

**Athlone Institute of Technology**

*Stress among Care Workers Supporting Adults with  
Intellectual Disabilities*

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Practice

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## **Signed declaration**

I declare that this dissertation and the research involved in it are entirely the work of the author. This work, or part of it, has not been submitted for a qualification to any other institute or university.

Signature:

Date: 26<sup>th</sup> May 2017

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## **Abstract**

The aim of this study was to explore factors causing and alleviating stress among care workers working with adults with intellectual disabilities. Objectives included the following; to explore levels of stress among care workers, to explore causes of stress among care workers, to investigate the correlation between stressful life events and stress in the workplace, to explore the effects of workplace stress both on the organisation and the individual and to explore interventions which help prevent and alleviate stress.

Care workers who support adults with intellectual disabilities work with the most vulnerable people in our society. It is in everybody's interest, not only those who deliver the service but also those who receive it, that care workers are appropriately supported in what is an undeniably challenging role.

Data was gathered, using the latest technology and resources, rather than traditional methods. Questionnaires were designed using 'survey monkey', an online survey development software. Social media, specifically Facebook, was used to distribute the questionnaires. By distributing the survey online in this way no direct contact was made with respondents, therefore maintaining privacy and confidentiality. It is hoped that this gave respondents the freedom to be completely open and honest in their answers. The questionnaire contained five sections. The first gathered demographics. The second section examined stressful life events, the third section examined causes of stress, the fourth section explored effects of stress and the final section examined supervision, support and how staff responded to stress. 112 questionnaires were filled in, in total, but only 96 were used in the study as 16 were incomplete.

The results of the study correspond closely with previous findings, it indicated high levels of stress in the social care sector. Among the main sources of stress reported were managing behaviours of concern, bureaucracy and huge volumes of paperwork, lack of support from management and shift work. Interestingly, findings showed that there is a positive correlation between a high stressful life event score (Holmes and Raye, 1967) and high levels of stress at work. Therefore, if organisations have a

genuine interest in tackling work related stress they should consider staff members life situation and support them accordingly. It could be argued that offering a more flexible shift pattern which can adjust to their lifestyle would be a good step towards successfully doing this.

The overwhelming response from staff indicated that supervision in this sector is not viewed as a priority, with a very large proportion of respondents, (34%) reporting that they have never received any supervision. There is a significant positive link between respondents who want to stay in the sector and a positive relationship with a supportive manager.

Overall respondents appear to have a positive attitude and genuine dedication to their work, with findings indicating a high rate of job enjoyment and genuine interest in improving the lives of the client they support. However, the practical outcomes and recommendations which reflect much of the findings of previous studies, should be considered if the high turnover rates in the sector are to be combatted and meaningful improvements in service delivery made.

## Literature Review

The social care sector in Ireland has developed dramatically over the past number of decades. At present 20,000 people with an intellectual disability who live in Ireland avail of some kind of support, in a day service or in a residential setting, or both (Department of Health, 2016). Research has indicated that stress among staff is a considerable issue and as well as the human and financial cost involved, it has considerable impact on the quality of service delivered to individuals with an intellectual disability (Alborza, Emerson, Hatton, Kiernan, Mason, Mason, Reeves, Rivers and Swarbrick, 1995) In this study, these statistics were explored further, in an attempt to contribute to the existing body of knowledge and make some practical recommendations.

Within the disability sector there is a very broad spectrum of special needs. A service user may need support because they are dyslexic or have a sensory impairment. They may have a physical disability or a profound intellectual disability (Department of Health, 2016). Each service user-group brings with it different challenges for those providing support (Koubel, 2016). This study focused on those who support individuals with intellectual disabilities as the sources of stress may be different to those encountered when supporting individuals with physical disabilities. This study attempted to explore causes of stress among care workers in the area of intellectual disability and some methods which can be used to alleviate stress.

Within a setting which supports people with intellectual disabilities, care workers take on a number of different roles, such as health care assistants, support workers and day service facilitators. Respondents from all groups were included in the study, as there are many similarities between the roles. For the purpose of this study the umbrella term of care worker will be used.

## **What is stress?**

Lazarus and Folkman (1984) defined stress in terms of demands made on an individual by their surroundings. According to this theory, stress occurs when stressors produced by the environment are perceived by the individual as exceeding their resources and endangering their wellbeing. Wilberforce (2013) describes stress as something that happens when there is a distance between pressure and our perception of our capacity to meet it. Burnout is something which can result from trying to cope with stressors over an extended period. Maslach (1976) first coined the term burnout as a state resulting from prolonged occupational stress among human service professionals. Other studies explored burnout among social workers (Edelwich and Brodsky, 1980; Cherniss 1980; Jayaratne and Chess 1984 and Pines and Aronson 1988). Lazarus (1966) was one of the first people to study stress in the workplace. According to Monat and Lazarus (1991), a stress related event is any event in which environmental demands, internal demands or both tax or exceed the adaptive sources of an individual, social system or tissue system.

## **Causes of stress among care workers**

This study examined the causes of stress among care workers supporting adults with intellectual disabilities. According to the Irish Congress of Trade Unions (2001; cited in Clarke, 2001), the most common causes of occupational stress include no recognition, inadequate time to complete the job properly, unpleasant or hazardous working conditions and limited opportunity to use personal talent and ability affectively. A study carried out by McClean and Andrew (2000) which found that the most frequently cited sources of stress among social workers included not being able to get service users what they needed, having accountability or responsibility without power, game-playing and office politics. This study also found that women and staff working part-time were more likely to express that they feel they have a good balance between work and personal time.



Devitt, Egan, Guerin, Nolan and Redmond (2011) carried out an evidence based assessment to examine the retention of social workers in the health services in Ireland. The study used 'mixed methods design.' The core components included; pencil and paper and web based questionnaires, telephone interviews and qualitative focus groups with experienced social workers in high level management positions. However, it should be noted these social workers were only experienced in the field of child protection. It was found that burnout and turnover among child welfare workers create a problem of crisis proportions, with turnover rates of 46% to 90% over a two year period being common. It was found that a major contributing factor to stress levels included high levels of exposure to aggression and violence, with one third of the group surveyed experiencing violent or aggressive behaviour 'fairly often.'

Murphy and Waters' (2012) findings supported these results, claiming the most frequently reported work stressor among disability support staff is challenging behaviour. A study carried out by Gray- Stanley, Hellar, Hughes, Johnson, Muramatsu and Ramirez- Valles (2013) examined work stress and depression among people providing support to individuals with intellectual or developmental disabilities. The study was carried out in the northern region of a Midwestern state in America. 323 care workers completed a cross-sectional, self-administered survey which measured work stress, work support, locus of control, and depression. The researchers found a lack of supervisory support and role ambiguity can be a cause of stress for care workers.

### **Stressful life events**

According to Dobson (2010) stressful life events have a major impact on physical and mental wellbeing as well as ability to cope with everyday stressors. Considering the human and financial cost involved in the high rate of sick leave in the health and social care sector it would be worth examining the link between stressful life events outside the workplace and occupational stress levels. This supports findings from other studies which found that the wider circumstances of staff member's lives should be considered if the organization is interested in reducing general distress.

One such study was carried out by Alborza et al in 1995. In this study seven services were chosen from various parts of the UK and 450 staff participated in the study. It

examined general distress, job strain, work satisfaction and factors directly or indirectly associated with high levels of stress among staff. The study found that among the three main factors associated with work strain and general distress was high stress linked to work – home conflict. The findings showed that although conflict between work and home commitments have shown to be significant in previous studies of general organizational stress among staff, it had only recently been investigated among staff supporting individuals with an intellectual disability. This study recommended that organizations consider staff member's wider circumstances and possibly offer more flexible shift patterns to allow staff to more easily adapt to their own changing life circumstances.

Although there are several studies which explore causes of occupational stress, there appears to be a lack of research examining whether external factors can lead to care staff being more susceptible to experiencing high levels of stress in the workplace. The current study explored this further and examined a possible correlation between high levels of stress in the workplace and stressful life events.

### **Effects of stress among care workers**

Stress among care workers can have many repercussions, both for the individual, the organisation and ultimately the quality of service delivered to the clients. The current study attempted to explore the effects of high stress levels among care workers in a disability supporting adults with intellectual disabilities.

Grey-Stanley et al (2013) carried out a study among 323 direct support professionals, who are in employment supporting adults with intellectual and developmental disabilities. The staff were employed in five different organizations. They completed a survey which measured work stress, work support, locus of control and depression. The results of the study found that there is a positive link between stress and depression among care workers.

In 1992 an extensive study on the experience of stress among Irish nurses was carried out (Irish Nurses Association, 1992). Random sampling was used to generate a sample of 800 nurses. It was pointed out by the author that research has shown that work

related illnesses carry a considerable human and economic cost. Within nursing specifically, the economic costs related to stress include absenteeism, rapid staff turnover and reduced quality of patient care. The human costs include lowered self-esteem, depression and sleep disturbance. For the purpose of the study stress was measured by monitoring physiological measures such as heart rate, blood pressure and muscle tension. Behavioural measures included absenteeism, substance abuse and staff turnover. Questionnaires were also used in the study. Although interesting comparisons can be drawn between nursing staff and care workers there is no similar study carried out in Ireland among care workers.

### **Methods of preventing and managing stress among care workers**

As well as examining the causes and effects of stress, the current study explored possible interventions and methods which can be used to support staff in order to minimise the risk of and alleviate high stress levels. Stress in the workplace is a hazard under the Safety, Health and Welfare at work Act (2005) and it must be assessed and managed in the same way as physical hazards. The HSE's policy on prevention and management of stress in the workplace (2012) points out that when an employee expresses that they are experiencing stress, a prompt response from management is critical to successfully address the issue. The response should be appropriate, sensitive and supportive. This is a reminder of the responsibility management have towards their staff.

According to Levers (2012) the use of avoidant coping strategies is related to increased post-traumatic stress disorder symptoms over time. Students in this study were more likely to draw support from friends, family and colleagues whereas professionals made more use of support from managers.

In the study carried out by Devitt et al (2011), discussed earlier in the section, methods of coping among both students and professionals were examined. On a positive note, both groups reported low levels of avoidant strategies of coping with stress, such as avoiding anything which may result in conflict, avoiding starting a task if it is unclear how it is going to be finished and avoiding anything which may feel awkward.

In the study carried out by The Irish Nurses Organisation (1992) findings showed that core issues for helping to alleviate stress among nurses is an effective induction process, post qualification training for nurses and professional development among nurses. Issues also discussed were poor working conditions and incidents of assault. The recommendations of the study included improved conditions for working and studying for nursing students, improving facilities for post qualification training, providing meaningful support to nurses who have been physically or verbally assaulted and re-examining design of shift work patterns.

Atkinson, Lay, McAnelly and Richardson (2014) categorize solutions for dealing with stress into managing stress by reducing external demand or by increasing the ability to deal with issues. Reducing external demand may involve hiring more staff to decrease workload, reducing numbers of service users, avoiding staff having to 'mutitask' e.g. avoiding situations where care workers have to carry out tasks outside the realm of their expertise. Increasing staff ability to deal with issues may involve better quality supervision, increasing post qualification training and up skilling (Alborza et al, 1995; Grey-Stanley et al, 2013; Irish Nurses Organisation, 1992) Atkinson *et al* (2014) point out that there are a variety of short courses which can be completed at the employee's convenience, either by attending classes part-time or by completing the training online. Upskilling in this way may equip care workers with more skills to manage their workload, thus preventing and reducing stress levels. Although these measures may use some valuable time and resources, absenteeism and sick leave is of huge economic cost to social care organisations so ultimately it may be money well spent.

