events; individual physical health.** The Researcher suggests that the implementation of such control is not possible and re-affirms his scepticism of such causal analyses.

The above does not mean that all research of a statistical nature should be disregarded. However, it does provide a possible explanation of a stress research history which has been profligate in conflicting results. **The Researcher suggests that a positive approach may involve attributing greater importance to the subjective perceptions of those participating in such research projects allied to statistical analyses. This may encourage an approach which allows conflicting results to be regarded as signposts for issues requiring further investigation and which contribute to our overall understanding of the stress process.**

(iii) Hypothesis (b)

The manner in which the study developed did not enable the Researcher to confirm his hypothesis which suggested that the lowering of discrepancies between respective role expectations would result in reduced stress levels. Indeed the points made in Section (ii) indicate that **even if the ranges of discrepancy were minimised, it would not automatically result in a commensurate lessening of effects experienced by staff.** However, a significant body of evidence emerged which supported the view that discrepancies concerning role expectations are likely to contribute adversely to the overall impact upon the individual made by those variables most frequently associated with increased stress levels.

(a) Internal

Consistent with the pattern so far emerging, workplaces which had the healthiest environment were those with the highest degree of consensus between frontline staff and line managers and between colleagues, concerning the main purpose of the social care function. This was marked by supportive interpersonal relationships. Indeed, where staff had good rapport, ability to cope increased. The converse was also true. Where team climates were unhealthy, disagreements were frequent concerning core aims and objectives and appropriate responses towards clients.

(b) Departmental

A consistent theme within each of the case studies and indeed a major source of concern expressed by the participating teams, was the perceived distance and in some cases total alienation of senior managers and external support services. They were often considered to hold a radically different view from staff teams as to how the caring task at a local level should be carried out. Indeed it should be noted that **the ability to operate within an autonomous environment free from 'departmental interference', was considered to be extremely desirable.** This was particularly evident within the Brookmore team, who learned that without consultation, their team title had been changed overnight from Mental Handicap to Learning Difficulties! It was perceived by the staff that since there was no standard definition of this term, significant confusion and irritation subsequently arose amongst both clients and professionals.

(c) Extra-Departmental

There was considerable evidence supporting the existence of discrepancies between role expectations of frontline staff and those of a number of bodies external to the Social Services Department. These included *NHS staff, the media, barristers, the public at large, and the families of clients.* This was particularly widespread in relation to child care issues. Indeed, the difference of opinions in this area concerning role is currently highlighted by the proliferation of legislation issued by the Government concerning the rights of children in care, based on the assumption that the child's welfare is paramount. This is contradicted by the very same Government who state that they wish to increase punitive action against 'children looked after' who have committed criminal offences! The Government's confusion concerning role expectations, manifests itself in a very real manner at local level. This was illustrated by comments made by staff within the case studies who expressed their anxiety at making the wrong decision and subsequently being punished by either senior managers or the media.

(d) Clients

Discrepancies between client and carer expectations, on the surface were not marked.

However, a number of comments made in respect of elderly people, suggested conflicts existed concerning the role expectations between the carer and family and indeed on occasions between the family and the client, all adding to the pressures experienced by the carers.

The work undertaken by the Researcher with day centre clients illustrates a clear perceived discrepancy between what services the parents believed they should be receiving and what they felt the wider Department wished to provide via its social workers. However, they also indicated that the centre staff had a clearer understanding of their requirements. Even allowing for the fact that the Social Services Department in question was particularly large and complex, these findings do suggest that the discrepancy framework may be more complex than initially suggested in Figure 7. Indeed, there may not only be a potential disagreement concerning the respective roles of clients and social workers and the wider department, but also between the centre workers, social workers and departmental senior managers.

In view of the above, the Researcher suggests that unless local carers are able to insulate themselves from potential conflict arising from discrepancies between role expectations, then the areas of discrepancy identified seem likely to increase personal levels of stress and strain. The most likely manner in which this difficulty can be best managed by respective teams, seems to be by developing a local environment which possesses a high degree of autonomy. However, in the light of ever increasing legislation and public accountability, the feasibility of achieving high levels of local autonomy seems likely to decrease.

The above conclusion is consistent with Dunham's findings (1984), referred to earlier by the Researcher.

(iv) Hypothesis (c)

(a) Common Stressors

The Researcher observed that the following stressor groups, causing anxiety to staff

were common to all teams:

The Department;

Senior Managers;

Media;

'looking over their shoulders' (also reported by Fineman 1985),

Communication Difficulties associated with the wider department and its policies;

Conditions of Service;

Lack of appropriate training.

Two important points should be made regarding the above. Whilst the groupings were common to all, the individual nature of the stressors did vary between groups e.g. social workers felt their training programme was not related to their working practice; most residential workers had received no training! In addition, it is not clear to what extent these common stressors are related to the actual size of the organisation being studied, the nature of the profession, the public sector, the personality characteristics of the employees or to bureaucracies in general and the manner in which they are structured (Cherniss and Egnatius 1978).

One common stressor, surprisingly influential in the negative impact which it appeared to exert upon all staff within the studies, was the view expressed that the social work profession was held in very low esteem by the general public.

In addition to the above, whilst not common to all studies, there was considerable concern perceived by staff concerning the role and organisational attitudes towards women and black staff. The Researcher suggests that whilst there are general employment pressures concerning these issues which impact upon all public sector organisations, the severity of these factors may have been unique, at the time of the study, to this particular Social Services Department.

Another key factor to emerge which is not well documented in studies of occupational stress relates to the number of statements made concerning management isolation

and lack of management support. This issue featured in every case study and has major ramifications for senior managers, for whom the general expectation is that they are not expected to suffer from stress.

Significantly, clients did not appear to be a common source of stress. Indeed just the opposite was true, with clients identified by all groups as the key source of satisfaction. This contradicts nearly all the 'informed opinion' articles which propound the theory of 'client pressure'.

Whilst common sources of stress were identified, it should be noted that their impact varied significantly between respective teams, suggesting that identification of stressors does not translate into an easy prediction of their influence in different workplaces.

(b) Specific stressors - Client Groups

There were undoubtedly stressors which the Researcher was able to identify which were uniquely related to specific client groups. Examples included the following:

Elderly - Death; difficulties in discharge from hospital; lack of ability to interact with carers; interaction with health service.

Children - Child Protection; non-accidental Injury; appearances in court.

Learning Difficulties - definition of terminology, role of health service.

The above indicates the likelihood that similar idiosyncratic pressures would be found to exert themselves upon carers dealing with People with Mental Health problems and People with Physical Disabilities.

The feedback from respondents did suggest that the potential stress associated with childcare was inherently greater than other client groups. The Researcher suggests that this is associated with the greater likelihood of decisions needing to be made concerning life and death or serious injury situations, associated with high profile media coverage.

(c) Specific Stressors - Caring Context

There were a number of stressors which could be specifically identified with residential work. These were as follows:

unsociable working hours; sleeping-in duties; levels of contact with clients.

In addition, to the above there were a number of factors which whilst falling within the common category (a), manifested themselves in a unique and more worrying manner within the specific residential environment. These were as follows:

fewer staff qualified; less experience; a proliferation of temporary contracts; high levels of sickness.

The Researcher suggests that the work of the recent Warner Report (1992), supports the view that these factors are not specific to the studies undertaken, but a widespread national problem in relation to residential work.

In addition to the uniqueness of the residential setting a range of other stressors emerged which demonstrated that any workplace setting has the potential to develop a unique interaction of pressures which are not necessarily in anyway related to the nature of the task e.g.

interpersonal relationships (staff and local managers), personality characteristics, cross domain issues, physical conditions, home circumstances.

In relation to the original hypothesis, the case studies revealed that there were:

- *common factors across the various sites of intervention;*
- *differences related to client groups;*
- *differences specific to each particular team.*

These findings support the broad organisational categories of potential stressors identified by French and Caplan (1972) and Cooper and Marshall (1975) which can be associated with occupational stress. However, the Researcher found the variety of stressors within these broad categories to be considerable. Some can clearly be related to the social care profession. However, their interaction with a range of other variables indicates that an understanding of the context in which they occur is critical if these generalised groupings are to have any practical meaning attached to them. In addition, the intensity and subsequent impact of these stressors varied according to local ameliorative factors and the team's ability to cope effectively with them. This suggests that the study of coping is of greater relevance than the eradication of potential sources of stress.

11.2 ANALYSIS OF COPING AND MANAGEMENT STRATEGIES AND THEIR EFFECTIVENESS

A. EFFECTS

As the Researcher indicated in Chapter Ten, most of the effects experienced in the workplace were either psychological or behavioural, with only relatively few carers reporting high levels of physical ill health. This suggests that stress research set within an epidemiological framework is likely to be of little practical relevance to managers.

The behavioural and physical effects experienced by participants were in the main consistent with the main body of stress research. However, the degree of reported impact which work pressure was reported to have upon the home was significantly greater than the Researcher had anticipated. Conversely, respondents within all of the studies suggested that the individual stress they encountered had relatively little effect upon colleagues and clients.

One of the key observations which the Researcher made during the studies was the fact that intensity of pressures was not necessarily directly related to experienced adverse effects within the workplace. This suggests that the critical moderating

factor determining the nature of the relationship between cause and effect is the ability of individuals and teams to cope effectively with the relevant pressures.

B. INDIVIDUAL COPING

(i) Control/Adaptive Strategies

Reported individual coping strategies were consistent with those outlined by the relevant researchers in this area e.g. McDerment, Dunham, Shapiro (1988), Howard et al (1975), Kyriacou (1980), Latack (1986). The majority were within the control or adaptive category e.g. *Talking the Problem Through or Tackle the Problem Directly*. However, the Researcher also noted both within the larger survey and within the case studies that experience played a crucial role in the ability to cope and that long-term employees (survivors), within the organisation were more likely to implement control strategies.

(ii) Symptom Management Strategies

A wide and interesting range of symptom management strategies were reported by participants, some of them highly amusing. Most fitted within the general research categories identified. However, the Researcher noted a number of issues which he considered to be of significance.

(a) Individual-Focused

The symptom management type of approach is the one most commonly applied within typical stress management programmes 'bought in' by large organisations. Whilst this type of intervention has its positives, it tends to place the onus on managing workplace pressures back on the individual. This can allow employers to abrogate management responsibility, thereby encouraging a '*blame culture*', similar to that evident within the Rosedale case study.

(b) *Socio-economic Influences*

The Researcher noted that recommended coping strategies such as *yoga, relaxation, recreation, going on holidays* were used to a much greater extent by those staff on higher salary grades and who also were able to exert a greater locus of control in both their workplace and private lives. Conversely, the coping workshops held with clients indicated that many of the so-called coping activities both had a cost to them and an associated culture and lifestyle e.g. *going to the theatre, holidays*, which was outside their range of normal everyday experiences and expectations. Indeed their reactions were not greatly different from those manual grades of staff participating in the studies. Thus it would seem that the relevance of coping strategies, which have primarily been designed for middle class white collar workers, has a diminishing relevance to staff and indeed clients as they range down the socio-economic scale.

