An investigation into levels of Occupational stress amongst employees in the Health and Social Care sector:

Is there anything that HR departments can do?

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Abstract

The purpose of this dissertation is to look at levels of occupational stress in Health and Social Care workers. It will then examine a theoretical literature-based approach around what HR can do about minimising stress in this sector. This will be completed by asking what have identified as key research questions such as: does the length of service impact on workplace stress?, Is there a relationship between sub sector and workplace stress?, Is there a relationship between stress and those who had a positive/negative working environment? and Did a high number of respondent's report having workplace stress?. It will also look at the nine factors which Taylor and De Bruin (2006) have identified as key factors of occupational stress and see if these are supported by the research conducted.

A quantitative approach to research will be used in the form of an adapted version of the SWSI scale. The survey will also look at demographics such as gender and length of service to examine the impact that these will have on the key research objectives. Descriptive statistics will also be used to give a better insight into the data which has been collected. Limitations to the research will also be discussed.

Results will support some areas of the hypothesis and reject others. All results will be clearly presented and allow the researcher to implement practical recommendations based on findings.

These will include a selection of cost effective trainings, workshops, classes and other workplace wellbeing initiatives which have been identified as suitable in addressing problematic findings in the dissertation. There will also be a reflective learning piece and some suggestions around further research in the area.

National College of Ireland

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List of Abbreviations

HSA- Health and Safety Authority

HSE- Health Service Executive

ESRI- Economic and Social Research Institute

WHO- World Health Organisation

SWSI- Sources of Workplace Stress Inventory

EAP- Employee Assistance Programme

MHFI- Men's Health Forum Institute

VAT- Value Added Tax

Incl.- Inclusive

Chapter 1- Introduction

'Stress' is often seen as a difficult term to define. McLaughlin examines stress at a broad level and notes that it is a ''nonspecific response to stimuli and that it is only when managed poorly that it becomes a health hazard'' (McLaughlin, 2004, p.5). He also notes that there is a significant cost to organisation's due to workplace stress such as increased levels of absenteeism, early retirement and burnout amongst employees. Whereas, the Health and Safety Authority define work related stress as ''when a person perceives the work environment in such a way that their reaction involves feelings of an inability to cope. It may be caused by either perceived or real pressures such as deadlines, threats or anxieties within the working environment'' (HSA, 2007). Stress has also been measured in some governmental reports.

According to a report published by the Economic and Social Research Institute (ESRI) (2013) Stress, Anxiety and Depression accounted for 18% of all reported work-related illnesses in Ireland between the years 2002 and 2013. In the UK, it is also anticipated that work related stress costs the state up to £13 billion per year. Also, research such as the 2014 Health Service Executive (HSE) report on Voluntary Agencies Absenteeism Rates conveys that the highest levels of absenteeism rates are amongst health and social care workers ranging from 0% to an astounding 19.99%. The same report was completed in 2012 and the figures ranged from 0% up to 9.73%. Therefore, it is reasonable to believe that Health and Social care workers make up a significant number of these costs associated with absenteeism and that increased rates of absenteeism could be due to work related stress.

The reason for increased levels of absenteeism and high stress levels amongst employees within the social care sector fall under what Meadows, Shreffler and Mullins Sweatt (2011) call 'critical occupations' given the nature of the work which is completed daily within the sector. There are many factors which can be considered as mirroring the nature of the work completed of those within 'critical occupations' within the social care sector such as serving the people that they work with, the non-standard and sometimes longer working hours and the potential exposure to traumatic events on a regular basis. Each of these factors may have negative effects on employee's physical and mental health and may further contribute

to work-related stress. The signs and symptoms of stress has been looked at by several different authors.

Singh et. al (2016) examines what signs and symptoms a stressed employee may present with at work such as a general discontent with the work place, a poor relationship with the employer and their co-worker and role ambiguity are amongst factors which can lead to mild to moderate stress related illness amongst employees. He also notes the importance placed on the modern HR department to formulate policies and objectives which are designed to help reduce stress amongst its employees. Studies have been completed to examine methods of how to improve Human Resource Management Structures in the care sector such as Gillespie et. al (2011) examination of the suppression of negative emotions in elderly care which adopts a qualitative approach to identifying sources of stress in those working with elderly clients. Findings determine that sources of such stress include difficult scenarios with clients, work/home conflict and money and job stress. The study concludes that there must be further work completed by HR departments within this sector to improve working conditions for employees to improve retention and decrease stress levels within this sector. According to Pignata and Winfield (2017) a stress management intervention is any steps that an organisation takes to try and reduce stress amongst its employees. Interventions undertaken by the Australian University which was examined in their study included performance management, employee assistance programmes, critical incident de briefs, mediation and conflict resolution programmers, increased communications and a staff recognition programme. Such Human Resources strategies did prove to be beneficial, but the article also stated that the communication and accessibility of such strategies were vital in making them a success.

As mentioned above, there are currently several studies, articles and statistics available which convey occupational stress amongst health and social care workers to be problematic. However, these are usually sub sector specific and there has been little research found around the overall sources of stress across the social care sector. There is a need for HR departments in health and social care organisations to have clear knowledge of the sources of stress to be able to deal with this issue effectively and put mechanisms in place to allow for employees to manage their stress.

The dissertation aims to look at the sources of stress amongst social care workers by utilising a quantitative approach and adapted version of De Bruin and Taylor's Sources of Workplace Stress Inventory Scale. The purpose of the employing the scale will be to examine some specific research questions including:

- Does the length of service impact on workplace stress?
- Is there a relationship between sub sector and workplace stress?
- Is there a relationship between stress and those who had a positive/negative working environment?
- Did a high number of respondent's report having workplace stress?