According to Kline and Preston- Scott (2012), the level of sick leave among health and social care workers in the UK every year costs the NHS one billion pounds annually. While it is acknowledged that this may be due to exposure to ill service users, it is also pointed out that health and safety systems could be improved to reduce the human and financial cost involved.

The findings from the study carried out by Grey-Stanley et al (2013), found that the effects of role conflict were lessened by supervisory support. This suggests the importance of making staff mental health a priority and allocating resources accordingly.

The study highlighted the need for strong work support systems and appropriate interventions to help staff manage work stressors

Hay (2013) claims that lack of influence over system design is a considerable source of stress for many care workers. It could be suggested lack of input into decision making by management could result in disillusionment among floor staff. Allen (2013) also highlights the importance of a 'comprehensive and effective' induction, so expectations are made clear from day one. Begum, Chick, Hafford-Letchfield and Leanard (2008) highlights the importance of the role of managers in recognizing early signs that an individual is struggling and knowing how to respond and what supports to put in place. They claim that managers must promote an understanding of how to manage work related stress.

## **Summary**

To summarize, the causes of stress are wide and varied. Stress is very prevalent among care workers since, as Hay (2013) points out, social care is fundamentally about the relationship between the worker and individuals exposed to considerable vulnerability and situations of risk. The sources of stress among healthcare workers i.e. nurses social care workers and social workers include high levels of assault, poor levels of post-graduation training, low levels of supervision and support from management generally and having accountability and responsibility without being given the power or resources to meet what is expected of them.

There are many effects of stress among care workers, studies explored above showed links between stress and depression. Studies also found stress may result in high levels of sick leave and turnover and the huge financial ramifications of this.

According to Irish Policy and legislation the employer has an obligation to take measures to minimise any hazards in the workplace, including stress. Suggested methods of preventing stress and managing stress as it arises, according to the literature available, includes increased staff numbers, improving staff training and education, giving staff better inductions and more input into decision making.

There appears to be a gap in literature available specifically on Irish care workers supporting adults with intellectual disabilities. It would also be worthwhile to investigate a link between stress in the workplace and stressful life events occurring in the employees' life outside work. Holmes and Rahe (1967; cited in Hill- Rice, 2000; p. 140) developed the Social Readjustment Rating Scale, this scale outlines a number of significant life events and each one was assigned a value according to how stressful they are. For example, Christmas was rated as 12 but the death of a spouse was rated as being 100. The main theory that underpinned Holmes and Rahe's model is that too many life changes increases one's vulnerability to illness. The researcher hopes to use this scale within this study to gain greater insight into possible reasons for high stress levels or rates of sick leave.

### **Current Study**

Despite the many who have looked at the relationship between care workers and stress levels, none has as yet produced a definite answer to the questions, 'What are the causes of stress among care workers supporting adults with intellectual disabilities?' and 'What measures can be put in place to alleviate stress among front line staff in the social care field?'

This study will contribute to the current body of knowledge in that it will attempt to identify the main causes of stress among care workers working specifically with adults with intellectual disabilities. It will also examine any links between stress at work and stressful life events outside work. It will seek to inform the relevant parties on effective ways of responding to staff experiencing stress and hopefully provide some practical, cost effective measures which can be put in place to help alleviate stress. Convenience and purposive sampling was used to gather respondents for the study. Research was questionnaire based. All respondents were employed as care workers supporting adults with intellectual disabilities.

## **Aim of study**

The aim of this study was to explore factors causing and alleviating stress among care workers working with adults with intellectual disabilities.

## **Objectives included the following**

1. To explore levels of stress among care workers supporting adults with intellectual disabilities.
2. To explore causes of stress among care workers supporting adults with intellectual disabilities.
3. To investigate the correlation between stressful life events and stress in the workplace.
4. To explore the effects of workplace stress both on the organisation and the individual.
5. To explore interventions which help prevent and alleviate stress.

## Method

### Design

A questionnaire was distributed to care workers using social media, specifically Facebook. The survey website Survey Monkey was used to design the questionnaire. Quantitative research was used as it allowed the author to reach a wider sample than qualitative research and in a short space of time. 120 respondents were gathered in 4 days which would have been impossible using qualitative research. Quantitative research was also used because the results are easier to analyse and can be generalised to the study population, that is, care workers working with adults with intellectual disabilities. (Gerrish and Lacey, 2010). It was also felt that the anonymity of a survey would be more conducive to respondents being honest, since the subject matter in the survey is somewhat sensitive (i.e. stressful events in both personal and work life). Carrying out the research study online allowed the researcher to reach a much greater pool of people and from a much wider geographical area. It also allowed the author to gain access to a select, specialist population (Blank, Fielding and Lee, 2016.) The 'Social Care Workers of Ireland' Facebook page was used to do this. The format of question varied from multiple choice, single textbox answers and rating scale type questions.

The Social Care Workers of Ireland Facebook page has 7000 members. Those who support adults with intellectual disabilities specifically were offered the opportunity to participate in the survey. There were 120 respondents, but 23 questionnaires had to be disregarded because there were large sections left incomplete. Of the 97 remaining completed questionnaires, 85 of these were female. 50 were social care workers and 25 were in management roles.

The survey was divided into five sections. Initially some information about demographics were gathered. It is hoped the research may indicate if people coming from a certain set of circumstances may be more likely to experience high stress levels.



For example, those with children under 18, males or females, or those in management positions.

The second section gathered information about whether the participant had experienced any stressful life event in the past year. For the purposes of this survey the Holmes and Rahe Social Readjustment Rating Scale was used to identify what constitutes a stressful life event. The researcher wanted to explore stressful life events to investigate whether they impact on general stress levels or stress levels at work. The main theory that underpinned Holmes and Rahe's model is that too many life changes increases one's vulnerability to illness. (Holmes and Rahe, 1967; cited in Hill-Rice, 2000; p. 140 )

The third section of the survey explored information about sources of stress in the workplace. Two types of stressor were examined, those considered to be part of the caring role and organisational stressors which could potentially be changed more easily.

The fourth section of the survey examined physical and psychological effects of stress. The Social Readjustment Rating Scale (Holmes and Rahe, 1967; cited in Hill-Rice, 2000; p.140) was used to gain some insight into major life events the respondent may have experienced which would ultimately impact on their overall health and wellbeing. It will be interesting to compare both sources of stress in the workplace and major life events and how what effect they have on the individual.

In the final section information was gathered about methods which are used to manage stress, and respondents feedback about what they feel their manager could offer to support them and reduce stress levels. The information gathered here contributes to the authors conclusions and recommendations

## **Participants**

Individuals who support adults with intellectual disabilities were invited to complete the survey. The social care sector is extremely broad and service user groups include individuals who are marginalised or vulnerable for a wide variety of reasons. Even within the disability sector there is a very broad spectrum of special needs, for example a

service user may need support because they are dyslexic or have a sensory impairment. They may have a physical disability or a profound intellectual disability. Each service user group brings with it different challenges for those providing support. For this reason the researcher decided to focus on those who support individuals with intellectual disabilities as the sources of stress may be different to those encountered when supporting individuals with physical disabilities.

120 people started the questionnaire but 24 questionnaires had to be disregarded as large chunks were left incomplete. 85 respondents were female, 10 were male and the 2 remaining respondents skipped this question. This gives an indication of the profile of people working in the sector generally, it is a female dominated area.

There were 30 respondents in the 31-35 year old age bracket, 25 per cent, higher than any other age group. Only 22 of the respondents were over 40. This is discussed in the delimitations section at a later stage. A possible reason for the narrow age range may be due to the survey being distributed via Facebook.

Respondents held various positions including those who are employed as social care workers in both residential and day service settings, day service facilitators, care assistants and people in various types of management roles such as team leaders, managers and deputy managers. The majority of respondents however, 62, indicated that they were employed as Social Care workers. The researcher felt it was important to include respondents from all groups, rather than just social care workers, as there are many parallels between the roles.

A combination of convenience sampling and purposive sampling was used to obtain the sample of participants. They are both non-probability sampling techniques. (Blank *et al*, 2016) The subjects who participated in this study were selected because of their accessibility and proximity to the author. It is also purposive sampling because a specific group was used (that is, Social Care Workers of Ireland) for a purpose, they all have something in common.

## **Materials**

Software to formulate the survey was sourced online from 'surveymonkey.com.' The first page was an information sheet (See appendix 1) with a brief description of the survey and contact details for the researcher. The voluntary nature of participation was also described and a reminder that by completing the questionnaire the participant was indicating their consent.

In the questionnaire, there were 7 pages, with 31 questions, divided into five sections (see appendix 2). Questions were organised in order to make the survey as user friendly as possible and also to aid the analysis of the results at a later stage. Most questions ended with a textbox to give the respondent an opportunity to elaborate on their answer or give an answer which may not have been listed among the multiple choice options. The author hoped that these open ended responses will 'add flesh' to the numbers and statistics gathered by counting boxes. Open ended responses generally provide a more in depth look at respondents attitudes and views than closed ended survey items (Edwards, Kewley, Rosenfield and Thomas, 1997)

## **Ethical considerations**

Anonymity, informed consent and confidentiality were all considered by the author while deciding on a method of research. By using online survey development software, like survey monkey, confidentiality was maintained as the website acts as a 'third party.' Respondents had no direct contact with the researcher, they did not have to return the survey in person or give their email addresses or any other contact details. Hopefully this will have made participants feel more relaxed when giving honest answers about sensitive information (Herne, Millar, Moonie, Walsh, Webb and Stretch, 2003). Especially in relation to their employer, due to the sensitive nature of the information gathered and possible conflict of interests, it is imperative they would not be identifiable. It was made clear that by continuing with the survey they were indicating their consent to take part in the research, however they could exit the questionnaire at any time, participation was completely voluntary.

Because no children were involved in the research capacity to consent was not an issue. There was an information sheet at the beginning of the questionnaire (See appendix 1) which outlined the authors reasons for carrying out the research, a rough outline of the content, how long the questionnaire would take (ten minutes) and how the results would be stored and used. Efforts were made to make the questionnaire easy to follow and user friendly by dividing questions into relevant sections according to subject. Also, each question had clear instructions about how to answer.

## **Procedure**

The questionnaires were formulated by the researcher using 'survey monkey,' an online survey development software. This software allowed the author to design the questionnaire, complete it as a 'test run,' ensuring it is user friendly and then editing it accordingly. The researcher did this a number of times before completed questionnaire was distributed to prospective participants via the 'Social care workers of Ireland' Facebook page. On this page, there are 7000 members. Participants were invited to follow the link and read the information sheet provided. They then clicked 'next' if they wished to participate in the study. Due to the nature of the survey (that is, online) they could exit the process at any time by simply closing the page. All participants were reminded from the outset, in the information sheet, that participation is completely voluntary.

Instructions on how to complete each part were outlined at the beginning of each question. The format of the questions varied from multiple choice and rating scale to single textbox answers. The questionnaire consisted of five sections and took about ten minutes to complete.

At the beginning of the questionnaire there was an information sheet outlining researcher's details and contact information, as well as information about the voluntary nature of participation. A line was included at the end of the information sheet reminding the participant that by continuing and completing the survey they were indicating their

consent to do so. Everyone who participated were adults in employment, therefore no consent had to be sought from a third party.