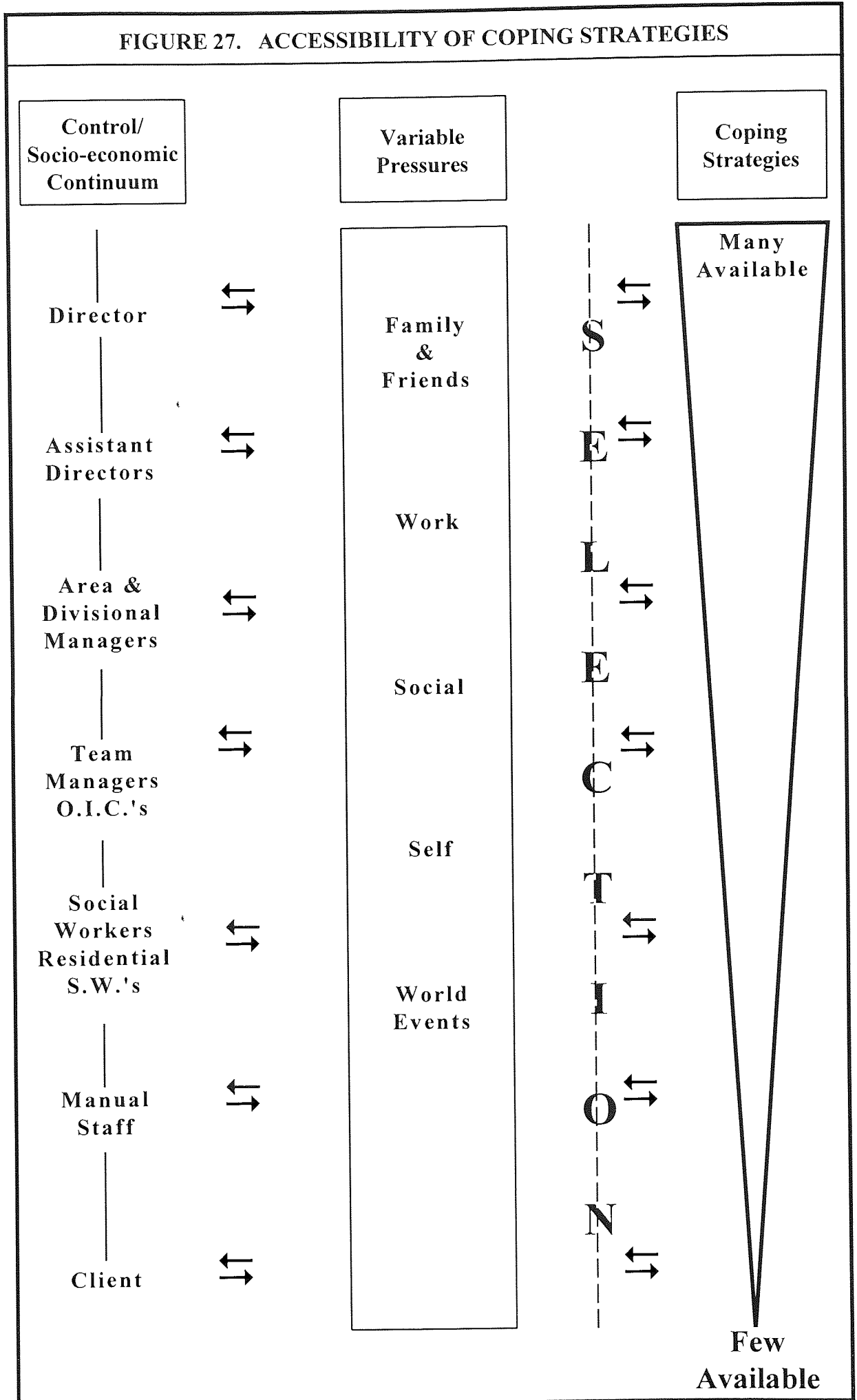
The Researcher's observations directly parallel the medical studies of Marmot, Rose and Shipley (1984) and Marmot and McDowell (1986), who found a similar socio-economic relationship with sufferers of heart disease.

The Researcher therefore suggests that the potential pressures and stressors encountered by high wage earners, whilst likely to be different in nature, are not necessarily any greater or less in intensity than those to which lower wage earners are subjected to. However, the high wage earner will have a vastly greater array of coping strategies which he or she will be able to access. The Researcher has represented this in Figure 27.

Thus whilst individual coping techniques should not be disregarded in assisting employees to deal effectively with workplace pressures, managers should:

- (i) ensure that the encouragement of individual employee coping does not detract from the manager's responsibility to contribute significantly towards a healthy workplace environment;

FIGURE 27. ACCESSIBILITY OF COPING STRATEGIES



- (ii) be aware of the range of coping strategies which are realistically applicable to the staff group concerned.

(iii) Avoidance/Maladaptive Strategies

- (a) Generally, levels of avoidance or maladaptive strategies were reported to be low, with the exception of *Working Harder* which appeared to be a not infrequent response to pressure made by all types of carers, even though research suggests that this is an ineffective strategy. The Researcher suggests this response may be related to the personality profiles of those who are employed. Indeed staff displaying this tendency at interview, may actively be recruited by managers who regard this as a valued asset. Alternatively, as the Researcher indicated earlier, this may be a coping response which occurs when the worker is operating between the thresholds of stress and motivation on the stress-motivation continuum. This fine balance may well be a characteristic of the Social Services environment.
- (b) The consumption of alcohol as a response to pressure provided two interesting points. Firstly there was evidence of a number of staff working in relatively 'healthy workplaces', who combined control strategies with increased consumption of alcohol. This did not appear to have any obvious negative effects upon the individuals concerned, indeed the opposite appeared to be true in that they perceived this response to be helpful. The Researcher acknowledges that there may be adverse long term effects which he was unable to identify within this study. However, the Researcher's observations suggest that consumption of alcohol should not in itself be considered maladaptive if used in an appropriate combination with other strategies. The same may be true of other responses classified as avoidance or maladaptive. On the negative side, the Researcher did note that maladaptive coping strategies and inappropriate behavioural responses, specifically excessive consumption of alcohol, can manifest themselves amongst staff located within a particular workplace in the same manner as psychogenic illness. **The key variable determining whether a coping response such as consumption of alcohol is adaptive or maladaptive may be the team climate, identified by Fineman (1985), which may be healthy or unhealthy.**

C. TEAM COPING AND INTERVENTIONIST STRATEGIES

(i) Identification of Effective Strategies

During the course of the studies, a range of strategies were identified by both frontline carers and their managers as being helpful in addressing the management of stress on a team rather than individual basis. These were as follows:

Induction

Clarification of problem areas

Management Support

Supervision

Regular Staff Meetings - sensible agenda setting

Quality Circles

Prioritisation of workload.

These strategies are consistent with the findings of a number of researchers, in particular McDerment, Shapiro and Dunham (1988) who suggested that these and similar strategies are relevant within all human service organisations. In particular from the staff's perspective, supervision appeared to be crucial. However, it is interesting to note that this process appeared to be almost universally disliked by the managers and was one of the first processes to slip during times of increased pressure. This could be due to the nature of the supervision which the manager may see as less important or indeed confrontational (a similar point was made by two managers in relation to staff meetings). Alternatively, it may be that pressures exerted upon line managers by senior officers may devalue the local importance of activities such as supervision.

It should be emphasised once more that the effectiveness of any of the above strategies are significantly dependent upon the commitment and enthusiasm of the local line manager. In addition to this, the ability of the team to maintain a high degree of autonomy appeared to play a key role in increasing the effectiveness of the various strategies.

(ii) Less Effective Strategies

The above strategies were perceived by carers to be helpful. However a number of other approaches, supported by a variety of researchers as being positive interventionist strategies were regarded as ineffective. In particular, the work of McNeely (1988) is somewhat contradicted by the Researcher's findings. Certainly where his suggestion of introducing *Quality Circles* was implemented, there were undoubted benefits. However, both *job-sharing* and *career breaks*, or *leisure breaks* as he referred to them, were deemed to be ineffective. Staff reported that returning from career breaks or maternity leave was extremely difficult, particularly when practice and legislation had changed, and frequently described the experience as traumatic. Similarly, in the Researcher's case studies, job sharing produced feelings of guilt and a tendency to take work home to compensate.

Zastrow (1984) suggested that time-outs and increased training, produced increased job satisfaction. However, the nature of the training appears to be critical and particular care must be taken by the manager to avoid placing the onus entirely back on the individual.

The apparent contradictions with wider research findings, present within the Researcher's case studies, may be due to the differences between the British and North American culture where the work of Zastrow and McNeely was conducted. **However, these differences may also be explained by the fact that most of the carers within the Researcher's study were women, who had to contend with increased family and role pressures, thereby negating the benefits of certain strategies.**

In light of the effectiveness apparent within his case studies of a range of management interventions, the Researcher disagrees with Marshall and Cooper (1975b) and later Fineman (1985) who suggested that coping must focus equally upon the individual. **The Researcher considers that focus upon the team is equally essential. This supports the view of Zastrow (1984), who advocated a two-pronged coping approach, emphasising that both an individual and organisational approach were essential in creating a healthy workplace. However, what is clearly evident is**

the need to undertake a diagnosis of workplace pressures and factors related to team climate before embarking upon an intervention strategy. (This supports the views of French and Caplan 1972).

11.3 REVIEW OF THEORETICAL AND METHODOLOGICAL FRAMEWORKS

A. QUALITATIVE VERSUS QUANTITATIVE

(i) Social Worker Survey

The Researcher considers his study demonstrated that survey methodology can be useful in capturing a wide range of data relatively quickly concerning a particular group of employees. However, the ensuing data was mainly useful in a diagnostic capacity, providing senior managers with signposts concerning particular organisational issues. It may well be helpful for the Department concerned to address these issues further, although such work was clearly not included within the original research design.

The survey questionnaire was also useful as a stress checklist and provided a means of measuring changes in the response profile of a group of employees over a period of time. Indeed the survey did not indicate any significant inconsistencies, such as those experienced by Capel (1987), with the data gathered from case study interviews. **It seems likely that this was due to the Researcher undertaking his initial work concerning the use of language and related stress terminology.**

However, in spite of the above, the limitations of the survey should also be borne in mind, in particular it should be noted that **the statistical data gave no clear indication of how the variables interacted, nor any sense of specific issues located within local work environments.**

(ii) Case Studies

The case studies did provide a localised insight into how the stress process operated

within specific teams, supporting the views developed by the Researcher in Chapter Nine. The analysis and collation of the data emerging and its dissemination to the respective teams and their managers, did in the Researcher's opinion, provide sufficient information to enable local teams to respond to pressures existing within their respective workplaces. This data could not have been collected as effectively by a survey method and indeed whilst being subjective in nature presented clearly the situational reality of the local working environment.