The research will also link to theory in the SWSI scale by testing if the nine concepts which Taylor and De Bruin (2006) identify as causing workplace stress namely role ambiguity, relationships, work environment, tools and equipment, work/home interface, workload, bureaucracy , autonomy and career advancement can be founded to have strong results when tested amongst survey participants.

 Based on these findings, the study will then go on to examine a theoretical account, founded upon the literature, of how HR may manage workplace stress amongst employees within the social care sector. This includes an examination of policies and interventions which may have a positive impact on the workplace in the social care sector and the potential influence of this. This is important as it will provide more clarity around interventions around how to counteract and manage stress in employees. The questions asked will also help to establish whether or not factors such as service length, sub sector and environment have influence work place stress. Quantitative methods have been deemed as appropriate in conducting such research as ethical considerations have also been considered and the confidential nature of the study hopes to gain honest and clear answers from respondents.

Chapter 2-Literature Review

The purpose of the literature review will be to systematically examine current available literature and studies completed to date around occupational stress and workplace environment. The review will examine stress studies, systematic reviews, theoretical approaches and government toolkits in a chronological order. There will also be a focus on relevant literature relating to the role of HR in providing interventions for health and social care workers to try and alleviate stress. The review will also examine some current ideas and theories and show a justification for further research as expressed by authors of further work needed around this topic.

Lloyd et. al (2002) conducted a review of studies regarding relationships between social work, stress and burnout. The review reported that social work is regarded as a stressful occupation for many reasons including role ambiguity and little autonomy over work practices, staff shortages and working in a bureaucratic environment. It also notes that stress in such roles is somewhat inevitable due to changing organisational climates. Similarly, in Coyle et al (2005) review of stress amongst mental health social workers, it also notes increased bureaucratic responsibilities on staff because of a revised Mental Health Act. Lloyd et. al (2002) also links research to job satisfaction and references a study which shows environment that 50% of social workers thought of leaving their profession in the last year. However, Coyle (2005) also looks at protective factors to counteract stress in this profession including the benefits of supervision and team support. Lloyd et. al (2002) article also supports findings stated in Islam et. al (2017) national survey of homecare staff as it shows little link between demographics and stress levels. Limitations to this research include that although arguments show that stress continues to be viewed as problematic in the social care sector, there are little first-hand accounts available to convey this. Interestingly, there was also a note added by the author calling for more research to be conducted in this area.

Further systematic research about workplace mental health can be viewed in Coyle et. al (2005) the article conducts a systematic review of stress amongst mental health social workers begins with some justification for research. Such justification is conveyed by noting that there are no moderators of stress that could be examined for social workers in the UK.

The article reviewed 52 research articles written over a four-year period (1996-2000). Trends which were identified including elevated levels of both work-related and generalised anxiety as well as depression. There were also role stressors identified including role clarity, workload and a need to comply with legislation. It was also noted that statutory obligations and increased reporting responsibilities under the revised Mental Health Act may lead to further stress and anxiety amongst social workers in this sector. The article proved useful as it provided a comparative analysis between social workers working in the US and the UK. It also mentioned the concept of stress buffering techniques which included personal control, social supports and good coping skills. Interestingly, research conducted in Newton and Teo (2014) supported such learnings as research conducted showed that stress buffering had positive links to job satisfaction and improved psychological health. However, limitations to the article include that it failed to complete one of its initial objectives which was to look at specific interventions that were in place to help support people in this sector that were experiencing stress. It also reviews current literature available only and does not conduct any of its own research on the topic. Such research can be viewed as relevant to the dissertation that will be conducted as it shows that there is research to suggest that stress is an issue amongst those in the health and social care sector and there is a need to conduct more research in this area. There are various ways that such research can be examined, some authors choose to examine theoretical approaches around occupational stress.

According to Sudhir and Taksal (2013) there are different theoretical approaches which people can utilise when examining and coping with stress. For example, they look at Lazarus and Folkman's Transaction Model of coping with stress. This states that an individual will determine whether they will feel stressed based upon appraising their environment. The environment appraisal is often driven by an individual's own personal values, objectives, drive and general expectations. If the environment is deemed to be stressful a person will then look at handling such perceived stress. It is also noted that coping is based upon the context surrounding a situation and how much capacity a person has obtained to gain control over it. Coping styles are often divided between active and avoidance styles. This is important as active coping styles have proved beneficial as the individual is focusing on solving the problem at hand. Whereas, the avoidance coping style includes minimisation of a problem and distancing oneself from it which can have negative consequences. The book

also examines Meichenbaum's 2007 'Stress Inoculation Model' which states that an individual can immunize themselves from stress by taking steps such as reconceptualising stress, adopting further skills to deal with stress and applying these in actual life events. They also touch on workplace stress management interventions which argues that employers should consider organisational factors such as the nature of the work, the environment and social structures at work as well as person centred interventions such as individualised stress management interventions. This point can be viewed as similar to Lamb and Cogan's (2016) concept of resilience which they explore amongst those working in the social care sector and argue the inevitability of stress and the need for HR to examine this. Sudhir and Taskal's chapter was useful as it looks at a theoretical approach to stress management. However, limitations include that it is literature only based and theories are not tested like in Newton and Teo's (2014) article. It was also quite generalised overview of stress and only briefly touched on workplace stress.