Although the researcher's details were included in the information sheet so they could be contacted if there were any questions, there were no issues or problems raised. Although 120 questionnaires were started, not all were completed. 23 questionnaires that had many parts left blank were eliminated from the study.

### **Delimitations**

One of the delimitations of the project was that the scope of the study was such that it was limited to a small convenience sample and may not be representative of the entire sampling population. Because the research was carried out on Facebook it was limited to care workers who have a Facebook account.

Also the study was limited to individuals supporting adults with intellectual disabilities. The researcher decided to confine the study to this sample as the sources of stress for social care workers employed in other areas (for example, children, addicts, older people, refugees, people who have sensory impairments or physical disabilities) may be very different.

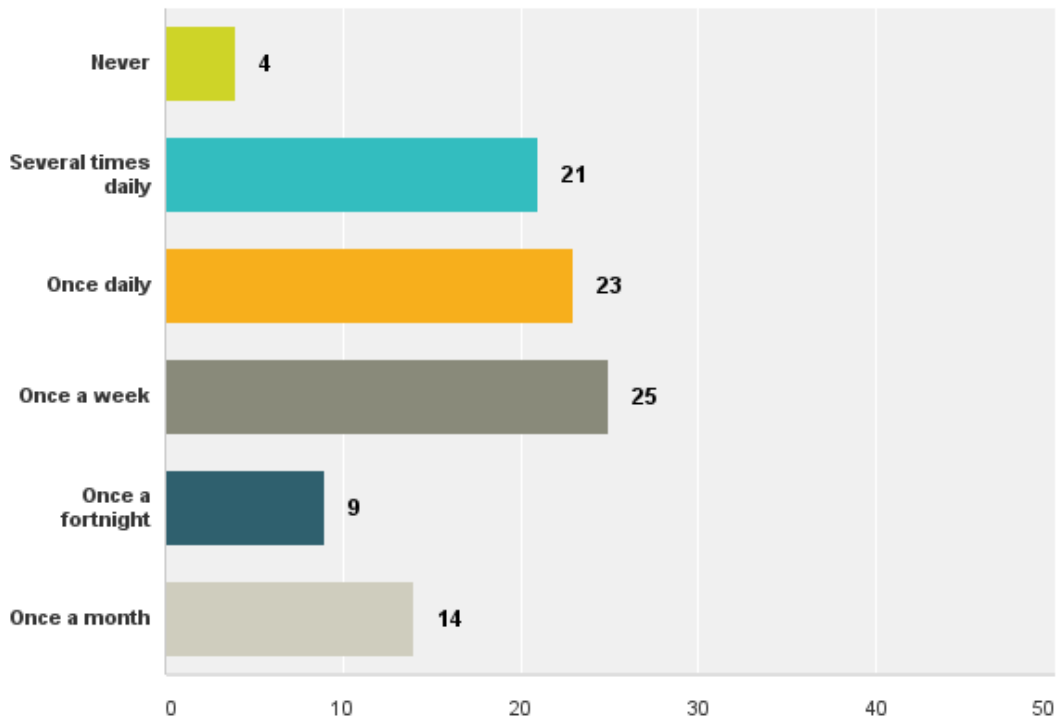
## Results

A combination of SPSS software and software on the 'survey monkey' website was used to analyse the data from the 96 completed questionnaires. Graphs were formulated using both SPSS software and survey monkey. Percentages, means and medians were calculated and represented on graphs and tables where appropriate.

### Levels of stress experienced

The levels of stress experienced by respondents was measured in question 15. Respondents were asked; *'How often, if ever, do you feel very stressed in work? Please select one.'* The response options were never, several times daily, once daily, once a week, once a fortnight or once a month. All 96 respondents answered this question. The results for this question are presented in Figure 1.

**Figure 1. How frequently respondents feel stressed (n=96)**



As illustrated in the Figure 1, 44/ 96 respondents (45%) reported feeling stressed at least once daily while in work. A further 48/96 respondents reported that they felt stressed in work once a week or less frequently than once a week. Only 4/ 96 respondents reported that they never feel stressed in work.

### **Stressful life events**

For the purposes of this survey the Holmes and Rahe Social Readjustment Rating Scale was used to identify what constitutes a stressful life event. On the scale there are 43 life events. Each event was given a different value according to how stressful it is. For example, the death of a spouse is rated as having a value of 100 while minor violations of the law was rated as 11 (Holmes and Rahe, 1967). Question 10 of the survey explored levels of stress in the respondent's life, asking '*Please select the appropriate options if any of the following events have occurred in your life in the past year.*' 89 respondents completed the question. A score above 300 constitutes a high score, because respondents who scored 300 or higher have a high chance of becoming ill in the future. Those who score between 150 and 300 have a moderate chance of becoming ill while those who scored below 150 have a low chance of becoming ill (Holmes and Raye, 1967). 21/ 96 respondents (22%) scored above 300 on the Holmes and Raye scale. The mean, median and range figures obtained are displayed in Table 1.

**Table 1. Stressful life event scores: Mean, median and range (n=89)**

	<b>Mean</b>	<b>Median</b>	<b>Range</b>
<b>Stressful life event score</b>	205	180	26 - 743

44 / 96 (45%) of the entire sample reported that they experienced work-related stress once daily or more (See Figure 1). The results showed that a slightly higher figure, 18 / 34 (52%), of those who had a high score on the Holmes and Raye scale reported that they experience stress once daily or more.

30 / 96 (31pc) of all respondents claimed to have been absent from work five days or more. A slightly higher number, 12 (35pc), of those whose stress score (according to the Holmes and Raye scale) was above 300 reported that they had been absent five days or more the last year.

16 / 96 (17pc) of all respondents said their health was only fair or poor. Again, a higher percentage, 8 / (24pc), of those who scored above 300 on the Holmes and Raye scale said their health was only fair or poor.

### **Causes of stress**

Question 11 and 12 explored the causes of stress. Question 11 asked about sources of stress related to the nature of a caring role. Question 12 explored causes of stress related to organisational management.

Question 11 asked, *'Please rate how frequently each of the following occurs in your job by selecting the most appropriate option.'* There were six items on this scale including physical assaults, verbal assaults, very demanding service users, self-harming behaviour, lack of understanding from members of the public and feeling helpless in the case of service users facing challenges. Response options were: (1) never, (2) rarely, (3) occasionally, (4) frequently and (5) very frequently. All respondents (96) completed the question.

Four of the six items were collapsed into one category for the purpose of analysis. These included verbal assaults, physical assaults, very demanding service users and self-harming behaviour. This category was entitled demanding behaviour and included factors such as aggressive or abusive behaviour. The two remaining items, 'Lack of understanding from members of the public' and 'feeling helpless in the case of service users facing challenges', were analysed as single items. Table 2 illustrates the results.



**Table 2. Sources of stress relating to the nature of the caring role (n=96)**

<b>Source of stress</b>	<b>Never or rarely</b>	<b>Occasionally</b>	<b>Frequently or very frequently</b>
Very demanding behaviour	29 (31%)	24 (26%)	41 (43%)
Lack of understanding from members of the public	18 (19%)	33 (34%)	45 (47%)
Feeling helpless in the case of service users facing challenges	27 (28%)	43 (45%)	26 (27%)

As illustrated in Table 2, the source of stress reportedly experienced frequently or very frequently most often, was lack of understanding from members of the public. 45 respondents (47%) reported they experienced this frequently or very frequently. The source of stress reportedly experienced 'never or rarely' the most was very demanding behaviour. 29 respondents (31%) reported that they never or rarely experience this source of stress.

Question 12 asked, *'Please rate how frequently each of the following occurs in your job by selecting the most appropriate option. Please complete all parts.'* In this question, there were 20 sources of stress which were collapsed into seven groups. The groups were divided according to the category of stress the option fit into. For example, one of the seven groups were communication and relationships. The items placed in this group were: lack of interdisciplinary communication, poor communication amongst colleagues and poor working relationships with colleagues. The second category was unsociable working hours or shift work. This was analysed as a single item. The third category was workload which included having too much work to do, studying while in employment, not having enough time to do necessary paperwork, insufficient resources to work with,

inadequate relief staff, feeling obliged to work overtime and absenteeism. The fourth category was lack of training which included not having enough medical knowledge/ training to meet medical needs of service users, not having necessary knowledge and skills to complete paperwork required and inadequate and poor quality training. The fifth category was boredom / lack of career prospects and included the following items; lack of career prospects, too little variety at work and too little work to do. The sixth category was issues with management and included lack of management presence and feeling undervalued. Finally, one item ‘role ambiguity’ was analysed as a single item.

Response options were: never (1), rarely (2) occasionally (3) , frequently (4) and very frequently (5). All 96 respondents answered this question. Results are illustrated in Table 3.

**Table 3. Organisational sources of stress (n=96)**

<b>Sources of stress</b>	<b>Never or rarely</b>	<b>Occasionally</b>	<b>Frequently or very frequently</b>
Communication / Relationships	35 (35%)	39 (40%)	24 (25%)
Shiftwork	31 (32%)	8 (9%)	57 (59%)
Workload	26 (27%)	27 (28%)	44 (45%)
Lack of training	41 (43%)	38 (40%)	16 (17%)
Boredom / Lack of career prospects	57 (58%)	19 (20%)	22 (22%)
Management	33 (34%)	28 (29%)	36 (37%)
Role ambiguity	35 (36%)	33 (34%)	28 (30%)

From Table 3, it can be seen that most respondents (58%) reported that boredom / lack of career prospects occurred only rarely or never. The source of stress which was rated by a high percentage (59%) as occurring ‘frequently’ or ‘very frequently’ was shift work. A high percentage of respondents (45%) also rated workload as occurring ‘frequently’ or ‘very frequently’. Communication and relationships with colleagues was rated by a high percentage of staff (25%) as occurring frequently or very frequently. Likewise, a fairly high percentage rated management problems (37%) and role ambiguity (29%) as occurring frequently or very frequently.

Question 16 asked '*What are the three biggest sources of stress for you in your workplace?*' This was an open question. Thematic analysis was used to identify themes in the data. 90 respondents answered the question. As shown in Table 4, there were eight themes identified.