Another advantageous feature which assisted in the effectiveness of the case studies was the Researcher's experience and familiarity with the social care field. However, whilst as an 'insider', working for the same Department, there were a number of advantages associated with networking, there were as indicated earlier a number of significant drawbacks associated with conflicts of interest.

B. STRESS THEORETICAL FRAMEWORK

One of the objectives of the Researcher throughout both phases of his research was to reconsider the relative merits of the three broad theories of stress outlined in Chapter Two. Eulberg, Weekley and Bhagat (1988), strongly support the need to continue to test stress theories for their rigor and they provide a useful framework for such analysis. They describe this discipline as adopting a metatheoretical perspective, i.e. the science of analysing theories. This process is undoubtedly important since the framework adopted will determine the basis for construction of future research paradigms and their ensuing claims to academic respectability. Eulberg et al suggested that a number of criteria should be applied in determining whether a model has conceptual rigor. The Researcher will consider each of the three models outlined in relation to these criteria and then specifically in the light of his transactional field research.

(i) Metatheoretical Criteria

- (a) *Clarity*** - the extent to which a model can be described in unambiguous explicit terms.

Both the Medical and Engineering models are explicit in their explanations. The Transactional model is significantly more complex, containing a number of distinct concepts which might themselves be regarded as a complex mix of objective and subjective metatheories. This framework may attract criticism concerning its inability to easily develop directly attributable causal linkages. However, this presumes the necessity to establish causal explanations. In the Researcher's view this remains an unproven assumption!

(b) *Internal Consistency* - no logical contradictions are contained which will generate competing hypotheses.

In any theory, the smaller the number of potentially interactive variables contained within it, the less susceptible it is to criticism. Both the Medical and Engineering models contain few variables. However, both have been demonstrated to be inconsistent and indeed have generated competing hypotheses. Whilst this places a major question mark as to their ability to stand alone as rigorous models, this generation of hypotheses has undoubtedly been responsible for initially Hans Seyle (1956) and later, other theorists, redefining their models. The Transactional Approach surmounts this problem to some extent, but not totally, by developing a series of metatheories, which prompt the possibility of further theoretical development, without necessarily proving to be contradictory.

(c) *Falsifiability* - the extent to which a model can be tested empirically. Preference is given to models which generate easily testable hypotheses.

Undoubtedly the Medical and Engineering models at a superficial level can be much more easily tested than Transactional models. This is because of the relatively few variables contained within the former. The latter represents such a complex model, that the holding constant of variables is extremely difficult. However, the extent to which this criteria is applicable depends upon:

- the degree to which the Medical and Engineering models provide credible explanations of stress;

- the validity of considering empiricism an appropriate criteria for an area of study which by its very definition, contains a high degree of individual perception and therefore subjectivity.

(d) *External Consistency* - the extent to which the model is compatible with a large segment of existing theory and research evidence in a similar domain.

All three models can be considered as compatible with various theories developed to explain motivation and human behaviour. However, this criterion as a measure of validity is questionable, since there are similar competing models and debate concerning the development of a single all-embracing explanation which adequately describes the phenomena of motivation.

(e) *Comprehensiveness* - the scope for dealing with and describing phenomena in complex situations.

Clearly neither the Medical nor Engineering model provide a consistent explanation of stress in complex situations. In view of its interactive nature, the Transactional view is much better equipped within this context.

(f) *Parsimony* - a good model contains only a few key concepts.

The Transactional model contains many key concepts, which are complex in their own right and therefore fails to satisfy parsimony criteria. However, it could be argued that this criterion is contradictory to that of comprehensiveness and that the main strength of the Transactional model is contained within the very complexity of its design.

(g) *Originality* - the extent to which a model leads to new hypotheses.

Each of the models has in turn led to the generation of new hypotheses and each must be valued within this context. However, the generation of new

hypotheses has tended to discredit the 'stand-alone' credibility of the Medical and Engineering models. The Transactional model has held sway for the past fifteen years and whilst it has generated a range of hypotheses, they have not in the main been contradictory, rather they have illuminated various facets of an extremely complex concept. Eulberg et al (1988) concur with this view and state that Transactional models have helped provide, '....a visual integration....in a way useful for specific audiences'.

On the basis of the above, whilst the Medical and Engineering models are initially attractive in their conceptual simplicity and testability, neither can be regarded as providing a credible explanation of stress in its own right. They both however contribute to an understanding of the overall conceptual framework and therefore should not be abandoned in their entirety. Consequently, the Researcher is of the opinion that the Transactional view of stress represents a dynamic interaction between a number of different variables and therefore is the best means by which a comprehensive explanation of stress can be provided.

Whilst the latter conclusion would be upheld by nearly all contemporary stress researchers, Eulberg et al (1988) are critical of the manner in which theories within this framework have been developed: 'Models of stress have tended to sacrifice conceptual tightness for breadth or scope of coverage'. They argue that, '...there appears to be an inverse relationship between a model's breadth and its overall impact upon the field'. An example of this is the model developed by Carroll and White (1982), which they described as 'ecological'. However, its shortcomings are revealed in its inability to indicate the nature of interaction between a number of subsystems contained within its framework. As a result, they argue for the development of 'mid-range' theories. **The Researcher suggests that they have come to this conclusion because of the lack of appropriate research design models and tools rather than any deficiency within broad Transactional frameworks.**

(ii) Research Evidence

Both phases of the studies confirmed the Researcher's view that the stress process can only be fully understood as a complex process involving a huge range of interactive variables and interrelated metatheories and does satisfy the criteria of theoretical rigor outlined by Eulberg, Weekly and Bhagat.

- (a) Whilst Eulberg, Weekly and Bhagat, may criticise such a theory as being too complex and lacking clarity, the extrapolation for study of the separate metatheories, presents a range of potentially conflicting information. The Researcher's results in relation to coping suggest that other factors such as pressures and effects can only be understood if the relationship of coping to these factors is fully understood. **It is only when the relevant variables are considered as components of an overall process that a stress theory can be constructed which displays explanatory power, comprehensiveness and internal consistency.**
- (b) Eulberg, Weekly and Bhagat identify falsifiability as another of their criteria in determining theoretical rigor. The Researcher is of the opinion that his studies demonstrate that such rigor is present within Transactional Theory, but suggests that, this characteristic cannot in the case of stress theory be determined by solely empirical methodology. Indeed whilst empiricism and qualitative methodology are not contradictory concepts, the Researcher suggests that unless the experiences of the subject are captured in a qualitative fashion, then rigor cannot be demonstrated. Whilst empiricism can be more easily applied to cause and effect theories, this adds little weight to their credibility, since a wide range of contradictory studies indicate an inability to demonstrate either internal or indeed external consistency.

In the light of the above, the Researcher confirms the overall framework which is illustrated in Figure 4. The only amendments which might be made relate to the clear separation of adaptive behaviour from maladaptive behaviour. Indeed in the light of his research, the Researcher suggests the significance of many so-called adaptive and maladaptive response can only be appraised in the light of other existing variables impacting upon the individual such as social factors and the existence of

team support. Thus, in certain circumstances walking as a response activity could become isolationist. Similarly drinking alcohol could be perceived as taking place within an environment of positive social support.

(iii) Organisational Analysis

In the Researcher's opinion, his study has demonstrated the need to adopt a psychosocial frame of analysis in examining stress within a human service organisation.

This view is also consistent with the Ecological model developed by Caroll and White (1982). However, it is the model developed by Courage and Williams (1987), with the amendments made by the Researcher in Figure 6. which most accurately reflects the Researcher's preferred framework. It does illustrate the complexity involved in the development of a comprehensive framework of the stress process within an organisational context. The four dimensions of: *Social Factors, Care Recipient; Care Provider; Nature of Organisation* have all been demonstrated within the Researcher's study to be key variables. Certainly, alternative frameworks such the Linear Model developed by Pearlman and Hartman (1982) appear to restrictive in their approach.

The danger of adopting the model proposed in Figure 6. is that it may promote paradigms which are either too complex or alternatively the study of some of the identified variable in isolation to the overall framework. **The Researcher suggests therefore that the prime value of this model is assisting in the construction of research paradigms which attempt to develop an understanding and greater clarity concerning the overall process, not in developing causal hypotheses.**

C. FUTURE RESEARCH PARADIGMS

The Researcher has indicated during the course of his study that a number of research approaches have limited usefulness both in relation to practical and theoretical applications i.e. cause and effect or medical models. Similarly, the pursuit of psychological investigations has limited application within the real world of a heterogeneous workforce. The Researcher therefore suggests five possible further areas of research, all of which have a practical application in relation to organising the work environment in a more

effective manner and having the potential for improving the working conditions of employees.

- (i) The evaluation of stress levels between different organisations and professions would assist in develop a clearer understanding of the interaction of those variables which account for apparent occupational differences.
- (ii) A consideration of the influence of gender and race within the stress process.
- (iii) The development of research paradigms examining local team intervention strategies should be pursued. Both the work of Hopkins and Grimwood (1992) and the Researcher, identify the practical benefits of such an approach.
- (iv) The Researcher indicated the varying difficulties associated with implementing intervention strategies within unhealthy workplace climates and yet it is probably here where the greatest presenting problems lie. Analysis of how change might be effected over a period of time, such as two years, should therefore be considered.
- (v) The manager has a key impact in determining the levels of motivation and stress within his or her workplace. The issue therefore of managerial isolation, evident within this study, merits further research.

11.4 ORIGINAL CONTRIBUTIONS TO KNOWLEDGE

The Researcher has, during this thesis, made a number of key contributions to knowledge. These include the following:

- (i) A rigorous analysis of the stress field has been undertaken, considering critically:
 - (a) relevant research studies;
 - (b) theoretical models of stress;

- (c) organisational models of stress relating to specifically to human service organisations.

- (ii) The Researcher has implemented a research design within a Social Services Department, which within the British context is rare. In particular, the following areas have been investigated:
 - (a) the language used by carers concerning stress within a Social Services setting;
 - (b) the stress profiles of a range of teams and social workers within a Social Services Department.
 - (c) the effectiveness of management interventions and team coping strategies concerned with alleviating workplace pressures;
 - (d) issues relating to stress and service users.