According to Newton and Teo (2014) who have written an article about stress buffering perspectives to occupational stress. It is arguable that there are several theoretical reasons that can justify why employees are stressed at work. For example, Tafael and Turner's Social Identity Theory which suggests that everyone has different versions of the self which means that they think, act and behave in different ways depending on the social context. They also discuss Organisational Identification Theory which states that employees are more likely to act in line with their organisation's values and culture if they feel that they relate to them. The study applied these theories along with indications of occupational stress theory (examining role theory, role ambiguity and role overload) to employees working for five non-profit organisations. The results of this study showed that there were strong relationships between organisational identity, role clarity and job satisfaction. Ultimately showing that employees who scored highly in these areas were less stressed at work. Low identifiers tended to have high role conflict and poor psychological health. The study also gives some suggestions about how managers can practically implement these in their workplace which differs from Lloyd's (2002) research as mentioned above as these articles fail to mention practical interventions that managers can utilise to manage stress. Such literature regarding stress management interventions are vital when writing this dissertation as it conveys actions for HR departments going forward. Stress management

interventions which are discussed include in Newton and Teo (2014) include personality testing during recruitment process and adopting humanistic approaches to strategic planning. Such interventions could be related to HR best practice as it is noted that stress buffering techniques can play a valuable role in recruitment and selection, performance management and overall employee wellbeing and retention. However, limitations could include not give specific examples of how to complete this and potential resources to use and mentioned is the need to further examine coping strategies to help employees deal with stress. This theoretical research can be viewed as relevant as it shows that stress is a complex concept and that there are many ways of examining it both from an individual and occupational perspective. There are also further and more in-depth studies that have been done around occupational stress which will also support the research.

Studies which have been completed to try and gain a better understanding of occupational stress and how to manage it can be seen in Lamb and Cogan (2016) who have adopted a concept when describing coping with work related stressors in mental health workers; by exploring the theme of 'resilience'. The theme of resilience acknowledges that work-related stress is inevitable given the nature of the work mental health workers do and instead seeks to explore ways to help them better manage their stress. A qualitative approach was utilised, and two focus groups were conducted to examine a comparative analysis of how participants cope with work related stressors. Participants included a group of NHS employees and another with Samaritans volunteers. The four key themes which emerged from both focus groups were a lack of control over the sheer amount of work that is expected to be done and lack of control around expectations of the role for example, being expected to fix all problems that arise. The second theme that arose was the dual impact of values such as acceptance of things out of participants control such as waiting lists. The effects of the environment were also discussed for example, those in the NHS felt much more pressure than those in the Samaritans due to the charitable nature of the work. Another theme that was identified was ways to build resilience items included here were humour, work/life balance and social support. It is interesting to note that interaction with clients was not an integral source of stress although mentioned. Similarly, to Newton and Teo (2014) ways of building resilience by implicating practical measures are mentioned included training, support from colleagues, utilising clinical supports and a general

acceptance of the role. This article is useful as it conveys that stress is sometimes inevitable and it is sometimes more realistic to try and control this as opposed to irradiate it which suggests a realistic approach to managing stress. However, limitations may include a small sample size and that as the research is qualitative it may lead to a refined disclosure to questions from participants.

Another study on the management of stress in social care can be seen in Islam et. al (2017) in their journal article regarding a national survey of the nature, features and connotations of care home staff stress and wellbeing. A gap in the research around the physical and mental stress experienced amongst home care workers looking after those with dementia is justified as it notes that just five similar research studies have been completed on employees in this sector and it is often on a smaller scale. The article examines 212 employees across 134 elderly care homes in the UK. The focus of the research in this article is to conduct a survey to examine the health, stress, welfare, job content, fulfilment and efficiency in carers, and their overall experience of working in the sector.

 The aim of the study was to get participants from a selection of care homes across the UK to participate in a study that adopts several different approaches to collecting data for this study including a modified version of the SWSI scale. Findings under the scale are interesting as they show that staff with longer lengths of service experienced negative impacts on physical health but not mental health. The study also showed that staff who felt more trained in the area of work experienced less stress. The scale also conveyed that those working in a nursing home setting were more stressed due to work events, workload and issues around work scheduling. They also noted that homes with higher bed numbers felt that clients received lower standards of care. The report also showed that the annual turnover rate in nursing homes stood at 32% which was the highest in the social care sector in the UK. Although this article uses different methodology to that of Lamb and Cogan (2016) both articles seek to gain a better understanding of those working in the social care sector and the sources of their stress. Strengths to the research included a national representation of care workers working in private, voluntary and local authority ran nursing homes. Limitations to this research included a 54% response rate from all care homes which were approached. The article also included several different sub scales which were utilised to collect research which sometimes made findings difficult to follow for the reader.

Further studies that could be examined in occupational stress include Karimi et. al (2018) article about the relationship between occupational stressors in nurses and adverse nursing events in his journal article conveying research he has completed on this topic amongst Iranian nurses in 2015. It is acknowledged in the article that occupational stress has been coined 'the disease of the century' by the United Nations and as an epidemic by the World Health Organisation. This can be viewed as extremely harmful as evidence suggests that stress has negative consequences on physical, mental and emotional wellbeing. There is also evidence to convey that chronic stress can have long term affects on the brain's overall structure. Interestingly, the study acknowledges how there can be an under performance of staff which can lead to error when the brain is occupied by stress. Evidence to support this included increase in medication administration errors in hospitals in the study. Such harmful errors convey the fact that it is not only employees who are harmed by workplace stress but that this can lead to negative consequences on the patients also. The study showed that all the participants in the study were under mild or moderate stress. The most common reasons for such stress were environmental, interpersonal and patient care.   Similar to findings in Islam et. al (2017) and Lamb and Cogan (2016) participants were stressed due to workload. This article is useful in showing sources of stress in nurses as well as acknowledging the extent of issues that can arise such as errors when employees are experiencing increased levels of stress. There were also some limitations including a small sample size and a variation in the types of scales used and little information about how best to address the problems identified going forward.