**Table 4. Responses to an open question asking about sources of stress (n=90)**

<b>Themes</b>	<b>Number of respondents</b>	<b>Sample Quotes</b>
<b>Behaviours of Concern</b>	39 (40%)	<p><i>'Lack of management support when behaviours that challenge are prevalent'</i></p> <p><i>'Service users bullying other service users'</i></p> <p><i>'Unpredictable clients'</i></p> <p><i>'Being out in the community with demanding service users'</i></p>
<b>Paperwork</b>	32 (33%)	<p><i>'Too many people involved in your work when all you want to do is work with service users. paperwork increases but no hours to do it.'</i></p> <p><i>'Duplicating paperwork'</i></p> <p><i>'Constant changes to required paperwork'</i></p>
<b>Management</b>	31 (32%)	<p><i>'The company I work for have no respect for its employees. I was brutally assaulted by a client and my life was destroyed for nearly three years, I only received two phone calls from management in that terrible period of my life'</i></p> <p><i>'general unfriendliness of management'</i></p>
<b>Incompetent co- workers</b>	19 (20%)	<p><i>'Lazy Co- workers'</i></p> <p><i>'Difficult colleagues'</i></p> <p><i>'Other staff being opinionated/claiming to know more or better than more experienced staff'</i></p>
<b>Short-staffed</b>	17 (18%)	<p><i>'Lack of relief staff'</i></p> <p><i>'Staffing pressures'</i></p> <p><i>'Short staffed'</i></p>
<b>Difficult families</b>	4 (4%)	<p><i>'Parents/family putting obstacles in the service user's way when trying to enrich their lives'</i></p>
<b>Administering medication</b>	3 (3%)	<p><i>'Medication compliance'</i></p>
<b>Transport shortages</b>	3 (3%)	<p><i>'Lack of work transport (work cars etc.)'</i></p>

As shown in Table 4, the three most common sources of stress identified by respondents included behaviours of concern, paperwork and difficulties with management. 39 respondents (40%) said they found behaviours of concern one of the main sources of stress. 32 respondents (33%) said they had issues with paperwork. The main issues with paperwork included the volume of it, the lack of time allocated to complete it, limited time available to spend with service users because of volume of paperwork, constant changes to paperwork and duplication. The third most common source of stress identified by respondents was difficulties with management. The main issues with management included lack of support, poor relationships with staff, unrealistic expectations and lack of regard for staff welfare. Some themes identified which were not included as multiple choice responses earlier in the survey include transport shortages, difficulties with medication administration and difficult families.

### **Work-related injuries**

Question 13 and question 14 asked about work-related injuries. Question 13 asked *'Have you ever had to take time off work due to a work-related injury?'* This was a closed question. Possible responses were 'yes' and 'no'. 95 people answered the question. 33 / 95 (35%) of respondents said they had taken time off due to a work-related injury. The nature of the injury was further explored in question 14.

Question 14 asked, *'If yes, how much time did you have to take off and for what reason?'* This was an open question. All 33 respondents who reported that they had taken time off due to a work-related injury answered the question. Thematic analysis was used to identify themes in the data. As illustrated in Table 5, 3 main themes were identified.

**Table 5. Time taken off work due to work-related injuries / stress (n=33)**

<b>Themes</b>	<b>Number of respondents</b>	<b>Sample quotes</b>
<b>Assault</b>	14 / 33 (42%)	<i>'4 weeks in calendar year, one for back injury and another for brain injury all from service user assault' 'severe bite 2 weeks, concussion 1 week, broken arm 6 weeks, head injury 1 day'</i>
<b>Stress</b>	5 / 33 (15%)	<i>'2 weeks stress leave'</i>
<b>Back injury</b>	5 / 33 (15%)	<i>'Injured back from being pushed' '12 weeks total due to various injuries and subsequent back problems'</i>

As illustrated in Table 5, of the 33 respondents who reported that they took time off work due to an injury, 14 (42%) reported that it was due to assault, 5 (15%) reported that it was due to work-related stress and 5 (15%) reported that they took time off due to a back injury.

### **Effects of stress**

One section of the survey explored the effects of stress. Question 24 asked *'How would you describe general employee morale within the service you work'* The respondents were asked to place a slider between one to ten, with one being 'very poor' and ten being 'excellent'. 96 respondents answered the question. The results are shown in table 6 below.

**Table 6. Mean and median levels of employee morale (n=96)**

	<b>Mean</b>	<b>Median</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Employee Morale</b>	4.96	5	0	10

As illustrated in Table 6, the mean result for level of employee morale was 4.96. The median was 5 and the maximum score was 10, with the minimum being 0.

Question 19 listed a number of effects of stress and asked the respondents to rate how frequently they experienced each. The list included loss of sleep due to worry, feeling unduly tired or exhausted, feeling uneasy or restless, feeling upset for no reason and

feeling reasonably happy, all things considered. The response options were: (1) never, (2) rarely, (3) occasionally, (4) frequently and (5) very frequently. All 96 respondents answered this question. The results are illustrated in Table 7.

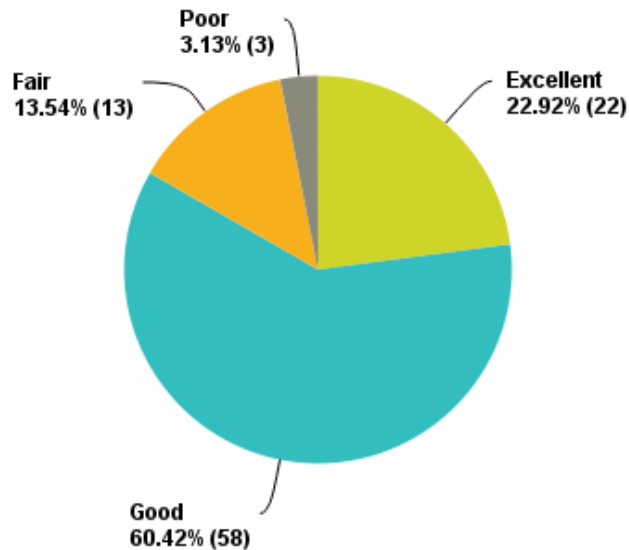
**Table 7. Medians and means for effects of stress**

<b>Effect</b>	<b>Median</b>	<b>Mean</b>
Feel reasonably happy, all things considered	4	3.67
Unduly tired/exhausted	4	3.67
Often feeling uneasy or restless	3	3.30
Loss of sleep due to worry	3	2.98
Upset for no reason	3	2.85

As shown in Table 7, the median and mean for feeling reasonably happy, all things considered, were 4 and 2.67, respectively, indicating that most respondents felt reasonably happy. The negative effects with the highest medians and means were feeling unduly tired/exhausted (median=4; mean=3.67) and often feeling uneasy or restless (median=3; mean=3.30).

Question 17 asked '*In general, how would you describe your health? Please select one.*' The response options included excellent, good, fair or poor. The results are illustrated in Figure 2.

**Figure 2. Respondents assessment of their own health (n=96)**



As shown in Figure 2, 80 respondents (83%) reported that they felt in excellent or good health, while only 16 respondents (17%) reported that they felt that their health was only fair or poor.

Question 20 asked ‘How much do you enjoy your job?’ Respondents were asked to place the slider between one to ten, with one being ‘not at all’ and ten being ‘very much so’. All 96 respondents answered this question. The results are illustrated on Table 8.

**Table 8. Mean and median level of job enjoyment**

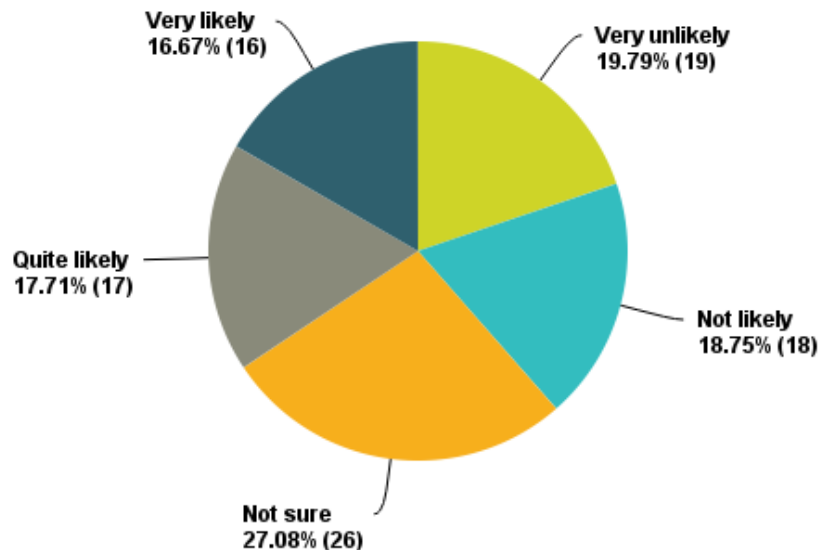
	Mean	Median	Minimum	Maximum
<b>Job Enjoyment</b>	6.74	7.5	0	10

As shown in Table 8, the mean value chosen by respondents for level of job enjoyment was 6.74, while the median value was 7.5.



Question 22 asked ‘How likely would you be to give up working in social care, assuming the availability of a different type of job? Please select one.’ The possible response options given were: very unlikely, not likely, not sure, quite likely and very likely. 96 people answered this question. The results are illustrated in Figure 3.

**Figure 3. How likely respondents would be to give up working in social care (n=96)**



As shown in Figure 3, 33 / 96 respondents (34%) reported that they would be quite likely or very likely to give up social care when presented with an alternative. 37 respondents (39%) reported that they would be very unlikely or not likely to give up work in social care. 26 / 96 respondents (27%) reported that they were unsure as to whether they would give up work in social care.

Question 23 asked, ‘If you would be quite likely or very likely to give up working in social care, please explain the reason in the space provided.’ This was an open question. In the previous question, 33 respondents had claimed they would be likely to give up working in social care, and all 33 of these respondents answered this question. Thematic analysis was used to analyse the data gathered. They are represented on Table 9.

**Table 9. Reasons why respondents would give up working in social care (n=33)**

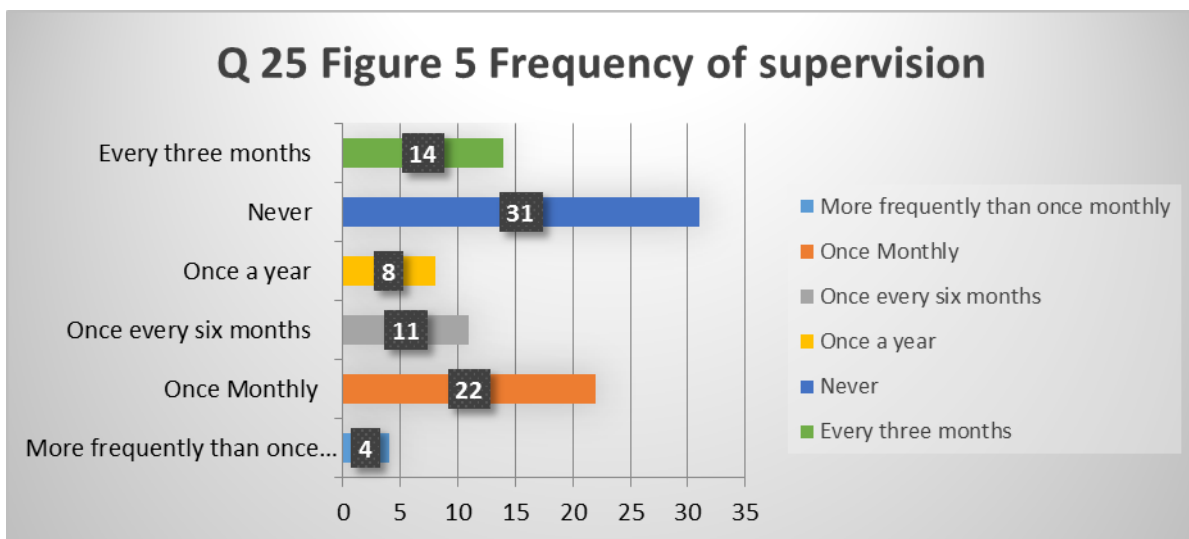
Theme	Number of respondents	Sample Quotes
Hours	7	<i>'I've always wanted to do primary teaching or work with kids.... disability settings are quite tough, long hours and at 25 years it's not ideal as you feel you've no life working every weekend.'</i>  <i>'Ability to be home every evening and weekend.'</i>
Pay	6	<i>'Stress is high. No clear system in residential private companies' rates of pay are not reflecting work and value of staff. No job security.'</i>
Stress	4	<i>'Bad working environment, too stressful.'</i>
Undervalued	4	<i>'No recognition for staff. Feeling undervalued and underpaid.'</i>
Paperwork	3	<i>'Poor work morale, too much pressure on certain hard working staff as team are lazy. Lack of managerial presence or support which is why staff have a care free attitude. Pressure from management to complete paperwork even though there is lack of time to do it due to staff shortage. Also, it feels like it is a babysitting service as because of the lack of support given, service users cannot be brought for outings or have the life they want. Management do not care about the service users.'</i>
Challenging behaviour	3	<i>'Working alone with challenging behavior'</i>

As shown in Table 9, three of the main themes which emerged regarding reasons why respondents would leave social care were hours, pay and stress. Other themes which emerged were paperwork and challenging behaviour.