- (iii) Detailed theoretical and practical consideration has been given to the respective merits of qualitative and quantitative research methodologies. In particular, the Researcher has:
 - (a) demonstrated the appropriate application of each respective methodology and the particular usefulness of qualitative research designs where there is potential sensitivity or conceptual confusion concerning the subject matter;
 - (b) clearly identified the importance of understanding the relevant language associated with the subject area prior to the implementation of survey methods;
 - (c) developed a qualitative research paradigm suitable for analysing stress profiles and implementing change strategies at team level.

- (iv) Three key theoretical models relating to stress have been developed by the Researcher:
 - (a) a Transactional Stress Framework (Figure 4.);

- (b) a Perceptual-Discrepancy Model (Figure 7.);
 - (c) an Accessibility of Coping Strategies continuum (Figure 27.).
- (v) In particular, the Researcher has demonstrated the dangers of attempting to establish cause and effects relationships within the stress process.

Above all the Researcher suggests that if the objective of stress research is to improve workplace conditions for the frontline worker, then it is not the study of causes or effects which is likely to produce the greatest dividends, but in the construction of paradigms which develop an understanding of the relative effectiveness of coping mechanisms within the workplace, implemented on both an individual and team basis.

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FOCUS GROUPS PROMPT SCHEDULE (1)

1. What do you understand by the term 'Stress'?
2. How does stress affect you: (a) as an individual; (b) as a team?
3. Is stress a problem in the workplace?
4. Can you give some examples of what causes you stress?
5. How do you cope with stress?
6. Does home life stress affect your levels of job stress and vice versa?
7. Do you think clients are aware of when you are under stress?
8. Do different types of people suffer more stress than others?
9. What motivates you at work?
10. What can be done to help carers deal with stress?

LETTER TO PARTICIPANTS IN FOCUS GROUPS (1)

Dear Colleague,

I am presently undertaking a research project based at the University of Aston. The title of the project is 'A Study into the Management of Stress Amongst Carers within a Social Services Department'.

My choice of stress as a study is based upon the concern that stress is possibly a widespread problem within the caring professions. Indeed, there are strong suggestions that stress is a major contributory factor towards diminished work performance, sickness and low morale and of course inevitably such problems have repercussions for our clients.

The format by which I wish to gather my data is via team-based discussion groups. Discussions will last approximately one and a half hours and of course be in complete confidence. Following the discussion I would like participants to complete a personality test, which will take approximately twenty minutes. Names are not required for this test and the contents will therefore be completely anonymous.

Your cooperation will be much appreciated and I will be happy at a later stage to provide you with feedback of the study outcomes.

Yours sincerely,

Adrian Miles

A Questionnaire Surveying Levels of
Stress and Motivation Amongst Employees of
a Social Services Department.

Adrian Miles
October 1990

Dear Colleague,

I am currently conducting a research project into organisational factors which may influence levels of stress and motivation amongst professional carers. This study is a PhD. undertaking at the University of Aston and follows a pilot study in which you may have been involved.

As is the site of the study, I hope that it will have many important spin-offs for the Department, in particular for front - line carers.

At the first stage of the study it is necessary to have some basic information about the following:-

- workplace conditions,
- potential sources of stress,
- potential sources of job satisfaction,
- effects of stress,
- coping strategies.

I also require some basic data about those carers taking part in the survey.

In order to gather some of the above information, I am circulating the attached questionnaire. Responses to most questions require a simple tick in the boxes provided. I would be grateful if you could complete and return the questionnaire to me, via the internal post system, in the envelope provided. All information is anonymous and no details regarding individuals will be divulged.

It would be helpful if returns of the questionnaire could be made within three weeks of receipt.

Your co-operation is much appreciated and I hope to arrange an appropriate forum at a later date, to allow feedback of my findings.

Yours sincerely,

Adrian Miles

(A) Please indicate the extent to which you are currently satisfied with the following factors in your workplace.

	Very Satisfied	Satisfied	Changeable	Dissatisfied	Very Dissatisfied
1. Workload					
2. Promotion Prospects					
3. Leadership from Line Manager					
4. Level of Autonomy					
5. Personal Level of Skill					
6. Pay					
7. Relationships with Work Peers					
8. Relationships with Senior Staff					
9. Relationships with Clients					
10. Other Departmental Services					
11. Working Hours					
12. Physical Working Conditions					
13. Clear Aims and Objectives					
14. Equal Opportunities Policy					
15. Level of Client Contact					
16. Leadership from Central Management					

(B) Do you feel that concerns about your work situation have caused you to experience any of the following?

	Often	Sometimes	Rarely	Never
1. Sleeplessness				
2. Headaches				
3. Skin Rashes				
4. Irritability with Clients				
5. Irritability with Colleagues				
6. Irritability with Family				
7. Feeling Sick				
8. Aches and Pains				
9. Forgetfulness				
10. Depression				
11. Loss of Appetite				
12. Withdrawal from Contact with Clients				
13. Withdrawal from Contact with Colleagues				
14. Withdrawal from Contact with Family				
15. Apathy				
16. Serious Illness				
17. Overeating				
18. Any Other. Please Specify (i) (ii)				

(C) How likely are you to engage in the following activities when experiencing pressure at work?

	Very Likely	Likely	Sometimes	Unlikely	Most Unlikely
1. Talk to Someone					
2. Work Harder					
3. Go Sick					
4. Increase Alcohol Consumption					
5. Engage in Recreational Activity					
6. Take Drugs					
7. Sleep					
8. Eat Excessively					
9. Increase Smoking					
10. Avoid Being in Stressful Situations					
11. Pray					
12. Think Positively About Yourself					
13. Seek Professional Help					
14. Complain to Others at Workplace					
15. Tackle Problems Directly					
16. Try to Improve Skills					
17. Relaxation Exercises					
18. Think Problems Through					

(D) If there are any additional points or views you have regarding stress, motivation or job satisfaction and feel they may be of relevance to the project, please write them in the space provided below.

(E) I would be grateful if you could provide the following details regarding yourself and current employment.

Names are not required and returns are therefore anonymous.

1. Age (Years) 18 - 25 26 - 34 35 - 44 45 - 54 55 - 64

2. Sex Male Female

3. Home Circumstances Living Alone Living with one or more persons

4. Qualifications C.Q.S.W. C.S.S. Teaching Certificate

Degree Please Specify Other.....

5. With which client groups do you work? a. Children b. Elderly People c. People with a learning difficulty
d. People with a physical disability e. People with a mental illness f. Other.....

6. Position / Grade

7. Experience (Years) in :- a. Professional Caring b. Current Post.....

FOCUS GROUP - INTERVIEW SCHEDULE (2)

1. What do you understand by the term stress?
2. How does stress affect you?
3. Is stress a problem in the workplace and in this workplace in particular?
4. Can you give some examples of what causes you stress?
5. Is stress peculiar to the individual or are there certain pressures which affect everyone?
6. Are professional carers more susceptible to stress than other groups of workers?
7. How are people suffering from stress viewed by others?
8. Do people's personality types affect the extent to which they suffer from stress?
9. Does stress in the home affect your levels of job stress or vice-versa?
10. How do you cope with/manage stress?
11. Do you think clients are aware of when you are under stress?
12. When you are suffering from stress, do you think that there are adverse effects on your clients? Can you give some examples?
13. Can you give some examples of areas of motivation within your workplace?
14. Is there any difference between stress and motivation?
15. What steps can be taken to help professional carers deal effectively with stress? Can you give some specific ideas relating to this particular team?

IN-DEPTH INTERVIEW SCHEDULE

1. Can you tell me a little about your social work background?
2. What client groups do you work with?
3. What professional qualifications do you have?
4. What are your home circumstances i.e. Do you live on your own or with others?
5. What does stress mean to you personally?
6. Is stress a problem for you in your workplace? Can you give some examples?
7. Are your colleagues/managers/clients/senior managers a source of stress for you?
8. How do you cope with stress?
9. Does home life affect your levels of stress or vice-versa?
10. Do you think colleagues/managers/clients/families are aware of the extent to which you might be under stress?
11. Do you think different types of people are more prone to stress? What type are you?
12. What motivates you at work?
13. What changes would you like to see in your work environment which would alleviate stress and promote motivation?
14. Is there anything you would wish to add which perhaps I have not asked you?

MANAGEMENT OF STRESS

UNDERSTANDING STRESS (1)

COPING WITH STRESS (2)



ADRIAN MILES

JANUARY 1990

MANAGERIAL CHECKLIST
ATTITUDES TO STRESS

1. **What are your attitudes to stress in your staff ?
Stated and real!**

2. **Are there male and female attitudinal difference towards stress?**

3. **Do male managers regard female staff as more susceptible to stress?**

4. **Do you recruit staff who you hope will give over and above their contracted hours of work?**

5. **If a member of staff is struggling with long-term stress related sickness, do you regard them as not being cut out for the job?**

6. **How would you feel about telling your senior managers that you were suffering from stress?**

7. **Do phrases such as motivation, job satisfaction, enjoyment, fulfilment figure in your work vocabulary to the same extent as burnout, pressure and stress?**

8. **Does staff care figure as highly on your agenda as customer care?**

SUMMARY OF FACTORS
LEADING TO THE DEATH OF SHIRLEY WOODCOCK IN 1982

- * **Changes in policy and location - Generic/Patch**

- * **Inadequate administrative support**

- * **Work overload**

- * **High levels of staff sickness**

- * **Complexity of legislation - conflicting rights**

- * **Poor levels of supervision**

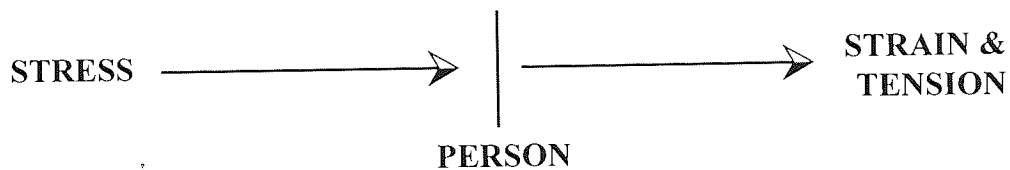
- * **Unclear channels of communication**

Para 10:

**" Perhaps the greatest significance of this case lies in the way it demonstrates the need to recognise the seeds of stress at many levels; in families, social workers, managers and in the operation of the Department. There is a consequent duty to seek to remedy the cause of stress."
(London Borough of Hammersmith and Fulham 1984)**

The Stimulus Theory

- * Stress is something unpleasant in the environment that the individual experiences.