Practical stress intervention for employees are also examined in Fullemann et. al (2015) this article acknowledges the implementation of stress management courses for employees as a low-cost practical intervention which is applicable to most organisational contexts. The concept of achieving 'occupational self-efficacy' is explored which the author argues has a positive effect on personality traits, relationships at work and organisational outcomes. This was completed by comparing a selection of employees who participated in a stress management course with a control group of employees who did not participate both on an individual and group level over a two-year period. The study showed that there were small increases in levels of occupational self-efficiency in those who participated. However, it also showed that the groups that people were in depended on their overall benefit from the

course which shows the importance of interpersonal relationships when undertaking such an activity. This study proved useful in that it showed practical benefits of implementing such workplace initiative. This is similar to the work positive toolkit that was implemented by the HSA in 2008. However, there were also some limitations as some of the courses had to be shortened/rescheduled due to the organisations need to keep the business running. It is arguable that this supports previous points mentioned which show that management are sometimes reluctant to make such interventions a priority. This article is very relevant to the research as it explores some ways that the HR department can successfully implement mechanisms to reduce workplace stress.

Occupational Stress Research has also been examined by the World Health Organisation (W.H.O) who have also developed a toolkit titled 'Healthy Workplace: A Model for Action' (2010). The psychosocial work environment is examined which is defined as 'including organisational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees' (2010,15). The document subsequently outlines psychological workplace hazards such as poor work organisation, poor organisational culture, controlling management style, little support for work life balance and fears around job security. They too look at some general ways to best manage psychological workplace hazards which include reducing employee workload, retraining supervisors to improve leadership styles, providing flexible working and employee support, honest communication and providing training around harassment, discrimination etc. They also include recommendations for organisations such as developing a 'Health Plan' and anticipating what you would like the situation to be in your workplace in the next 3-5 years. This piece is interesting as it echoes Kamrimi et al (2018) point that the W.H.O do take workplace stress seriously and define it as an epidemic. This piece is important in terms of research as it frames occupational stress on a global level, therefore conveying a high level of research justification. However, limitations would include the generalised approach to examining psychological hazards and there are no examples around how such arguments apply in practice.

Similarly, such toolkits and interventions have been adopted by Ireland in the form the Work Positive Project which was adopted by the HSA between 2008 and 2009. It is noted that this was (and still is) the only state sponsored workplace stress audit tool across Britain

and Ireland. The toolkit is based upon identifying six sources of workplace stressors which have been identified to include demand, control, support, relationship, role and change. The project was conducted with 20 agencies within sectors that were deemed to have elevated levels of stress these included finance, healthcare, public sector, education and local government. The project took place over five stages which included informing employees of the concepts around work related stress, assessing risks, consultation and feedback with the organisations, putting in place control measures and monitoring and reviewing. Findings were published in the form of case studies such as those from Acquired Brain Injury Ireland which would be relevant to the current research undertaken in this dissertation. The organisation employed 185 employees however, they chose to focus the project on 120 front line staff. Findings included the identification of strained workplace relations amongst employees they also noted that within regional offices, organisational culture varied depending on the location of the project. They also conducted focus groups with employees and at the time that the case study was written they were actively looking at implementing recommendations that would counteract stress in their workplace. This research was interesting as it shows how a project established by a government organisation in Ireland was utilised by those working in a social care setting to manage stress. The initiative is also arguable more detailed than the toolkit developed by the World Health Organisation as it is sector specific. However, it is limited as it does not state how the project benefited the organisation once recommendations were implemented. Such research is relevant to the dissertation as it shows the views of a governmental organisation on occupational stress and sees it to be addressed as a Health and Safety Issue and that organisations should be actively looking at ways to deal with workplace stress

Absenteeism and occupational health issues are addressed further in a report by the ESRI on Work Related Muscular Skeletal disorders and Stress anxiety and Depression In Ireland from 2002-2013 (2013). The report acknowledges that 'SAD' (Stress, Anxiety and Depression) are some of the most common reported illnesses when it comes to work related absenteeism. Research conducted conveyed that those between the ages of 35 and 54 were most at risk to developing such illnesses. The research also identifies those in the health sector at 'emerging psychosocial risk'. The research also states the need to continue to identify high risk occupations that may need targeted interventions due to the increased likelihood of

developing SAD. It also notes that those who worked long hours, shift work and night work were much more likely to suffer from such illnesses. It calls for the need for management to follow guidelines set out by the HSA. Interestingly, the report also touches on the work positive project that was completed by the HSA in 2008 and notes that the tool although utilised in Ireland has never been evaluated although there has been interest in implemting the programme in organisations that were involved in the study The report is interesting as it looks at the impact of SAD as an occupational illness and trends in demographics etc and the report is linked in with the work of other Irish government agencies such as the HSA. However, there were also limitations including its dual focus on muscular skeletal disorders which was not applicable to the research being undertaken in this dissertation.

Rates of absenteeism in the Health and Social Care sector are examined in the HSE report on 'Voluntary Agencies absenteeism rate per category' (2014). The report examines twenty different voluntary agencies and notes that the rate of absenteeism amongst health and social care workers in the sector ranges from as low as 0% absenteeism to as high as 19.99% absenteeism. This report was also completed in 2012 where absent rates ranged from 0% to 9.73%. This is interesting as when compared to admin staff, the highest rates recorded were 15.3%. Although the trends did vary depending on the charity, the overall absent rates can be viewed as quite high when considering the national absence rate is about 4% across Ireland. This report was interesting as it portrayed problematic absenteeism rates in the Health and Social Care Workers examined. However, limitations would be that the reports did not state the nature of the absences but based on the ESRI report it is reasonable to believe that a substantial number of these absences were due to stress and anxiety. A further limitation is that this cannot be examined for future years as such research has not been published by the HSE since the 2014 report. Such research can be viewed as important in terms of the research as it shows statistical analysis of increased absenteeism in Ireland, this is often referred to as a HR related problem within workplaces. Therefore, interventions need to be put in place to try and reduce absenteeism within the Health and Social Care Sector.