### Supervision, support, managing stress

The final section of the survey related to supervision, support and how respondents manage their own stress levels. Question 25 asked ‘How regularly do you receive supervision sessions?’ This was an open question. 90 people answered the question. The results are displayed in Figure 4 below.

**Figure 4. How regularly respondents receive supervision (n=90)**



As illustrated in Figure 4, most respondents (31/ 90, 34%) reported that they received no supervision at all. 8 / 90 respondents (9%) reported that they received supervision once annually. 11 / 90 respondents (12%) reported that they received supervision every six months. 14 / 90 respondents (16%) reported that they received supervision every three months. 22 / 90 (24%) respondents reported receiving supervision once a month.

4 respondents reported that they received supervision more frequently than once a month.

Question 26 asked *‘Do you regard supervision as a positive experience?’* Respondents were asked to answer ‘yes’ or ‘no’ and there was a comment box at the end of the question for them to explain their answer. 87 respondents answered this question. Of the 87 respondents, 64 (74%) answered ‘yes’ and 23 (26%) answered ‘no’. 67/ 87 (77%) respondents expanded on their answer in the comment box. Their comments are reflected in Table 10 below.

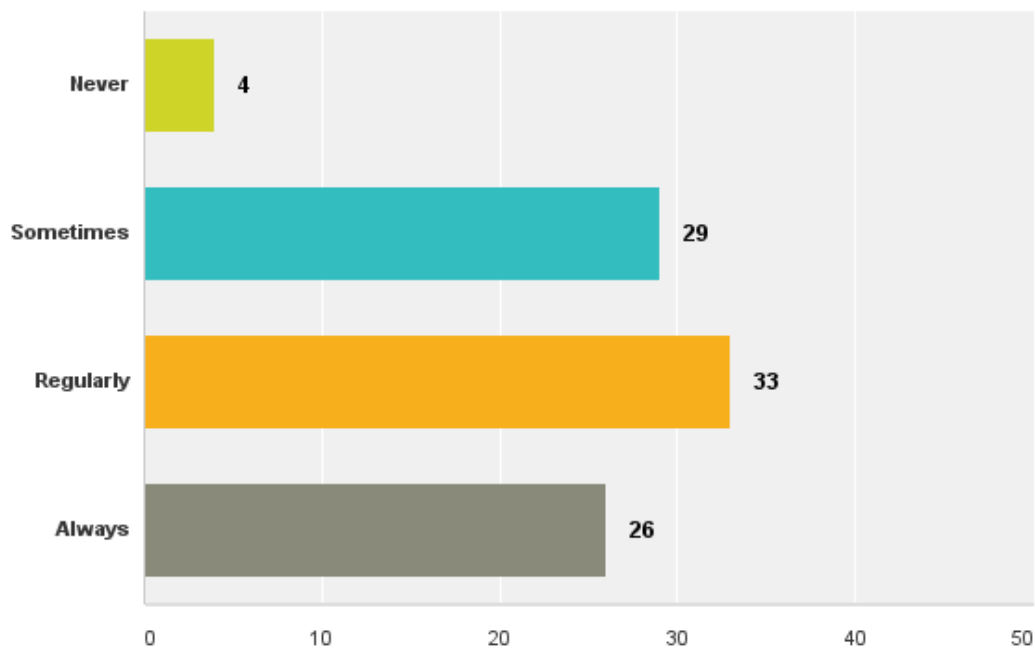
**Table 10. Reasons why supervision is regarded as a positive or negative experience (n=67)**

<p><b>Reasons why supervision is viewed as a negative experience</b></p>	<p><i>‘... it’s a tick box exercise’</i></p> <p><i>‘...lack of understanding from management’</i></p> <p><i>‘Rushed and nothing ever comes from it.’</i></p> <p><i>‘unapproachable manager.’</i></p> <p><i>‘Mixed depending on who is supervising and issues at the time’</i></p>
<p><b>Reason why supervision is viewed as a positive experience</b></p>	<p><i>‘This gives myself and my supervisor a chance to speak without interruption. We both speak about our agenda and air any issues. Once this is spoken about we can leave this at supervision and continue on our work.’</i></p> <p><i>‘clears the mind of worries, clarifies different things, helps one to as a worker as it encourages one to reflect on different good and bad outcomes and how they may have been handled differently and so on.’</i></p>

Question 22 had asked respondents whether they would be likely to leave social care. 84% of people who reported that they were likely to stay in social care also reported that they regarded supervision as a positive experience. Only 56% of those who reported wanting to leave social care also reported that they regarded social care as a positive experience.

Question 27 asked, 'Do you debrief with colleagues after a significant event/incident involving a client? Please select one.' Respondents were asked to choose from the following options: never, sometimes, regularly and always. 92 people answered the question. The results are displayed in Figure 5.

**Figure 5. How regularly respondents debrief with colleagues after a significant incident involving a client (n=92)**



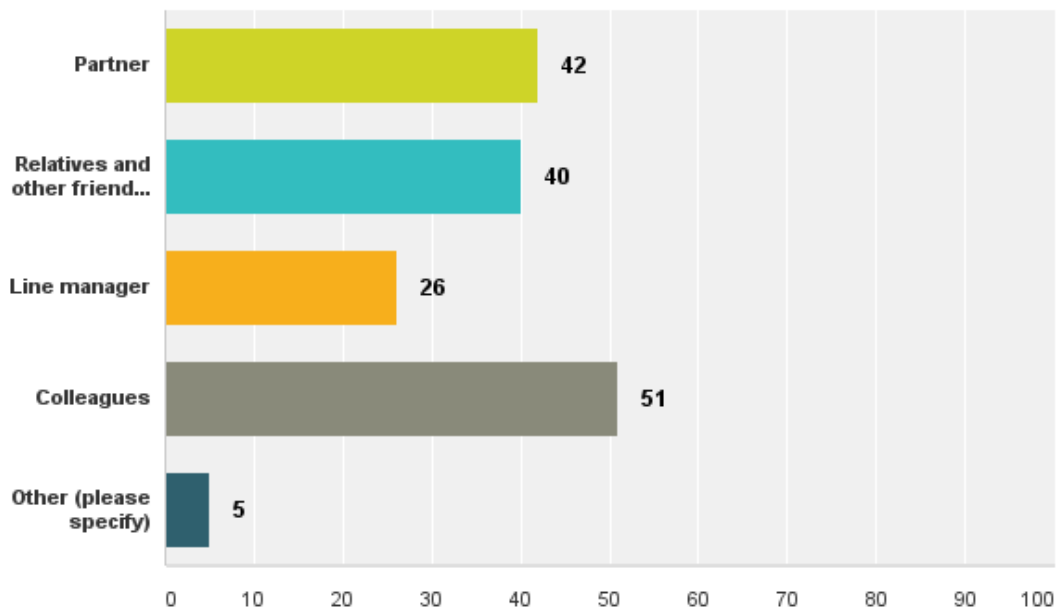
As

shown in Figure 6, most respondents (33 / 92, 36%) reported that they debriefed regularly with colleagues after a significant incident. 29 respondents (32%) reported that they sometimes debriefed. 26 respondents (28%) reported that they always debriefed. 4 respondents (4%) reported that they never debriefed.

Earlier in the survey (question 22) respondents were asked whether they would be likely to leave the area of social care. According to the results, 27 of the 37 respondents (72%) who reported that they were likely to stay in social care, also reported that they regularly or always debriefed with colleagues after an incident with a client. On the other hand, only 14 / 33 (42%) of those reported that they were likely to leave social care also reported that they debriefed regularly with a colleague after a significant incident with a client.

Question 28 asked, 'Who would you go to for support when you are very stressed as a result of your work? Please select as many as apply.' Respondents were given a choice of the following responses: partner, relatives and other friends, line manager, colleagues and other (please specify). 91 respondents answered this question. The results are displayed in Figure 6.

**Figure 6. Who respondents look to for support when they are stressed at work (n=91)**



As shown in Figure 6, most respondents (51 / 91, 56%) reported that they would go to their colleagues for support when they feel stressed at work. 42 respondents (46%) reported that they would go to their partner for support when stressed as a result of their work. 40 (44%) of respondents reported that they would go to relatives and friends. 26 respondents (29%) reported that they would go to their line manager. 5 (5%) respondents said they would go to others not listed above.

Earlier in the survey, question 22 asked whether respondents would be likely to leave social care. Answers revealed that of the 33 who reported that they would be quite likely or very likely to give up working in social care, only 6 (17%) reported that they would go to their line manager for support when stressed. In comparison, of the 37 who reported that they would be unlikely to leave social care, 15 (40%) reported that they would go to their line manager for support when stressed.

Question 29 asked, *'In general, how adequate is the support you receive from your line manager? Please place the slider between one to ten, with one being 'not at all adequate' and ten being 'very adequate'.* 92 respondents answered this question. The mean value given was 5.27 while the median value was 5. The maximum value selected was 10, the minimum value was 0.

From analysing results from question 22, results showed that respondents who reported that they were likely to stay in social care also rate their management support at 6. This is the mean value reported. Those who reported that they wanted to leave, rated management support at a mean value of 4.

Question 30 asked respondents, *'Are there any methods you use to bring down your stress levels after an incident or stressful day at work? If so, please describe.'* This was an open question. 74 respondents answered this question. Thematic analysis was used to identify themes in the data. They are illustrated in Table 11.

**Table 11. Methods used to bring down stress levels (n=74)**

<b>Themes</b>	<b>Number of Respondents</b>	<b>Sample Quotes</b>
Exercise	22 (30%)	<i>'Gym session or drive home with radio off, on arriving home I have changed from work mode to home mode'</i> <i>'Relax after work, don't dwell on work, I keep work and personal life desperate. Exercise helps'</i> <i>'going to the gym, listening to music, talking, writing it down on paper and then burning it'</i>
Music	12 (16%)	<i>'Blaring music on my way home -hours' drive'</i> <i>'Listening to music on way home'</i>
Meditation/ mindfulness/ reflection	10 (13%)	<i>'Mindfulness techniques'</i> <i>'Mindfulness'</i> <i>'Reflective practice'</i>
Eating / Smoking / Drinking Alcohol / Anti- depressants	8 (11%)	<i>'Sleeping tablet, anti-depressants and beta blockers'</i> <i>'If it's the weekend I would go home and pour a drink.'</i> <i>'A run. A hot shower. Chocolate. Wine.'</i>

Table 11 shows various answers to question 30 given by respondents. As illustrated in the table, four main themes emerged. These themes were exercise, music, meditation / mindfulness / reflection and eating / smoking / alcohol consumption and the use of anti-depressants. The theme most frequently cited by respondents was exercise, with 22 / 74 (30%) reporting they found exercise helped them relax or destress after work. 12 / 74 respondents (16%) said they enjoyed listening to music and they used this as a technique to de stress. 10 / 74 respondents (13%) said they used mindfulness, reflective practice or similar techniques to relax after work. Finally, 8 / 74 respondents



(11%) said they have taken various substances to destress, such as cigarettes, alcohol, anti-depressants and food.