(Cox and Mackay 1978)

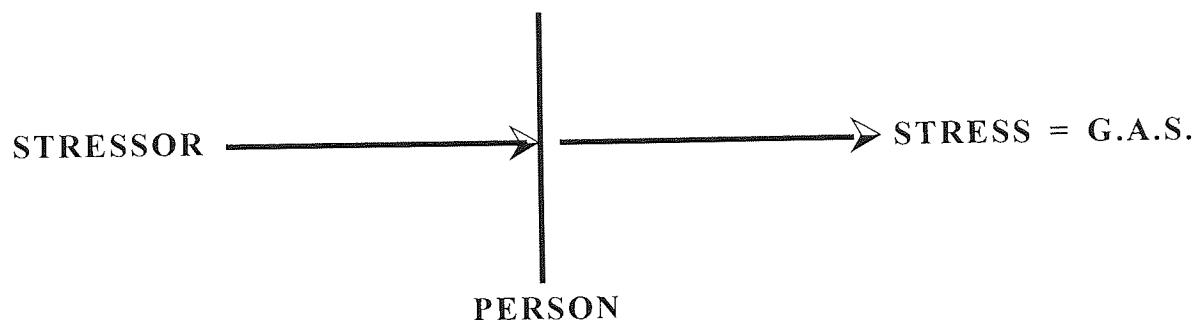
- * But do we all react in the same way to the same things? e.g. Hang gliding or parachute jumping.
- * Seyle 1980
 - Good stress is Eustress
 - Bad stress is Distress
- * Does Eustress = Motivation?
- * Does Distress = Strain?

Is there such a Phenomenon as Under stress?

"The only person without stress is a dead person."

THE MEDICAL MODEL

- * This model assumes that stress is a physical change in the body as a reaction to something in the environment.



(Cox and Mackay 1978)

- * When the person is threatened, the body prepares for flight or fright. This results in the release into the bloodstream of:

Fatty Acids
Adrenalin
Cortisol

This experience is often known as 'Butterflies'.

In the short term, the body becomes more resistant to attack and disease.

BUT

If the process is prolonged, the body will suffer fatigue or even in extreme cases death!

Lasting effects only take place if the condition is prolonged. We sometimes refer to this as strain.

What about mental aspects of stress?

THE TRANSACTIONAL MODEL

- * **This model sees stress as a process, a complex interaction of variables. (Cox and Mackay 1978)**

- * **In simple terms, this model sees the stress process as arising from an imbalance between either the demands made on an individual and the ability to meet those demands or between emotional needs and supplies.**

NB. There is clearly a thin line between motivation and stress.

SOURCES OF STRESS MAY BE:-

- * **Intrinsic to the Individual**
- * **The Organisation**
- * **Other Colleagues**
- * **Clients**
- * **Social and Family**

THESE STRESSES MAY OCCUR WITH VARYING INTENSITY

- * **Cataclysmic Phenomena**
- * **Powerful Events**
- * **Daily Hassles**

THE EFFECTS OF STRESS

(A) THE INDIVIDUAL

- * **Cardio-vascular - Coronaries, Strokes**

- * **Muscular - Backache**

- * **Locomotor - Arthritis**

- * **Infectious Diseases - Viruses**

- * **Gastric - Ulcers**

- * **Endocrinological - Diabetes**

- * **Dermatological - Eczema**

- * **Cancer**

- * **Neurological - Epilepsy**

- * **Fatigue and Lethargy**

- * **Genito-Urinary - Kidney infections**

- * **Mental Health - Depression, Anger, Feelings of Helplessness, Inadequacy, Resentment, Anxiety.**

- * **Social Problems - Loneliness, Heavy Drinking, Drug Abuse, Problems with Family Relationships.**

(B) THE ORGANISATION

- * Job Dissatisfaction
- * Absenteeism
- * Long-Term Sickness
- * Under-performance

In spite of the above problems caused to the organisation, most organisations do not have comprehensive staff care programmes. Many senior managers view stress as a weakness.

(C) THE CLIENT

(D) THE FAMILY

(E) FRIENDS

EFFECTS OF STRESS - ORGANISATIONAL IMPACT

- * Low worker morale
- * High sickness levels
- * High absenteeism
- * High staff turnover and wastage
- * Inefficient and ineffective delivery of services
- * Client damage.

NURSING:-

Training wastage for enrolled nurses 35% attributed to low morale, poor standards of care, unsociable hours. (Judge 1985)

POLICE:-

Three quarters of heart attacks suffered by U.S. Police are stress related. (Washington Crime News 1975)

TEACHERS:-

Teachers applying for breakdown pensions has trebled between 1969-79. (Kyriacou 1980)

THE PUBLIC SECTOR - A SPECIAL CASE FOR STRESS?

- * Concerned with people not products. Therefore increased responsibility.**

- * Stress, strain and related problems experienced by staff may have adverse externalities for clients/the public.**

- * A constantly changing client population means uncertainty, which is a common source of stress.**

- * The necessary personal characteristics of public staff may create discrepancies between personal emotional needs and supplies.**

- * Clients present difficulties - threatening situations, concerns re. well-being.**

IS STRESS ANY DIFFERENT FOR CARERS?

There is a client in our service. Therefore there are two implications:

- * Clients may be a source of stress for the carer.

- * Clients may suffer the consequences of a carer under stress.

" Anxiety, depression, stress and burnout all seem to describe the darker side of our work experience."
(Hopkins 1987).

WHAT CAN WE DO ABOUT ALLEVIATING STRESS?

- (i) CHANGE THE SITUATION

- (ii) COPE EFFECTIVELY WITH THE SITUATION

The above may apply to stress in our workplace, in our family and social lives, or as individuals.

MANAGEMENT STRATEGIES

- * **Selection**

- * **Induction**

- * **Supervision/Appraisal**

- * **Training**

- * **Quality Circles**

- * **Job Sharing**

- * **Job Rotation**

- * **Part-time Work**

- * **Reduce Work Load**

- * **Social Support**

INDICATORS OF STRESS

TEAM OR ORGANISATIONAL LEVEL

Absenteeism

Decreased Performance

Staff Turnover

Interpersonal Conflicts between Staff

Increase in formal negotiating mechanisms e.g. Grievance Procedures

PERSONAL LEVEL

Increased alcohol intake

Increased smoking

Stress related illness eg. Headaches

Insomnia

Hypertension and Cardiac Disorder

Ulcers

Depression and Anxiety

MAJOR CAUSES OF STRESS

Dangerous Tasks

Poor use of Skills and Abilities

Lack of Control over Key Issues

Lack of Participation in Decision-making

Unclear Expectations

Problems with Interpersonal Relationships

Low Job Security

Low Status within the Organisation/Team

Work Overload

IDENTIFYING SOURCES OF STRESS

FROM YOUR OWN PERSONALITY CHARACTERISTICS

FROM YOUR HOME/SOCIAL SITUATION

FROM TEAM MEMBERS

FROM YOUR CLIENTS

FROM THE ORGANISATION TO WHICH YOU BELONG

FROM WORLD EVENTS

TEAM METHODS OF COPING

Improve Physical Environment
e.g. Ventilation, No Smoking Policy
Health & Safety Policies.

Improved Communication Systems

Increased Participation in Decision Making

Training

Regular Evaluation of Worker Stress

Good Staff Facilities

Opportunities for Career Breaks

INDIVIDUAL COPING

Relaxation Methods

Self Instruction Training

Thinking the Situation Through

Use of Leisure Time

Time Management

**Improve Health eg. Stop Smoking,
Improve Eating Habits, Reduce Alcohol
Consumption, Take more Exercise.**

**Improve Mental Health eg. Improve self-
image, talk problem through with someone,
Professional Counselling.**

BEATING STRESS

(Masidlover 1981)

1. Take time to relax.
2. Talk out your problems.
3. Plan your tasks so that you can handle them.
4. Deal with your anger.
5. Get away for a while.
6. Be realistic in your goals.
7. Avoid self-medication.
8. Learn to accept what you can't change.
9. Look after your body.

STRESS RELIEVING STRATEGIES (Polunin 1980)

1. Work no more than ten hours daily.
2. Have at least one and a half hours free from normal work routine.
3. Allow at least half an hour for each meal.
4. Eat slowly and chew well.
5. Listen to relaxing music.
6. Practise relaxation at least twice daily.
7. Walk and talk at a slower pace.
8. Smile and be cheerful when you meet someone.
9. Plan a holiday at least once a year.
10. Take ten minutes daily for physical exercise.
11. Eat a balanced diet.
12. Seek advice if emotional or sexual relationships are upsetting you.
13. If unhappy at work, look at choices available to you.
14. Cultivate a hobby.
15. Join a yoga class or have a massage.
16. Concentrate on the present not past or future events.
17. Work through tasks methodically.
18. Express your feelings openly without hostility.
19. Don't set or accept unrealistic deadlines.
20. Don't rely on drugs.

(Polunin 1980 in: McDerment 1988)

Adrian Miles 1990

FIVE KEY ACTIONS (Kyriacou 1980)

*** Get things into perspective**

*** Analyse yourself**

*** Analyse your situation**

*** Recognise your limitations**

*** Pamper yourself and relax**

A. THINKING POSITIVELY AND IMPROVING SELF-IMAGE (SPENCE 1988)

1. Activating Event

You have spent many hours attempting to resolve a difficult issue concerning one of your most sensitive cases. You have just attended a case conference where in spite of your efforts, you been criticised by a senior manager concerning your practice in relation to this client.

2. Beliefs

Irrational - I am a failure. I don't have the skills to do this job. I can only make a minor contribution.

This manager has got it in for me. He/she has got a personal dislike for me. I'll never get promotion with this Department.

3. Consequences

Anger

Depression

Anxiety

Lack of Interest in Work

Blame the Client

4. Disputing the Challenge i.e. the Irrational Beliefs

- * Work out what the irrational/negative thoughts are about the situation that are making you feel distressed.
- * Look at the facts of the situation and see if your interpretation of events is correct.
- * Challenge the irrational thoughts.
- * I am not a failure. This person is satisfied with most of the work that I do. One mistake does not make me a failure. I have made no mistake. What positive action can I take to bring my point of view to my manager? Do I need to make this point? Is it that important?

5. Alternative Beliefs

I am competent at my job. This one incident will not affect my career. I will not make this mistake again(?) I will be more assertive in supporting my actions next time.

6. Alternative Emotions

Some discomfort, but get over the events much quicker.

B. PROBLEM SOLVING STRATEGIES

- 1. Specify and Define the problem situation.**
- 2. Make a list of all possible courses of action.**
- 3. Predict the likely outcomes of each alternative.**
- 4. Select alternatives with desired outcomes and assess feasibility.**

5. ACT

C. ASSERTIVENESS TRAINING AND STRESS REDUCTION

“Being assertive means standing up for your personal rights without violating the rights of others, expressing your thoughts, feelings and beliefs in an honest, direct and appropriate way.” (McDerment 1988).