Overall, a review of the current literature available which is applicable to the research topic has conveyed a selection of books, articles, statistical reports by government agencies and a toolkit which views the topic on a worldwide level. This literature has conveyed some

intriguing theoretical approaches, trends and interventions which could be explored. However, most of the literature seemed to look at occupational stress as an overview and generalised topic. There were also suggestions for further research into specific areas mentioned in several the sources reviewed. However, most sources did argue that occupational stress is a complex topic which needs to be researched more in detail and addressed. Thus, supporting the justification for additional research in this area which will be conducted via the completion of this dissertation.

Chapter 3-Methodology:

The overall focus of the research is to examine key research questions which aim to investigate occupational stress levels in health and social care workers.

A research that could have been considered included a qualitative research approach Quimby (2012) argues that this method is often influenced by disciplines such as counselling and social work. This involves obtaining non-numerical information from participants. Developing a positive relationship between the researcher and the participants are vital. Examples of this type of research include interviews, focus groups and document analysis. According to Van den Berg and Struwig (2017) advantages of adopting this style of research include getting an insightful view of an individual's thoughts of a research topic. The article also notes that if the research instruments are carefully designed and analysed, they can be just as beneficial as quantitative research. However, Quimby (2012) also notes that there are several disadvantages to this method of conducting research including problems in analysing and interpreting data as it is often subjective and there is often little link to theoretical frameworks. The book also notes that there are often issues involve the reliability and validity of research when it solely qualitative. A qualitative research approach to measuring occupational stress can be viewed in Lamb and Cogan (2016) focus groups reviewing occupational stress amongst Samaritans Volunteers and NHS employees. Although, key themes around sources of stress was identified, a small sample size may have had an impact on the validity of the research.

A quantitative research method could also be utilised when conducting this research. Park (2016) argues that there are several advantages to adopting this approach to research due to it being objective, structured and unbiased. This article also notes the significance of using surveys when gathering specific characteristics of a large group of people and to better understand the present situation of the sample. However, Adams et. al (2014) notes the disadvantages of conducting such methods including that successful surveys are often based on obtaining a high response rate. As response to research is always voluntary, it is the responsibility of the researcher to ensure that the research design is appropriate to encourage participation from respondents. A detailed and piloted research design is also vital as missing information from a survey can also hinder research.

A quantitative research approach to measuring occupational stress can be viewed in the Islam et. al (2017) article on the stress and wellbeing of homecare staff. In this article, a survey is conducted measuring the demographics of employees such as age and subsector. They also examine a modified version of the Sources of Workplace Stress Inventory (SWSI) which measures 30 stressors across 4 domains including work events, caring for residents, workload and relationship with supervisor. Findings showed that the mean score on this five-point scale was 2.68. This shows that most employees experienced stress at work.

Upon reviewing different approaches to research as mentioned above, it was concluded that quantitative research would be the most appropriate method to use. Research was completed using an adapted model of Taylor and De Bruin's Sources of Workplace Inventory (SWSI) scale (2005) The article notes that the objective of developing this scale was to not only develop a tool to measure occupational stress but to also highlight the triggers and sources of stress. The SWSI scale is divided into two sections, the first of which measures general work stress and examines how stressed work makes employees on a general level. The second section is based upon the concept that there are nine sources of specific work stress including role ambiguity, relationships, working environment, tools and equipment, work/home interface, workload, bureaucracy, autonomy, career advancement/job security. The scale consists of 15 questions which measure general work stress and a further 79 which measure the nine specific role questions that are mentioned above. The scale is completed using a five-option scale: 'Always', 'Often', 'Sometimes', 'Rarely' and 'Never'.

The procedure adopted to conducting research was as follows, a survey of twenty-six questions were asked. The first four were based on demographics gender, age, length of service in health and social care and 'subsector' worked in (Disabilities, Homelessness, Mental Health, Addiction, Youth Work, Family Support, Elderly Care or Other). The further twenty-two questions that were asked were designed to test the general and the nine specific sources of stress that were used in the original scale.

The research sample included two hundred respondents from Health and Social Care Workers. A convenience method to sampling was used as the survey was put online and voluntary responses were encouraged. The target group was specified to those working in health and social care as the purpose of the research was to examine stress amongst

employees in this sector. The tool was piloted with five participants and feedback was gathered and implemented before the survey was sent out to the respondents.

The data was collected using survey monkey and was put out on the social media websites of Facebook and LinkedIn. It was also posted specifically within an online Facebook forum that included the researches target sample called 'Social Care Workers of Ireland'. The survey was also posted on LinkedIn to try and gauge interest from health and social care connections within the researcher's professional network. Responses were collected over a two-day period and the survey was closed once the sample was reached.

Data that was collected was then analysed using SPSS. Descriptive statistics were used to examine some variables such as an independent T test was used to look at gender differences and Pearson and Spearman correlations and a one way ANOVA test were used to examine relationships between variables such as age, length of service and subsector. Descriptive statistics and graphs were also utilised to present findings around specific survey questions that were interesting and linked to research.

Ethical considerations were also considered such as ensuring all respondents had informed consent prior to completing the survey. Fried (2012) notes that it is important that all participants are informed about research procedures, potential research risks and confidentiality prior to completing the study. An ethics statement was included on the cover page of the survey where participants were informed how data would be analysed and who it would be shared with. The researcher also ensured the confidentiality of respondents by including an option for 'prefer not to say' in the demographics section if a participant did not wish to disclose any information about themselves, but still wanted to comment answer questions about their occupational stress. Also, no personal data such as email address or names which could identify a person were collected. Therefore, ethical risks around the research can be deemed as quite low.