Question 31 asked *'In your opinion, what steps, if any, could your line manager take to be more supportive to staff suffering from stress?'* This was an open question. Thematic analysis was used to identify themes in the data. 70 respondents answered this question. The results are illustrated in Table 12.

**Table 12. What management can do to relieve stress among staff (n=70)**

<b>Themes</b>	<b>Number of respondents</b>	<b>Sample quotes</b>
Debriefing/ supervision/ listening to staff	16 (23%)	<i>'Provide debriefing by outside psychologist, inhouse relaxation classes.'</i>  <i>'Actually show interest and listen'</i>
Use relief staff more / stop asking for overtime	7 (10%)	<i>'Ensure adequate relief staff'</i>
Be present to support staff more often	7 (10%)	<i>'Be more present on shift.'</i>  <i>Be present in the home more often. Complement instead of criticizing. Encourage self-care among staff, asking them if they took a break, which we mostly do not.'</i>
Be more positive/ give compliments	6 (9%)	<i>'Give more praise as this is very rare or acknowledge stress among staff'</i>  <i>'Get to know me better. Acknowledge positive work I do.'</i>
Swopping staff among different units	4 (6%)	<i>'Rotate staff between service users and provide more time for paper work obligations.'</i>  <i>'Move staff to other areas of less stress for a short period of time'</i>
Be more understanding	3 (5%)	<i>'Be understanding to how stress affects different people'</i>

		<p><i>at different times. Pressure from my line manager adds volumes to the stress we feel.'</i></p> <p><i>'Be understanding to how stress affects different people at different times. Pressure from my line manager adds volumes to the stress we feel.'</i></p>
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As illustrated in Table 12, 6 themes emerged when respondents were asked what their manager could do to better respond to staff experiencing stress. The theme most frequently reported by respondents was debriefing / supervision or generally listening to staff. 16 / 70 respondents (23%) reported this as a way their manager could support staff experiencing stress. 7 / 70 respondents (10%) reportedly felt that relief staff should be used more often and they would like management to stop asking them to work overtime. 7 / 70 respondents, (10%), reported that they think that their manager should be present to support staff more often. 6/ 70 respondents, (9%), suggested that managers could be more positive and give more compliments. 4 / 70 respondents (6%) suggested moving staff between units within the organisation, in order to avoid the same staff working with the same clients for long periods of time. Finally, 3 / 70 respondents, (5%), reported that they think managers could support staff who are experiencing stress by being more understanding.

**Overall summary**

In summary, 44 / 96 of respondents (45%) reported that they felt stressed in work at least once daily. Only a very small number, 4 / 96 (5%), reported that they never felt stressed at work.

22 / 96 respondents appear to have a high stress score, above 300, according to Holmes and Raye scale. This is based on reported stressful life events in their lives in the last year. The results show that reported levels of stress among care workers who have a high stressful life event score appears to be slightly higher than other respondents. Also, those with a high stressful life event score (over 300), seemed to be more likely to be absent from work and reported that their health is only fair or poor.

The most common causes of stress reported appear to be behaviour that challenges, shift work / unsociable hours, difficulties with management and paperwork. The results appear to suggest staff members who receive less supervision are more likely to want to leave the social care sector. Also, those who would go to their line manager after a stressful event are less likely to want to leave social care.

33 / 95 (35%) of respondents were forced to take time off work due to work related injuries. The nature of the injuries sustained varied from bites to head injuries and back problems sustained after being assaulted.

In terms of effects of stress, a very high number of respondents, 80 / 96 (84%), reported that their health is excellent or good. However, those who scored above 300 on the Holmes and Raye scale are more likely to report that their health is only fair or poor. The median scale for how respondents would rate the morale in their place of work was 5, with 1 being very poor and 10 being excellent. The mean value reported when respondents were asked how much they enjoy their job was considerably higher, 6.74, with 1 being very poor and 10 being excellent. 4 / 33 respondents who said they would leave social care, reported high stress levels as being the main reason.

Some interesting suggestions respondents made for ways management could help support staff who are experiencing stress include being present more often, listening to staff and being more understanding, giving more positive feedback when it is warranted and stop expecting staff to work overtime. However, the highest response for what could be done to support staff is more frequent, better quality supervision.

## Discussion

The results of the study showed that almost half of respondents reported that they feel stressed at work at least once daily.

The average 'stressful life events' score among participants was 205, 35 out of 96 scored higher than this. 22% of respondents scored a 'high' stressful life event score, above 300. The results show that levels of stress among care workers who have a high stressful life event score appears to be slightly higher than other respondents and they are more likely to rate their own health as being poor when compared with other respondents who did not rate as high on the stressful life events score.

The most common causes of workplace stress among those supporting adults with intellectual disabilities appear to be behaviour that challenges, shift work / unsociable hours, difficulties with management and paperwork.

33 / 96 respondents (35%) reported that they were forced to take time off work due to a work-related injury. The time taken was for various reasons including being bitten by clients and head and back injuries due to assaults. The time taken off varied from one day to a year.

The statistics appear to suggest staff members who receive less supervision are more likely to want to leave the social care sector. Also, those who would go to their line manager after a stressful event are less likely to want to leave social care.

Some interesting suggestions respondents made for ways management could help support staff who are experiencing stress include being present more often, listening to staff and being more understanding, giving more positive feedback when it is warranted and stop expecting staff to work overtime. However, the highest response for what could be done to support staff is more frequent, better quality supervision.

## **Levels of stress experienced**

45% of respondents in the study reported that they feel stressed in work at least once daily. Only 4% of respondents reported that they never felt stressed in work. 5 respondents reported that they had to take time off due to work-related stress.

The only measure of stress used in the current study was asking respondents how frequently they 'feel' stressed in work. However, this is open to interpretation, what different respondents regard as 'feeling stressed' varies. It may have been too vague. A more appropriate measure of stress could have been used in the current study, such as the one used in a study carried out by Alborza, Emerson, Hatton, Kiernan, Mason, Mason, Reeves, Rivers and Swarbrick (1995). The study carried out by Alborza et al (1995) used a 33-item measure assessing levels of stress, this was formulated from previous similar studies. (Rose, 1993). A tried and tested scale may have given a better impression of levels of stress. It also would have been more practical for analysing results and allowed for easier comparison with previous studies. Nonetheless, feeling stressed every day in work or several times daily in work appears excessive. Also 1 in 20 respondents reported that they have taken time off due to work related stress. Since this leave will normally be paid, it will incur considerable cost to employer.

## **Stressful life events**

The average 'stressful life events' score among participants was 205. 35 out of 96 scored higher than this. According to Holmes and Raye (1967; cited in Daley, 1999; p. 226) a score above 300 constitutes a high score and respondents who scored this or higher have a high or very high chance of becoming ill in the future. Those who score between 150 and 300 have a moderate chance of becoming ill while those who scored below 150 have a low chance of becoming ill. 22% of the sample scored above 300 on the Holmes and Raye scale. 17% of the entire sample rated their health as being only fair or poor, while 29% of respondents who had a high stressful life events score (above 300) rated their health as fair or poor. This statistic supports Holmes and Raye's (1967) theory that those with a high stress score are more likely to get ill. This suggests that

stress and health are linked. This is an important factor for organisations to consider, since the human and financial cost of stress and sick leave is considerable.

The levels of workplace stress reported among those with high stressful life events also appeared to be considerably higher than the rest of the sample, with 57% reporting that they felt stressed in work once daily or more, while only 45% of the rest of the sample said they experienced stress this regularly at work. These results suggest that there is a link between stress at home and in the workplace. Dobson (2010) found that a high stressful life event score will have a major impact on physical and mental wellbeing, as well as one's ability to cope with everyday stressors, such as those encountered in the workplace. This supports results from other studies (Alborza et al, 1995) which found that the wider circumstances of staff member's lives should be considered if the organization is interested in reducing general distress. Organisations could consider offering more flexible shift systems to allow staff to adapt their working practices to their life circumstances to alleviate this issue.

A number of organisations in the social care sector in Ireland employ the services of an Employee Assistance Programme (Brothers of Charity, Muiriosa Foundation, Autism Initiatives) which offers 24hour phoneline support to their employees and their families. Employees who avail of this service can discuss any issue; it does not have to be work-related. Reported benefits of using an employee assistance programme include increased morale among employees, reduced absenteeism and increased productivity (Davy, 2017)

### **Causes of stress**

When respondents answered the open question, 'What are the three biggest sources of stress for you in your workplace?' the most common theme were physical and verbal assaults with 39 / 96 (40%) of respondents claiming that this is one of the top three sources of stress for them. This corresponds to research carried out by Murphy and Waters (2012) whose findings claim that the most frequently reported work stressor among disability support staff is challenging behaviour.

94% of respondents in this study said they worked with service users who were regularly physically or verbally abusive. An Irish study (Byrne and Keogh, 2016) carried out among social care workers supports these findings, reporting that 92% of those working in disability services having experienced workplace violence. Respondents were also asked about whether they had taken time off work due to a work-related injury. 33/ 95 (35%) respondents reported that they had taken time off due to a work-related injury. 14 / 33 (42%) of these respondents said that the injury they sustained was due to being assaulted by a service user. According to these results 15% of the entire sample was forced to take time off work due to an assault while at work. While there is no doubt that people employed in the health care sector encounter challenging behaviour regularly while carrying out their duties, this evidence suggests a large proportion of them sustain significant injuries while doing so.

These figures indicate levels of assault in the disability sector are even higher than findings published by Community Care in the UK (Schraer, 2014), whose research found that 85% of social workers in the UK claim to have been physically assaulted, verbally abused or harassed in the last year. This could be due to the fact that generally social workers spend less time in direct contact with clients than direct support workers like the care workers who participated in the current study. A similar study carried out by Devitt, Egan, Guerin, Nolan and Redmond (2011) among social workers in Ireland, showed that that a major contributing factor to stress levels included high levels of exposure to aggression and violence, with one third of the group surveyed reporting that they experienced violent or aggressive behaviour 'fairly often.'

While the reasons for challenging behaviour occurring is extremely complex, organisations can put measures in place to be more supportive to staff who are attempting to manage challenging behaviour. How management can do this will be explored further in this chapter, based on responses in this study.

The second most common source of stress cited by respondents was paperwork, with 33 / 96 (32%) respondents saying they had issues with completing paperwork for a

variety of reasons. Some issues included the volume of paperwork, duplication of paperwork, time spent on paperwork impacting on quality time spent with service users and not sufficient time allocated to do paperwork. In the interest of accountability and a high-quality service, national standards require a high level of documentation and traceability. Clearly this has knock-on effects on the day to day service delivery for staff directly supporting clients. A study carried out by The Northern Ireland Association of Social Workers (2012) produced some interesting findings which demonstrated the frustration felt amongst social workers because of the volume of time spent on administration duties. Almost all respondents, specifically 96%, highlighted report-writing as a specific difficulty that impacts on their ability to spend time in face to face work with clients. The findings of this study show that most of social worker's time is taken up report-writing and filling in forms. The report claims that, *'This is not what social workers are trained to do and it is not what social workers want to do.'* These statistics, as well as findings from the current study would suggest that some measures could be taken to remedy some of the issues caused by too much bureaucracy. Some recommendations may include less duplication and central sharing of information, improved IT equipment, a review of reporting requirements to significantly reduce unnecessary bureaucracy and increased administration support for workers in the disability sector.