Recognising your approach:

- | | | |
|---------------------------------|---|--|
| <i>Doris the Doormat</i> | - | suffers in silence, confused, bewildered, anxious. |
| | = | helplessness, lack of control |
| <i>Paul the Passive</i> | - | silent, joins in other people's misery, changes nothing. |
| | = | poor self-image, ineffective work. |
| <i>Iris Indirect Aggression</i> | - | hurtful underhand comments, undermines confidence, backbiting. |
| | = | Isolation and depression. |
| <i>Alma Aggro</i> | - | Abusive, threatening, blames people. Used to be Doris Doormat. |
| | = | Isolation, blood pressure, premature death. |

Acting assertively increases control over events and self respect.

(Phelps & Austin 1975)

D. RELAXATION

Working through your muscle groups, tense and then relax in the following order for ten seconds:

Toes

Feet Arches

Calves

Thighs

Buttocks and Pelvic Area

Stomach

Chest

Arms, Hands, Fingers

Shoulders and Neck

Jaws, Cheeks, Forehead

Each time you tense your muscles, imagine you are pushing the stress further up your body until it is pushed out completely. Then imagine your body is alternately heavy and floating.

(Shapiro 1988)

E. EMERGENCY RELAXATION

(Madders 1981)

- * **Take time-out immediately**

- * **If necessary shout stop!**

- * **Try to think rationally**

- * **Breathe in and hold your breath briefly**

- * **Breathe slowly**

- * **Try to allow every muscle in the body to relax - start with the shoulders, neck and hands**