Limitations to the research collected include that as the scale used an adapted version of the scale, this may impact upon the validity of the research. Also, as convenience sampling was used, there is a risk that all respondents did not work in social which may further impact on the validity of the research. Further limitations to the research include Park

(2016) argument which states that such a research approach may lack context and background information. This could lead to assumptions around figures and data collected.

Overall, utilising quantitative research methods through a survey approach were deemed as the most appropriate way to answer the research questions. This was due to the large sample size needed for the research. It was also deemed necessary when ethics were considered given the sensitive nature of the research topic which is to examine occupational stress in social care workers. It was important to afford the respondents confidentiality so questions could be answered honestly which would improve the validity of the data which was collected for the dissertation.

Chapter 4-Research Results

Once the data were collected, it was analysed to determine results. The objective was to answer key research questions. A combination of graphs, SPSS and descriptive statistics were used. The findings also examined the concept that the SWSI scale is based upon which is that that there are nine factors which cause occupational stress these are role ambiguity, relationships, working environment, tools and equipment, work/home interface, workload, bureaucracy, autonomy, career advancement and job security.

The main findings of the research questions were as follows:

Question 1: Did a high number of respondent's report having workplace stress?

Participants were asked 'Does your job make you feel stressed'. The results to this question from two hundred participants conveyed that 26 respondents (13%) reported that they always felt stressed. A further 168 respondents (84%) reported that they felt stressed often or sometimes while at work. Whereas, just 5 respondents (3%) were in the rarely or never category.
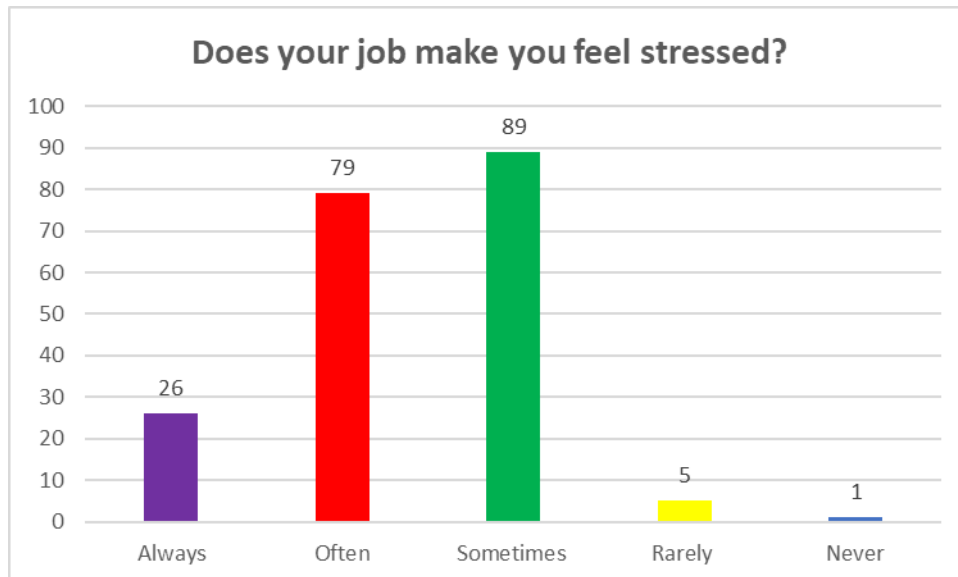
Table 1- Stress Scores

This can be compared to the work of Islam et. al (2017) which showed that respondents who worked in the care sector experienced high levels of occupational stress and that mental stress was more of an issue than physical stress that employees faced daily.

Question 2: Did Gender impact on workplace stress?

A normality test was conducted to ensure that the variables were normally distributed. The Shapiro Wilks test showed that as (p)=.167. Therefore, it could be concluded that the variables were normally distributed so there was no need for non-parametric testing.

An independent 't' test was run to examine whether gender differences existed in relation to workplace stress (n=174 females, n=25 males). Means and standard deviations for workplace stress scores for each gender are displayed in table 2.Results showed a significant difference in workplace stress between males and females t=(-2.138), p=.133

These results show that females feel less stress at work than males

Gender	N	Mean	Standard Deviation	Standard Error Mean
Female	175	2.33	.754	.056
Male	24	2.67	.637	.130

Table 2- Means and standard deviation scores

Question 3: Did length of service have an impact on workplace stress?

A Pearson's Product model correlation co-efficient was completed to examine the relationship between length of service and workplace stress levels. The results showed that there was no significant relationship between length of service and occupational stress. The formula was concluded as follows: r(197)=.09-2,p=.195.

Question 4: Did subsector have an impact on workplace stress?

A one-way ANOVA test was used to compare the means between subsector and workplace stress. The test showed that there was statistical significance between subsector and workplace stress (n=14 disabilities, n=33 homelessness, n= 6 mental health, n= 5 addiction, n= 18 youth work, n=5 family support, n= 3 elderly care, n=26 other). The statistical significance can be shown as f (3, 192) =.874, p=.455

Question 5: Did environment have an impact on workplace stress?

A Spearmen correlation was completed to look at if there was a relationship between environment and workplace stress. The questions which were examined via this method to determine the relationship between stress and the environment was around facilities available throughout the shift and the autonomy for employees to make decision around their daily tasks. The correlation was significantly negative, thus showing that environment did not have an impact on workplace stress r(197)=,.187,p<.01.

The second part of this analysis will utilise descriptive statistics to examine links between the concepts which are noted as been the primary sources of Stress in Taylor and De Bruin's (2006) Sources of Work Stress Inventory Scale Inventory Scale and data collected by respondents in this survey.