Another common theme among respondents in the sample was issues with management. These included general unfriendliness, disregard for staff welfare and lack of support provided to staff when managing behaviours of concern. 31 / 96 (30%) of respondents reported issues with management were one of the top three sources of stress for them in their workplace. This would support the theory that while it may be difficult or indeed impossible to eradicate behaviours that challenge from the role, management should take measures to be more supportive to staff who are dealing with it daily. Similarly, in a study carried out among employees in Lurgan Hospital, (Hassard, 2007), findings showed a high level of tension between management and staff. Findings from studies such as these emphasise the importance of proper training delivered to front-line managers, as well as regular team building exercises delivered to staff. The reasons for the apparent negative approach from managers and minimal supervision



delivered should be further explored. Perhaps managers are under resourced and their workloads are also too heavy which is why they do not seem to have the time to spend supporting staff.

Many respondents (19 / 96, 20%) also claimed difficulties with co-workers was a significant source of stress for them. Difficulties included respondents feeling that co-workers were lazy, would not 'pull their weight' and inexperienced staff being too 'opinionated' and 'claiming to know more than' more experienced staff. It could be argued that improving teamwork among staff members and more effective communication and conflict resolution methods would improve team cohesion and in turn make the day to day management of challenging behaviour easier. This statistic is in line with previous research (McCarthy, 2006) which found that difficulties working as part of a team and relating to other staff gives rise to stress for social care workers.

17/ 96 (18%) respondents claimed that the units in which they work are consistently short-staffed and this is one of the biggest sources of stress for them in the workplace. The most common source of stress experienced 'very frequently' is a heavy workload. Perhaps previous discussion relating to huge volumes of paperwork, difficulties managing challenging behaviour and resentment towards colleagues not 'pulling their weight,' is linked to this figure, since if more appropriate staffing levels were put in place it would alleviate some of these issues.

### **Effects of stress**

Studies show that stress among care workers have negative impacts on staff, mentally and physically, as well as the wider organisation and ultimately the quality of service delivered to service users. Some of the negative effects associated with stress (Irish Nurses Organisation, 1992) experienced 'frequently' or 'very frequently' by respondents in the current study included feeling unduly tired or exhausted (17/ 96, 18%), losing sleep due to worry (30/ 96, 31%), feeling uneasy or restless for no apparent reason (39 / 96, 41%) and feeling upset for no reason (27 / 96, 28%). These are all signs associated with depression. Research carried out by Gray- Stanley et al (2013) found a positive link between stress and depression among care workers. Results of the study

on stress among nurses carried out by the Irish Nurses Organisation (1992) listed sleep disturbance and depression as a human cost of workplace stress.

80 / 96 respondents (83%) reported that their health was good or excellent, while 16 / 96 respondents (17%) felt that their health was only fair or poor. When the same question was posed to the sample of Irish nurses (Irish Nurses Organisation, 1992) results indicated the sample was in better health, with 93.5% of respondents reporting that they felt their health was good or excellent.

The organisational impact of high stress levels among care workers cannot be denied; one of the most obvious effects being high staff turnover. 35% (33 / 96) of respondents reported that they would leave social care if alternative employment became available. A high percentage, 27% (26 / 96) were unsure and only 37 / 96 (39%) reported that they would be unlikely to leave the sector. As well as the obvious financial losses to the organisation because of costs associated with recruitment and training, Bromley, Caine, Dickson, Emerson, Gone and Hatton (2012) point out that poor retention of direct care staff in intellectual disability services prevent the building of trusting relationships between staff and clients and results in high staff to client ratio which further exacerbates the problem. This figure is concerning when one considers that many studies found that burnout and turnover among care workers in Ireland is of crisis proportions, with turnover rates often reaching 46% to 90% in a two-year period (Devitt et al, 2011; Byrne and Keogh, 2016). The following is an answer provided by one of the respondents in the current study outlining the reasons why they would leave the sector, if given the opportunity;

*'Poor work morale, too much pressure on certain hard working staff as team are lazy. Lack of managerial presence or support which is why staff have a care free attitude. Pressure from management to complete paperwork even though there is lack of time to do it due to staff shortage. Also, it feels like it is a babysitting service as because of the lack of support given, service users cannot be brought for outings or have the life they want. Management do not care about the service users.'*

However, while many studies use staff turnover as an objective measure of job stress or satisfaction, it should be used with caution as increased stress does not necessarily mean increased turnover (Sherrard, 1992). For example, in cases where organisations offer high salaries and secure pensionable jobs, staff may be very reluctant to leave. Many private organisations struggle to retain staff because they cannot afford to compete with salary and conditions offered by the public sector. The owner and manager of a Cork nursing home explained the difficulties faced by many others in a similar situation; *“We’re effectively training staff to work in the HSE..... we’d love to be able to pay more, and to aspire towards a living wage for all staff, but we are up against State providers that are infinitely better funded than us.”* (Cullen, 2016).

Three of the main themes which emerged when respondents were asked why they would leave social care were hours, pay and stress. Other themes which emerged were paperwork and challenging behaviour. With one exception, rates of pay, this relates to findings from other sections of the study, in which all of these are mentioned by respondents as factors which frequently cause high levels of stress. Rates of pay appears to vary greatly depending on whether respondents worked in the public or private sector. While several respondents reported that they were underpaid, others said the only reason they remain working in social care was because the pay and conditions were better than what was on offer in other sectors. Below is a direct quote from a respondent in the current study, when asked why they would leave the disability sector.

*‘I am exhausted & if I didn't have a mortgage & want to start a family I would be happy in a retail job. After the 10 years I've put in I'm on better money than most, with job security and maternity cover. These things keep me in my job.’*

## **Supervision/ support / managing stress**

All respondents answered questions regarding what they felt management could do to better support them in their role. The results overwhelmingly indicated that respondents felt more frequent, better quality supervision is necessary. A very large number of respondents (31/ 90, 34%) reported that they received no supervision at all. 37% of respondents reported that they received supervision every three months or less frequently. 26 / 90 (28%) respondents reported that they received supervision every two months or more frequently. According to The Care Standards Act (2000), which applies to Wales, Northern Ireland and Scotland, supervision should take place every two months. According to this guideline, 72% (70) of respondents in this study do not receive supervision regularly enough. There is no similar guideline written into Irish legislation.

64 / 96 (66%) of respondents claimed that they did find supervision a positive experience. 23 / 96 (26%) said they did not view supervision as a positive experience. Notably, 84% of respondents who reported that they were likely to stay in social care regarded supervision as a positive experience. Only 56% of those who reported that they wanted to leave regard social care as a positive experience. These findings may be interpreted in a number of ways, but it is possible that if staff receive good quality supervision that focuses on areas for development, as well as positive feedback and is not punitive or only focused on negative aspects of their work, care workers would be more likely to be happier in their role. This supports other studies carried out, which found that supervision works best when staff have a positive relationship with the supervisor and sessions focus on being supportive rather than overly critical. Supervision delivered in this way appears to reduce staff turnover and reflects the employee's perceptions of how they are supported by their employer (Bostock, Carpenter, Coomber and Webb, 2015). It could be argued however, that if a care worker feels like they would like to work in a different role, they will not engage fully in the supervision process and will therefore not regard it as positively as others. There is scope for more research in this area, not only on the benefits of supervision but on various supervision techniques.

Respondents were asked, in an open question, about what they feel management could do to relieve stress among staff. Several themes emerged, but the one most commonly cited by staff was improved and more regular supervision, debriefing and generally listening to staff. Several staff claimed that pressures from management actually adds to their stress levels. The following are some answers that were provided by respondents:

*'Actually show interest and listen.....'*

*'Be understanding to how stress affects different people at different times. Pressure from my line manager adds volumes to the stress we feel.'*

When asked to rate how adequate support from management was, the mean value selected was 5, with 0 being none at all and 10 being excellent. This reflects the general feeling from the findings that support from management is perceived to be poor. This supports findings from other studies which show that supports available to social care workers, particularly those who have been assaulted in their workplace, are inconsistent across sectors (Byrne and Keogh, 2016). Lack of general support and proper supervision can result in role ambiguity (Grey- Stanley et al, 2013), which was claimed by many respondents to be a considerable source of stress for them. Below is a comment from one of the respondents which illustrates challenges faced by care workers in the sector and the perceived disregard management in some organisations have for staff.

*'The company I work for have no respect for its employees. I was brutally assaulted by a client and my life was destroyed for nearly three years, I only received two phone calls from management in that terrible period of my life.'*

This general poor relationship with management was reflected again when respondents were asked who they would go to for support after a stressful incident. Most respondents (51 / 96, 55%) reported that they would go to their colleagues for support, while only 27 / 96 (29%) reported that they would go to their manager. Of those who reported that they would be quite likely or very likely to give up working in social care, only 6 /33 (17%) reported that they would go to their line manager for support, in

comparison to 15 / 37 (40%) of people who reported that they were unlikely to leave social care. Several respondents also said management should take the time to be more complimentary of staff and give positive feedback where appropriate. This is a very simple measure which could be taken and it costs the organization nothing. Some other interesting suggestions included swapping staff around among different units to give staff a break from working with service users who have more complex needs.

Respondents were asked what methods they use to bring their own stress levels down. The theme most frequently seen was exercise, with 22 / 96 respondents (24%) saying that they exercised to unwind after work. 12 / 96 (15%) respondents said they listened to music. 10 respondents said they found mindfulness techniques / reflection helped them to relax. 8 / 96 (10%) respondents said they used alcohol or other substances such as cigarettes or prescription drugs. For example, the following is the answer from one of the respondents, when asked how they de-stress after work: *'Sleeping tablets, anti-depressants and beta blockers'*

This is regarded as an avoidant coping strategy and the use of these strategies regularly is linked to increased post-traumatic stress disorder symptoms over time (Levers, 2012; Irish Nurses Organisation, 1992). Previous studies carried out have shown encouraging statistics that there is a low level of avoidant strategies of coping used among Irish social workers (Devitt et al, 2011), with 20% of respondents in the study carried out by Devitt et al, (2011) claiming to use alcohol or drugs as an escape from stress. However, the current study among care workers found even lower levels of these dysfunctional coping techniques used, with only 10% of respondents claiming to have used them. It could be argued that this difference could be due to the respondent being presented with an open question in the current study, while in the study carried out among social workers by Devitt et al (2011), drugs and alcohol were given as a multiple-choice response, therefore somewhat prompting respondents. It would be worth researching this topic more and exploring further the prevalence of avoidant coping strategies among people employed in the disability sector, as opposed to other sectors.

## **Evaluation of Method**

Using Survey monkey to create the survey and subsequently distributing the questionnaire on Facebook allowed the respondents to be gathered in a very short period of time. 112 respondents were gathered in just three days, although 16 of these questionnaires had to be later disregarded because they were incomplete. The method used allowed access to a very large population and meant a large sample was gathered. 96 completed questionnaires analysed was significant considering the scope and time frame available for the project.