- * **Tense and then relax the facial muscles**

- * **Remain quiet for a moment.**

WORKPLACE STRESS PROFILE - HAZELMERE

1. STRESSORS WITHIN TEAM CONTROL

FEELING GUILTY

BEING ON YOUR OWN

LACK OF TIME

COLLEAGUES

SELF

CASE CONFERENCES

2. STRESSORS WITHIN DEPARTMENTAL CONTROL

MANAGEMENT ATTITUDES

LACK OF TRAINING OPPORTUNITIES

EQUAL OPPORTUNITIES POLICY

STAFFING LEVELS

NUMBER OF ADMISSIONS

TEMPORARY CONTRACTS

FEELING ISOLATED

3. STRESSORS OUTSIDE DIRECT CONTROL

CHILDREN'S BEHAVIOUR

RACISM/SEXISM IN SOCIETY

SLEEPING -IN

WORLD EVENTS

HOME LIFE

4. POSITIVES

HOMELY ATMOSPHERE

BUILDING

HONEST TEAM

SUPPORT FROM COLLEAGUES

ABLE TO TALK TO OIC

FLEXIBILITY

CHILDREN TREATED WITH RESPECT

SEEING CHILDREN ACHIEVE

REWARDING JOB

**STRESS CHECKLIST TEAM PROFILES
(FIGURES 28 - 39)**

Figure 28. Lincoln Road - Satisfaction with Workplace Factors

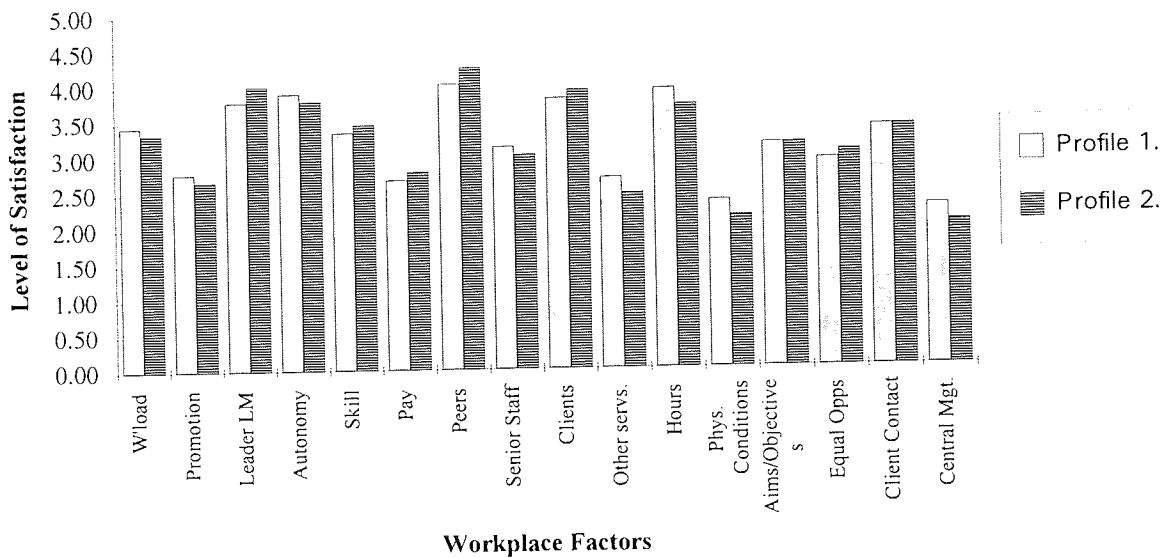


Figure 29. Lincoln Road - Effects of Pressure in the Workplace

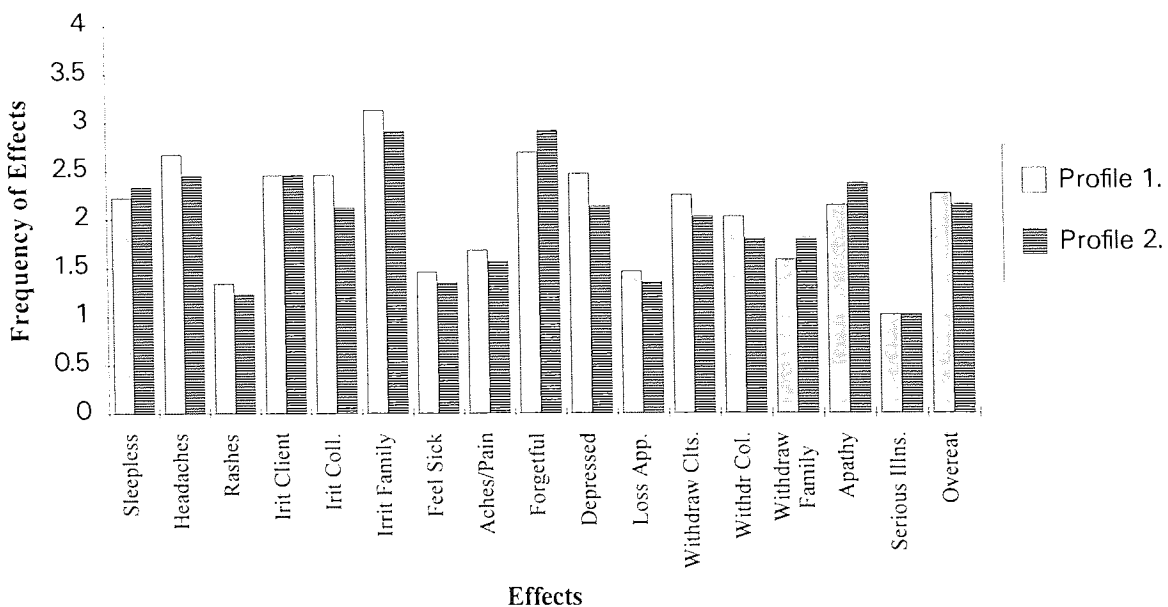


Figure 30. Lincoln Road - Most Frequent Responses to Pressure

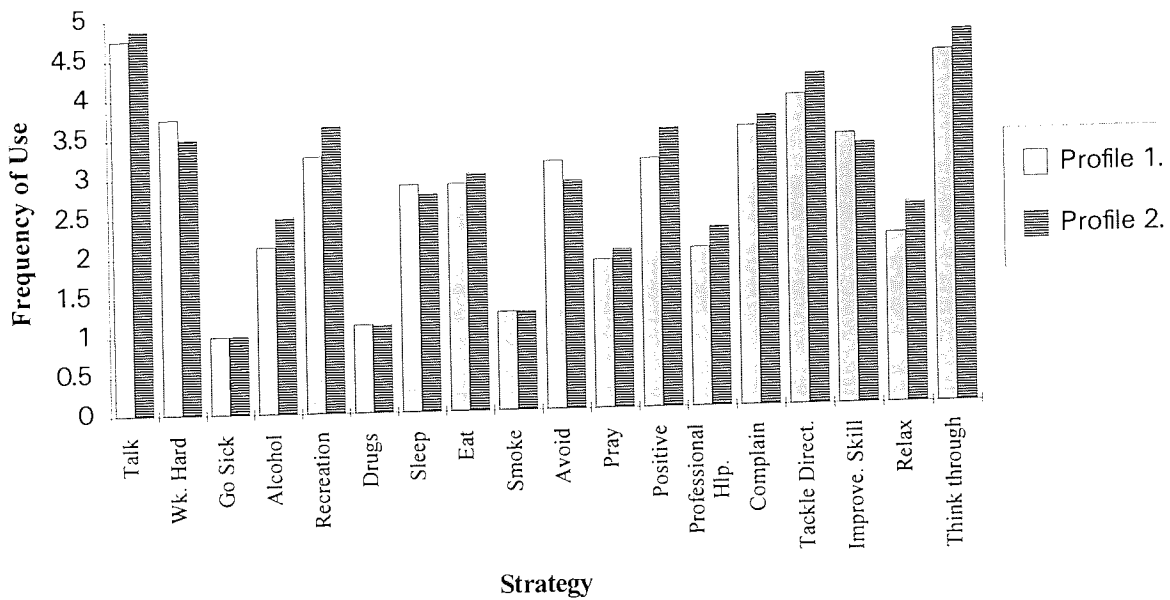


Figure 31. Brookmore - Satisfaction with Workplace Factors

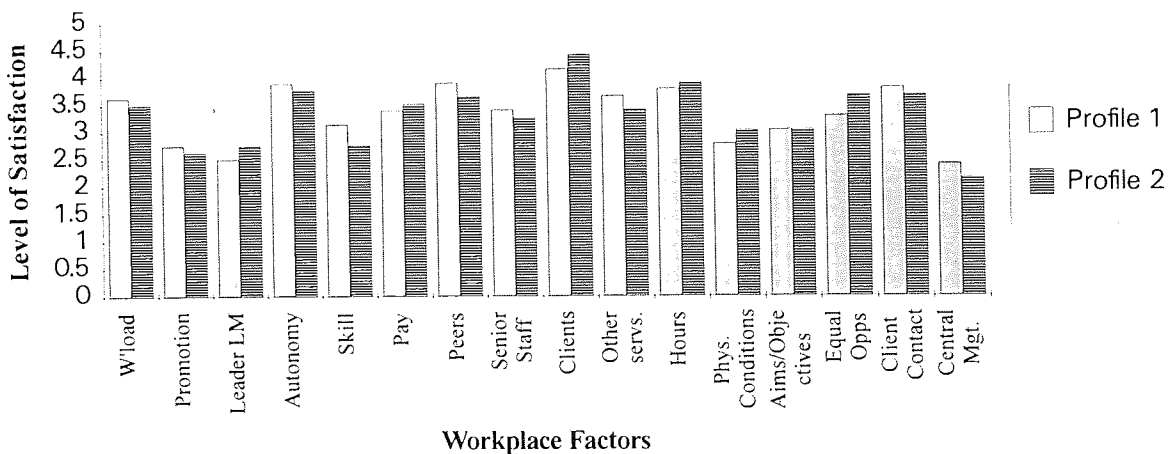


Figure 32. Brookmore - Effects of Pressure in the Workplace

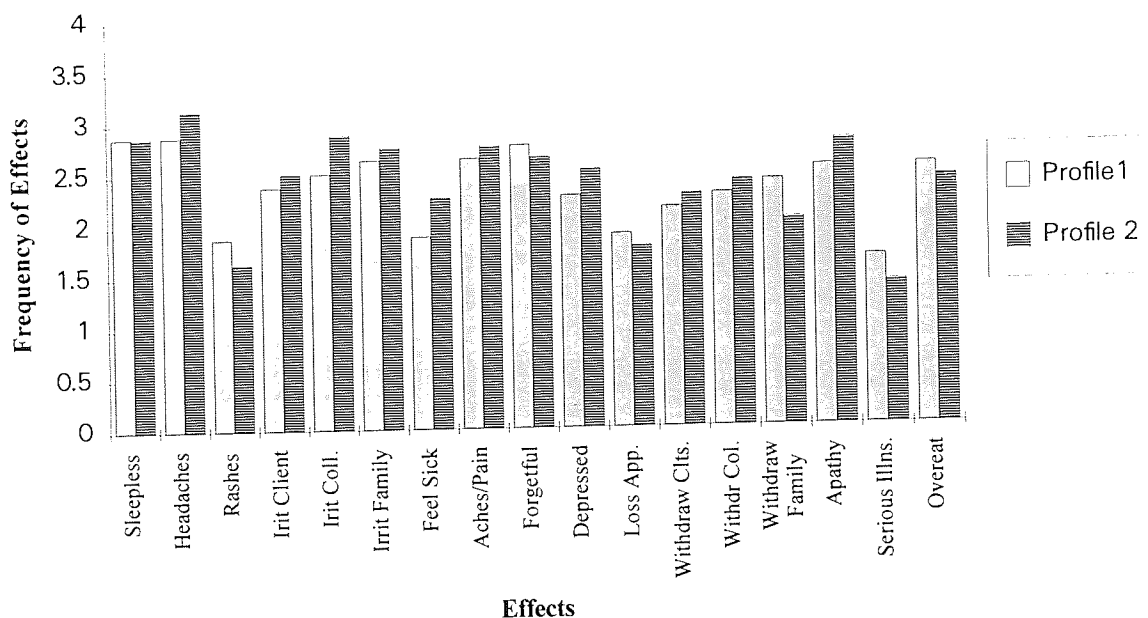


Figure 33. Brookmore - Most Frequent Responses to Pressure

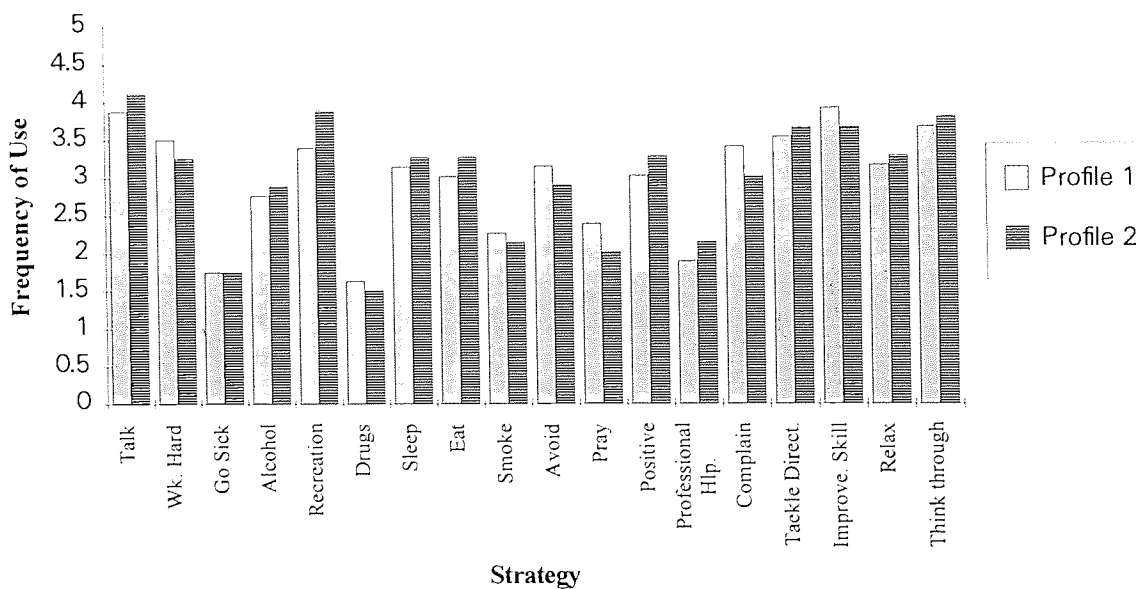


Figure 34. Prince's Hospital - Satisfaction with Workplace Factors

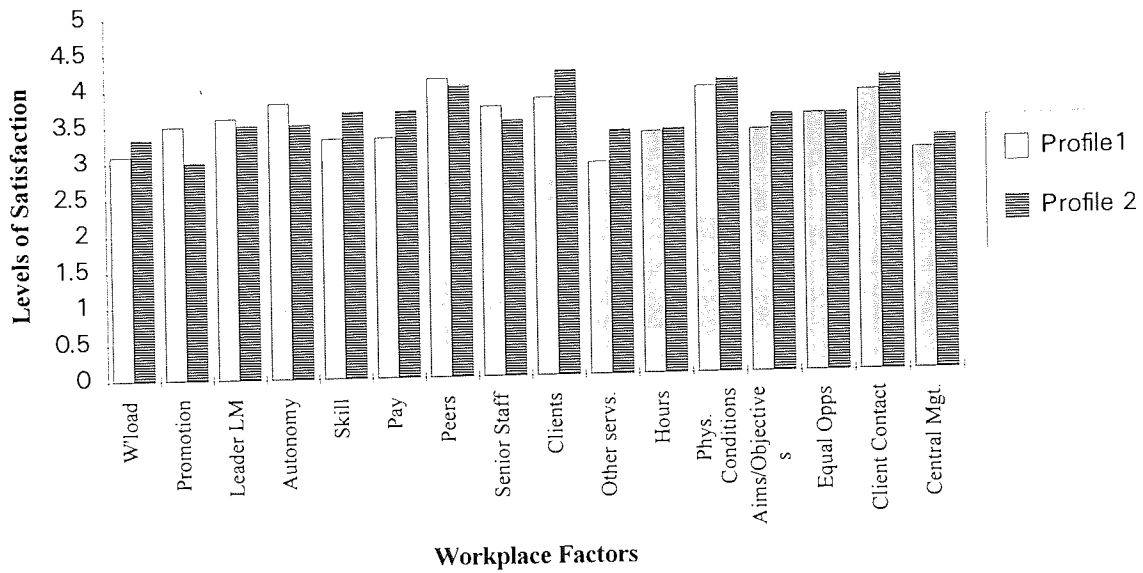


Figure 35. Prince's Hospital - Effects of Pressure in the Workplace

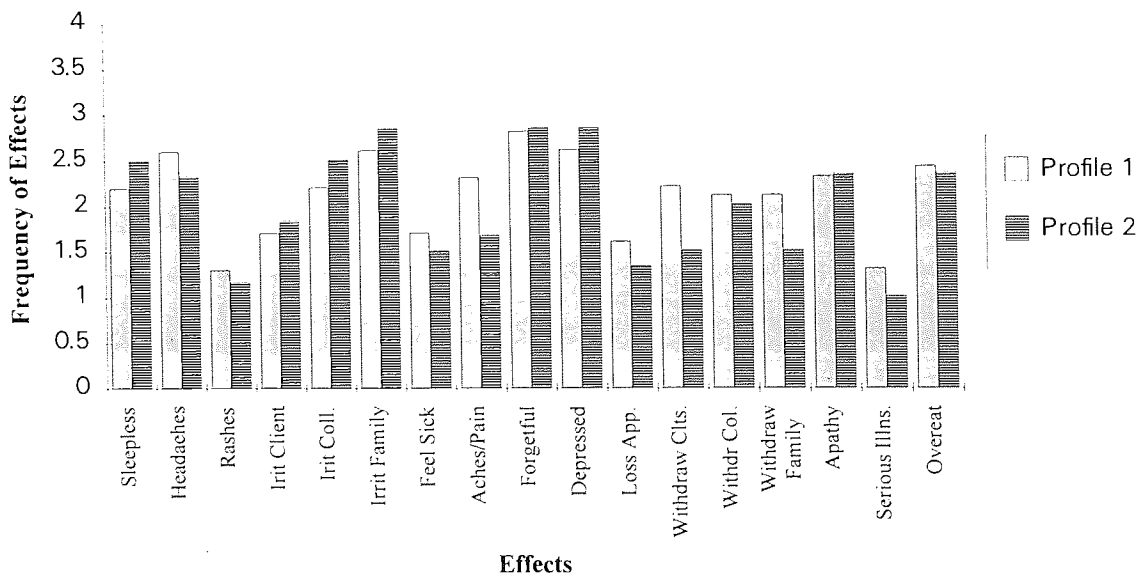


Figure 36. Prince's Hospital - Most Frequent Responses to Pressure

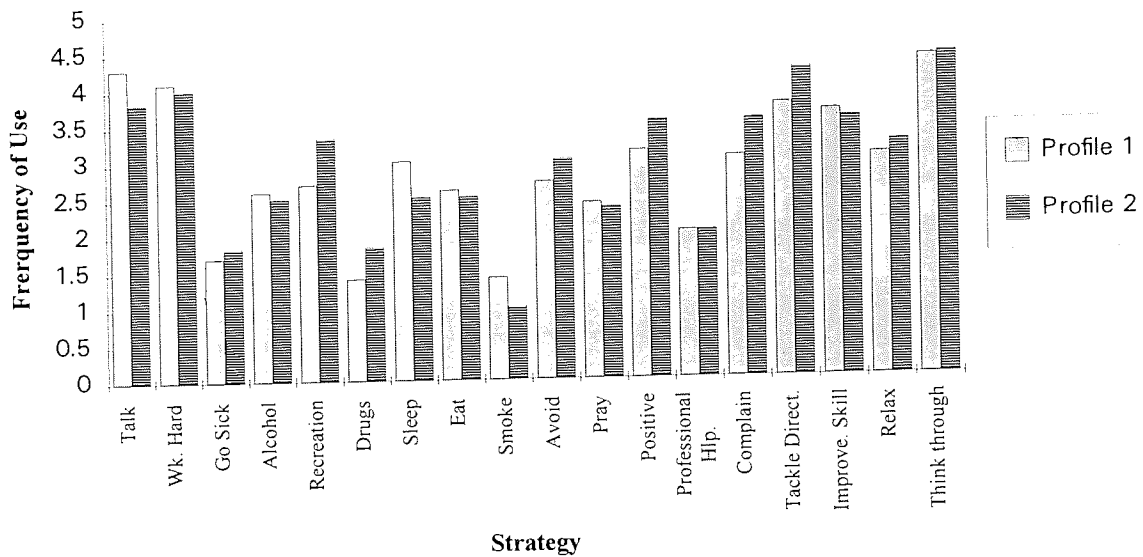


Figure 37. Castle Road - Satisfaction with Workplace Factors

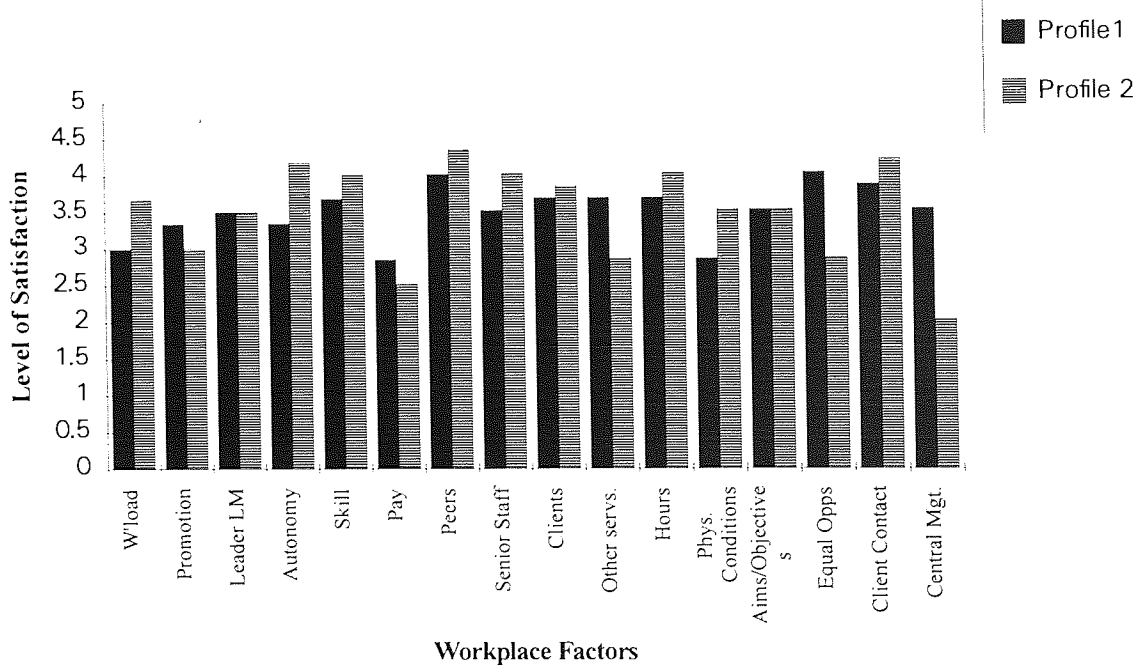


Figure 38. Castle Road - Effects of Pressure in the Workplace

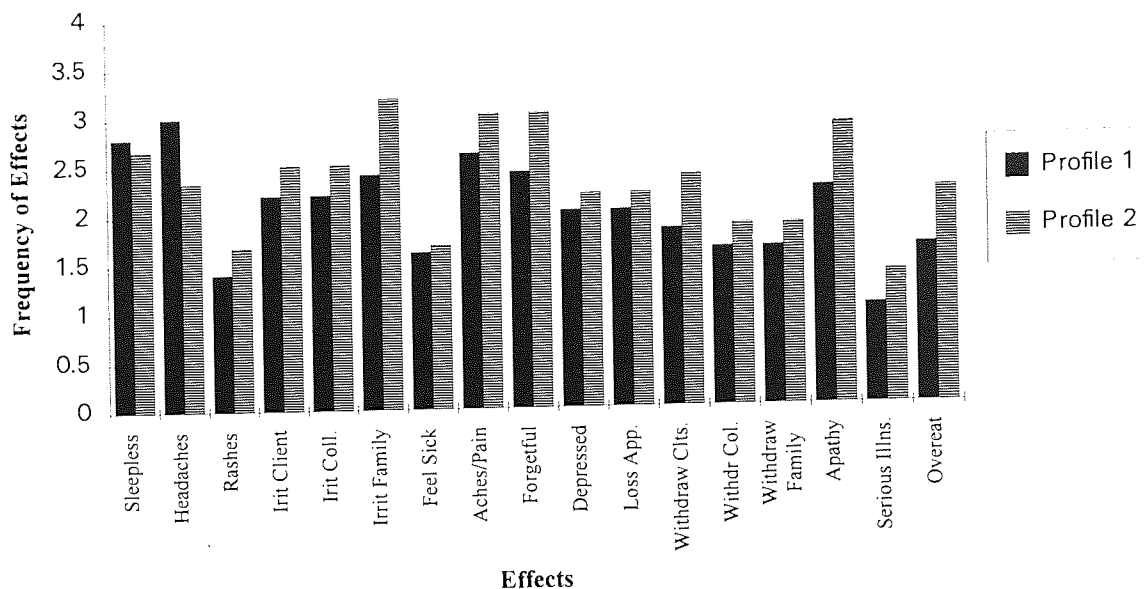
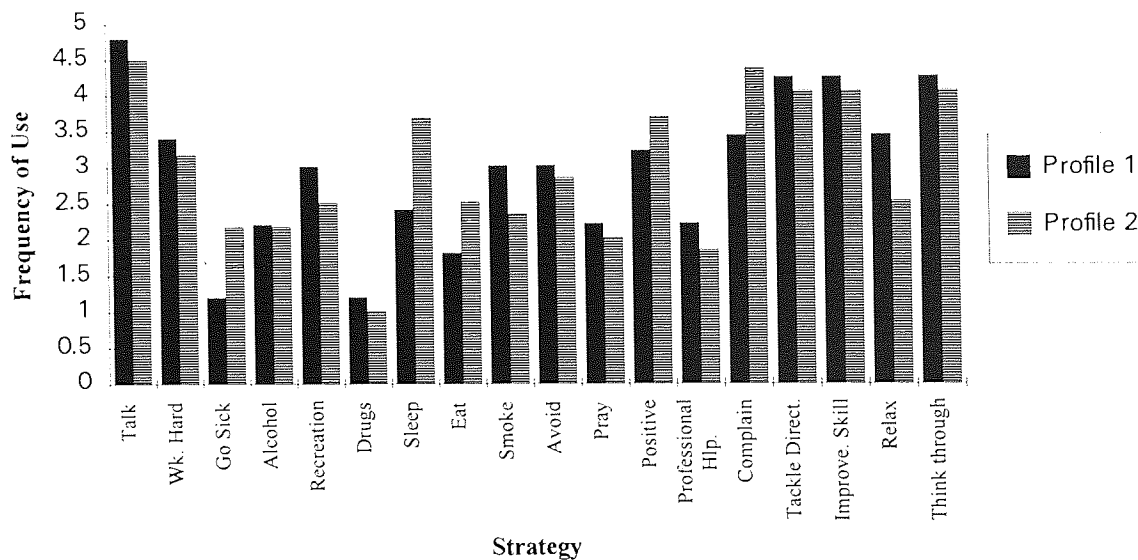


Figure 39. Castle Road - Most Frequent Responses to Pressure



CASTLE ROAD - PROFILE AND ACTION SHEET

<p>STRESSORS WITHIN TEAM CONTROL</p> <ul style="list-style-type: none"> * Fear of making a key mistake re: abuse e.g. forgetting to record a bruise * Not being invited to case conferences <li style="padding-left: 40px;">* Supervision sessions <li style="padding-left: 80px;">Inconsistency * Being in a room all day with children feeling isolated <li style="padding-left: 40px;">Covering sickness <p>MOTIVATORS</p> <ul style="list-style-type: none"> Positive feedback on children Working with people