1.Role Ambiguity:

Taylor and De Bruin (2006) note that it is important to measure role ambiguity when determining sources of stress for employees as if employees are unaware of what is expected of them in their job, they are likely to feel stressed and this can also create role conflict. The question asked to examine if role clarity was a source of stress for employees in this survey was 'At work are you clear of what is expected of you in your current role'.

Interestingly, when employees were asked if they were clear around the expectations of their current role, 43 respondents (21.5%) states always, 71 respondents (35.5%) said often, a further 35.5% stated sometimes. Also 13 respondents (6.5%) said rarely and 2 respondents 1% said that they were never clear on their duties.

These results regarding the measure of role ambiguity are interesting as close to 20% are fully happy in relation to training and job clarity. Also, close to 70% fall into the mid category of 'often' or 'sometimes' and almost 10% are categorised under rarely or never. This data is interesting as it shows a small percentage of respondents were fully satisfied or least satisfied in this area. Most participants fell into the middle category of often or sometimes.

2.Relationships:

Taylor and De Bruin (2006) state that it is important for employees to have positive relationships with the people they work with and if it is negative, it can cause stress. The survey asked four questions that which aimed to measure relationships at work which included: 'At work I feel like I have positive relationships with my co-workers', 'At work I feel supported by my line manager', 'At work I enjoy interacting with clients' and 'At work I always feel like I have someone to talk to when I feel stressed'.

The results to these parts of the survey showed that when the question was asked around whether or not employees had positive relationships with co-workers, results portrayed that 59 respondents (29.5%) felt that interactions were always positive, 138 respondents (69%) stated that they often or sometimes had positive interactions, 3 respondents (1.5%) stated that they rarely had positive interaction and 0 respondents chose the 'never' option to this question.

When respondents were asked if they felt supported by their line manager at work, results showed that just 32 respondents (16%) felt that they were 'always' supported, 118 respondents (59%) answered that they 'often' or 'sometimes' supported. 37 respondents (18%) answered 'rarely' and 13 respondents (6.5%) answered 'never' to this question.
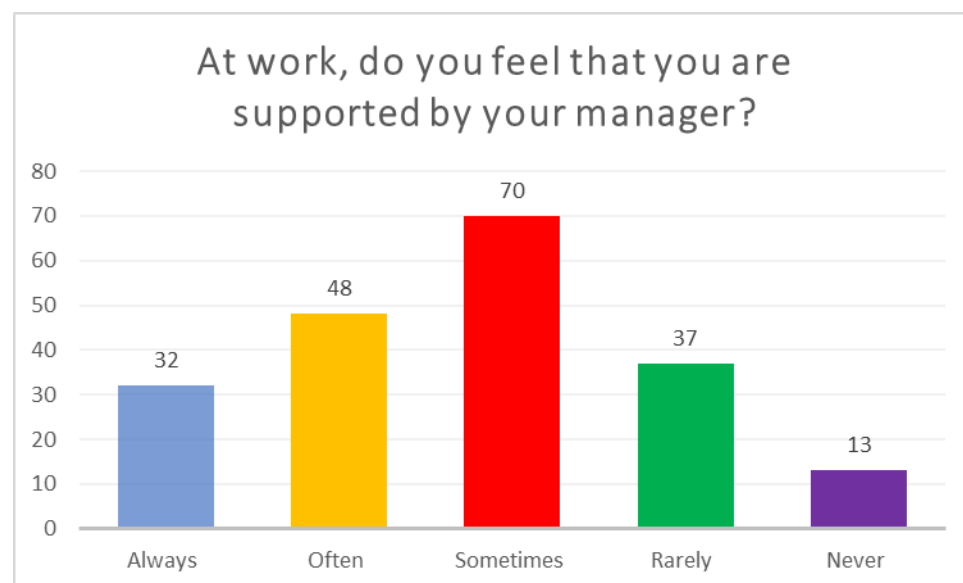

Table 3- Scores showing results of managerial support

Respondents were also asked if they enjoyed interacting with clients whilst at work. Results to this question portrayed that 96 respondents (48%) 'always' enjoyed client interactions, 99 respondents (49.5%) answered that they 'often' or 'sometimes' enjoyed these interactions. A total of 3 respondents (1.5%) answered 'rarely' to this question and just 2 respondents (1%) answered 'never'. The final question that was asked to measure relationships in the workplace was 'at work I always feel like I have someone to talk to when I feel stressed'. Results to this question showed that 38 respondents (19%) felt that they 'always' had someone to talk to, 114 respondents (57%) answered 'often' or 'sometimes', 36 respondents (18%) answered 'rarely' and 12 respondents (6%) answered 'never'.

These results are interesting as the questions around relationships between co-workers and clients showed a very small level of discontent. However, almost 25% of respondents stated that 'rarely' or 'never' felt supported by their manager and a further 24% stated that they 'rarely' or 'never' had someone to talk to when they felt stressed at work.

3.Working Environment:

The survey asked four questions to further explore whether work environment was a source of stress for people in the health and social care sector. According to Taylor and De Bruin (2006) it is important to examine this as if an employee perceives their working environment to be negative, it is likely to have a negative effect on their concentration and performance at work, thus adding to their stress. The first question that was asked sought to gather more information about the physical working environment, this was 'At work are there adequate facilities that you can avail of during your duties'.

The second two questions sought to gather information about communication in the workplace which is believed to have effects on the social work environment. The results to these questions were as follows.

When employees were asked about having access to facilities during their work time, 102 respondents (51%) stated that there was 'always' facilities available to them, 74

respondents (37%) stated that facilities were 'often' or 'sometimes' available. 13 respondents (6.5%) stated that there were rarely adequate facilities available whereas, 11 respondents (5.5%) stated that there were never adequate facilities available to them.