The measure of stress used in the current study involved asking respondents how frequently they 'felt' stressed in work. In hindsight when analysing the data this was quite vague and perhaps a more appropriate measure of stress could have been used in the current study, such as the one used in a study carried out by Alborza, Emerson, Hatton, Kiernan, Mason, Mason, Reeves, Rivers and Swarbrick (1995). The study carried out by Alborza et al (1995) used a 33-item measure assessing levels of stress, this was formulated from previous similar studies. (Rose, 1993). A tried and tested scale may have given a better impression of levels of stress. It also would have been more practical for analysing results and allowed for easier comparison with previous studies.

## Summary and Conclusion

The findings of this study indicate that most respondents reported that they felt stressed in work daily, with several respondents reporting that they had to take time off due to work-related stress. It was found that the most common cause of stress that was reported was that of managing behaviours of concern. Other sources of stress reported by a lot of participants include heavy workloads, specifically huge volumes of paperwork and inadequate time and resources to complete it. Overall respondents seemed to perceive support from management to be inadequate. When asked how respondents felt management could better support them in their role and what actions could be taken to support staff who experience high levels of stress, the results overwhelmingly indicated that supervision was not offered regularly enough, nor was it of good enough quality. Generally, it seems that a more positive, supportive approach from management may help alleviate stress among care workers and reduce turnover in the sector. This supports all the literature and research which has been carried out to date (Bostock et al, 2015; Grey-Stanley, 2013; Byrne and Keogh, 2016). The link between health and stress levels, including how stressful life events affect employees, is worth consideration by organisations due to the considerable financial and human cost involved.

Care workers supporting adults with intellectual disabilities support some of the most vulnerable individuals in our society. The most frequent source of stress reported by respondents in this study were managing behaviours of concern. The results from the current study and other research carried out suggests that there is a culture developing in this area which creates an attitude among all stakeholders involved that violence and aggression is an acceptable 'part of the job' (Byrne and Keogh, 2016). Encouragingly, the findings suggest that high stress levels among staff who support service users with an intellectual disability is not inevitable. Many of the sources of stress were within the control of organisation management, such as allocating appropriate time for paperwork, giving regular supervision, swapping staff among different units and a generally more empathic understanding approach from managers. This is similar to findings from Alborz et al study (1995) which found that organizational changes could have major impacts on



reducing job strain and work satisfaction. Some recommendations for minimising and managing stress levels are outlined below.

## **Recommendations**

Organisations should put measures in place to be more supportive to staff who are attempting to manage challenging behaviour. This could include management swapping staff around among different units to give staff working with service users with more complex needs some respite.

Staff should be offered more flexible shift patterns to allow them to adapt their working practices to their life circumstances. This may alleviate the risk of those with a high stressful life event score experiencing high rates of work related stress.

Better systems should be adapted to minimise time spent on administration. Duplication should be eliminated with more central sharing of information. Up to date IT equipment should be put in place to allow for more efficient report writing and documentation.

Staff supervision should be considered as a priority, with proper training delivered to managers who provide supervision to staff. Their workload should be examined to ensure they are allocated sufficient time to provide meaningful support and supervision to staff.

Regular team building exercises could be offered to staff, since poor communication and conflict appears to be the source of considerable stress for care workers.

Organisations could consider using in an employee assistance programme. Although this requires some capital investment initially, considering the cost of sick leave and high staff turnover, organisations should consider it as an investment.

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**Appendix 1**  
**Questionnaire**



## **Welcome to My Survey**

**Dear Participant,**

**I am carrying out a survey study on stress among care workers working in the area of intellectual disability. I am doing this study for my Master's degree in Advanced Social Care Practice in Athlone Institute of Technology.**

**If you are a care worker working in the area of intellectual disability, I would appreciate if you could complete this questionnaire. It asks about your experience of stress in the workplace and about its causes, its effects and the factors which might help reduce or prevent stress. It also asks about possible sources of stress outside the workplace. The questionnaire will take about ten minutes to complete. Your participation is completely voluntary. It is also anonymous and confidential. This means that you do not have to put your name on the questionnaire, or the name of the organisation where you work. Also, your responses will be used for the purpose of research only and not for any other purpose.**

**Data from completed questionnaires will be kept on a password protected computer. The finished work may be published, but names of participants and organisations where they work will not be included in the report. If you decide to complete the questionnaire, thank you very much for your help.**

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**If you have any questions or concerns please contact me, Deirdre Corrigan at [d.corrigan@hotmail.com](mailto:d.corrigan@hotmail.com).**

**Please note: completion of the following questionnaire will be taken as an indication of your consent to participate in the research.**

## Section 1: Questions about you

1. Are you male or female? Please select one.

Female

Male

2. What age group are you in? Please select one.

Under 21yrs

21-25yrs

26-30yrs

31-35yrs

36-40yrs

41-45yrs

46-50yrs

51-55yrs

56-60yrs

61-65yrs

3. Which of the following best describes your current role? Please select one

Social Care Worker

Outreach worker

Care assistant

Day Service Facilitator

Senior Social Care Worker

Team Leader

Other, please specify

4. Please state your highest qualification in the space provided

5. How many years and months post-qualification experience do you have?

6. Which of the following best describes your current position? Please circle one.

- Full-time permanent
- Part-time permanent
- Full-time temporary
- Part-time temporary
- Agency
- Relief
- Job-sharing

Other (please specify)

7. How long have you been employed in your current position? Please indicate in years and months

8. What is your marital status? Please circle one.

- Single
- Married
- 
- Cohabiting
- Widowed
- Divorced
- Separated

9. Do you have any children? Please select one.

- Yes, all 18 or over
- Yes, one or more under 18
- No

## Section 2: Stressful life events

10. Please select the appropriate options if any of the following events have occurred in your life in the past year. If any important events are not included on the list, there is a space provided below to describe them.

- Death of spouse/mate
  - Death of close family member
  - Major injury/illness to self
  - Detention in jail or other institution
  - Major injury/illness to close family member
  - Mortgage application
  - Divorce
  - Being a victim of crime
  - Being the victim of police brutality
  - Infidelity
  - Experiencing domestic violence/sexual abuse
  - Separation or reconciliation with spouse/mate
  - Being fired/laid-off/unemployed
  - Experiencing financial problems/difficulties
  - Death of close friend
  - Spouse/mate begins/ceases work outside the home
- 
- Major disagreement with boss/co-worker
  - Change in residence
  - Finding appropriate child care/day care
  - Experiencing a large unexpected monetary gain
  - Changing positions (transfer, promotion)
  - Gaining a new family member
  - Changing work responsibilities
  - Child leaving home
  - Obtaining a home mortgage
  - Obtaining a major loan other than home mortgage

- Beginning/ceasing formal education
- Receiving a ticket for violating the law Surviving a disaster
- Becoming a single parent
- Assuming responsibility for sick or elderly loved one
- Loss of or major reduction in health insurance/benefits
- Self/close family member being arrested for violating the law
- Major disagreement over child support/custody/visitation
- Experiencing/involved in auto accident
- Being disciplined at work/demoted
- Dealing with unwanted pregnancy
- Adult child moving in with parent
- Parent moving in with adult child
- Child develops behaviour or learning problem
- Experiencing employment discrimination/sexual harassment
- Attempting to modify addictive behaviour of self
- Discovering/attempting to modify addictive behavior of close family member
- Employer reorganization/downsizing
- Dealing with infertility/miscarriage
- Getting married/remarried
- Changing employers/careers

- 
- Failure to obtain/qualify for a mortgage
  - Pregnancy of self/spouse/mate
  - Experiencing discrimination/harassment outside the workplace
  - Release from jail

Any other stressful life event you have experienced that is not listed above;

### Section 3: Sources of stress in the workplace

#### 11. Stressors arising because of the nature of the job.

Please rate how frequently each of the following occurs in your job by selecting the most appropriate option. Please complete all parts.

	Never	Rarely	Occasionally	Frequently	Very Frequently
Physical assaults from service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal assaults from service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling helpless in the case of a service user facing challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very demanding service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing service users self harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of understanding from members of the public while supporting service users in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

### Section 3: Sources of stress in the workplace

#### 12. Organizational stressors.

Please rate how frequently each of the following occurs in your job by selecting the most appropriate option. Please complete all parts.

	Never	Rarely	Occasionally	Frequently	Very Frequently
Lack of interdisciplinary communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor communication amongst colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate relief staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of management presence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role ambiguity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling obliged / expected to work overtime due to staff shortages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough medical knowledge/ training to meet medical needs of service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having necessary knowledge and skills to complete paperwork required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor working relationships with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of career prospects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling undervalued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having too much work to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having too little work to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too little variety at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient resources to work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Rarely	Occasionally	Frequently	Very Frequently
Inadequate and poor quality training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough time to do necessary paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absenteeism of colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studying while in employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shiftwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Have you ever had to take time off work due to a work-related injury? Please select one.

Yes  No

14. If yes, how much time did you have to take off and for what reason?

15. How often, if ever, do you feel very stressed in work? Please select one.

- Never
- Several times daily
- Once daily
- Once a week
- Once a fortnight
- Once a month

16. What are the three biggest sources of stress for you in your workplace?

1

2

3



## Section 4: Effects of stress

17. In general, how would you describe your health? Please select one.

- Excellent
- Good
- Fair
- Poor

18. How many days were you absent from work during the past year, not including annual leave?

19. Please rate how frequently you experience each of the following by ticking the most appropriate option. Please complete all parts.

	Never	Rarely	Occasionally	Frequently	Very frequently
Do you often lose sleep due to worry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often feel unduly tired or exhausted?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often feel uneasy and restless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you often feel upset for no reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel reasonably happy, all things considered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How much do you enjoy your job? Please place the slider between one to ten, with one being 'not at all' and ten being 'very much so'.

1. Not at all 10. Very much so

21. What aspects of the job do you enjoy the most?

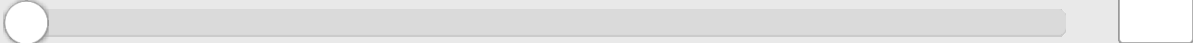
22. How likely would you be to give up working in social care, assuming the availability of a different type of job? Please select one.

- Very unlikely
- Not likely
- Not sure
- Quite likely
- Very likely

23. If you would be quite likely or very likely to give up working in social care, please explain the reason in the space provided.

24. How would you describe general employee morale within the service you work? Please place the slider between one to ten, with one being 'very poor' and ten being 'excellent'.

1. Very poor 10. Excellent



## Section 5: Supervision, support, responding to stress

25. How regularly do you receive supervision sessions?

26. Do you regard supervision as a positive experience? Please select one.

- No  
 Yes

Please explain the reason for your answer

27. Do you debrief with colleagues after a significant event/incident involving a client? Please select one.

- Never  
 Sometimes  
 Regularly  
 Always

28. Who would you go to for support when you are very stressed as a result of your work? Please select as many as apply.

- Partner  
 Relatives and other friends  
 Line manager  
 Colleagues  
 Other (please specify)

29. In general, how adequate is the support you receive from your line manager? Please place the slider between one to ten, with one being 'not at all adequate' and ten being 'very adequate'.

1. Not at all adequate

10. Very adequate



30. Are there any methods you use to bring down your stress levels after an incident or stressful day at work? If so, please describe.

31. In your opinion, what steps, if any, could your line manager take to be more supportive to staff suffering from stress?