Running groups and projects <li style="padding-left: 40px;">Team support <li style="padding-left: 40px;">Writing reports Getting involved with case conferences 	<p>STRESSORS WITHIN DEPARTMENT CONTROL</p> <ul style="list-style-type: none"> Cramped premises - lack of space to take parents <li style="padding-left: 40px;">Personnel too slow Pre-occupation with Equal Opportunities Team Manager does not meet staff often enough <li style="padding-left: 40px;">* Not enough staff <li style="padding-left: 40px;">No admin. back-up <p>POSITIVES</p> <ul style="list-style-type: none"> Working with children Supportive managers Confidence in colleagues <li style="padding-left: 40px;">Good team spirit <li style="padding-left: 40px;">Professional procedures
<p>STRESSORS WITHIN CLIENT CONTROL</p> <ul style="list-style-type: none"> * Parents actions towards their children e.g. possible abuse <li style="padding-left: 40px;">Parents being challenging <li style="padding-left: 40px;">Children can be challenging 	<p>STRESSORS OUTSIDE DIRECT CONTROL</p> <ul style="list-style-type: none"> * Undervaluation of work done <li style="padding-left: 40px;">Workload <li style="padding-left: 40px;">Concern about the Media Changing job needs changing job skills

**REMEDIES/POSITIVE
SUGGESTIONS**

Continuity of practice

Training

More supervision

Shorter working week

Improve staff ratio

More space and equipment for children

NATURE OF STRESSOR	ACTION NECESSARY TO EFFECT CHANGE	PERSON OR PERSONS RESPONSIBLE

PARENTS DISCUSSION SCHEDULE

1. What does word stress mean for you?
2. In general terms what are the things that cause you stress?
3. When do you suffer most from stress? Where does this happen e.g. home, work, relatives, nursery?
4. (a) Can you give some particular strong/significant incidents that have caused you stress?
(b) Can you remember how you felt?
(c) What did you do to handle it?
5. Can you give examples of some of the things that irritate you?
6. Are there some things which cause stress to every parent? Is this affected by number of children? Is this affected by whether or not you have a partner?
7. How does stress affect you? How does this affect others?
8. When you are suffering from stress, what opinion do you have of yourself? What do others think of you?
9. Do you think your children/partners are aware of when you are under stress?
10. What things happen in your life that make you feel good?
11. What help do you expect from the Day Nursery? Do you get what you expect?
12. Do you suffer any frustration around the services that you get from Social Services or any other City services? What are these?