When employees were asked if they felt that communication was good between fellow colleagues at work, 26 respondents (13%) stated that it was 'always' good, 147 respondents (73.5%) stated that it was 'often' or 'sometimes' good, 24 respondents (12%) said it was 'rarely' good and 3 respondents (1.5%) answered that it was 'never' good.

This question was also asked to examine whether it was felt that communication was good between staff and managers. Results to this question conveyed that 14 respondents (7%) felt that it was always good, 119 respondents (59.5%) felt that it was 'often' or 'sometimes' good. 54 respondents (27%) stated that it was 'rarely' good and 13 respondents (6.5%) said that it was 'never' good.

Table 4- Scores showing responses around staff and manager communication

The findings under these questions are interesting as they show that although there are no big concerns around the facilities available to staff whilst at work, over one third of respondents (33.5%) surveyed felt that there was rarely or never god communication between staff and managers. This is a 20% increase on respondents who felt that there

was 'rarely' or 'never' good communication between colleagues as this question measured at 13.5%.

4.**<u>Tools and Equipment:</u>**

Taylor and De Bruin (2006) note that it is important to examine how the availability of tools and equipment may impact on occupational stress as if an employee does not have access to appropriate equipment to complete their job, they are more likely to feel stressed at work. The survey asked participants the following question regarding tools and equipment: 'At work I always have the necessary equipment to carry out my duties'. 47 respondents to this question (23.5%) stated that they 'always' had the equipment they needed, 161 respondents (70.5%) stated that they 'often' or 'sometimes' had the resources available. 11 respondents (5.5%) stated that they 'rarely' had the equipment available and 1 respondent (0.5%).

The results to this question are interesting as although there does not seem to be a substantial problem based on this survey with tools and equipment amongst respondents. It is reasonable to believe that the small minority of respondents who do not have equipment readily available to them daily, would experience occupational stress.

5.**<u>Work/Home Interface:</u>**

Taylor and De Bruin (2006) argue that employees are more likely to experience workplace stress if they have little social support or commitments outside of work.To examine the realities of work/life balance for those working in the Health and Social care sector, participants in the survey were asked 'At work can you avail of flexible working arrangements to accommodate your commitments outside of work'. Results to this question portrayed that 26 respondents (13%) answered 'always', 115 respondents (57.5%) answered 'often' or 'sometimes'. 43 respondents (21%) answered 'rarely' and 17 respondents (8.5%) answered 'never'.
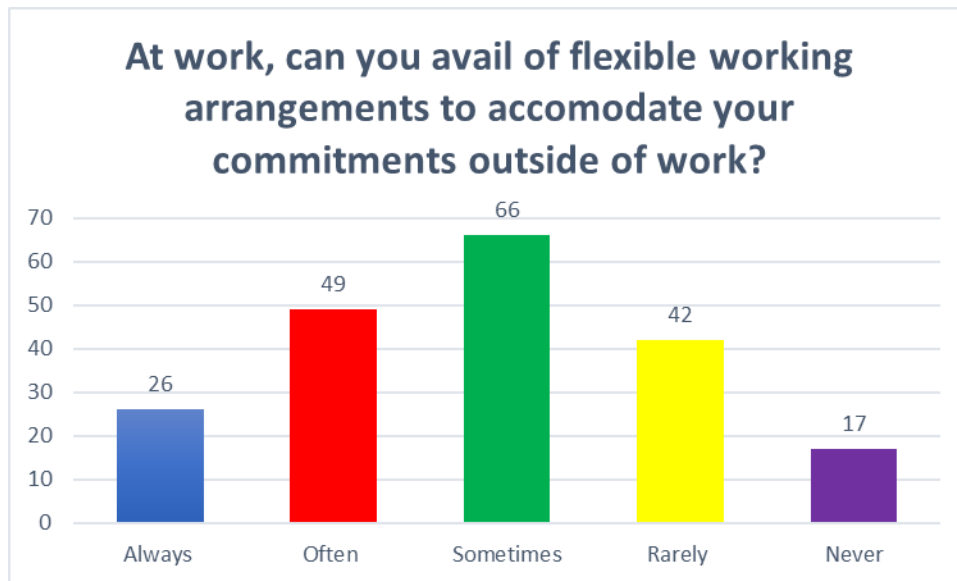
At work, can you avail of flexible working arrangements to accomodate your commitments outside of work?

Always	Often	Sometimes	Rarely	Never
26	49	66	42	17

Table 5 – Scores of work life balance question

Results to this question show that almost one third of respondents (29.5%) are unable to avail of flexible working arrangements to accommodate commitments outside of work. Given that this is often vital in terms of employee self-care, this point will be examined in more detail in the analysis chapter.

6.Workload:

Two questions were asked to examine the workload of respondents. According to Taylor and De Bruin (2006) it is important to examine workload when identifying sources of stress as employees will often experience stress if they perceive that they are unable to cope with the amount of work assigned to them. Question that were asked to examine employee workload were 'At work do you feel that your achievements are recognised?' and 'At work, do you feel that your workload is fair and manageable?'. When participants were asked if they felt their achievements were recognised at work responses showed that 9 participants (4.5%) felt that they were always recognised, 109 participants (44.5%) stated that they 'Often' or 'Sometimes' felt recognised 60 participants (30%) answered 'rarely' and 22 participants (11%) answered 'never'. These results show that over 40% of participants felt that they were not recognised at work regularly and just below 5% said that they were always satisfied.

When participants were asked 'At work do you feel that your workload is fair and manageable' responses conveyed that just 9 participants (4.5%) felt that their workload was 'always' manageable, 126 respondents (63%) felt that their workload was 'often' or 'sometimes' manageable. 50 respondents (25%) felt that it was 'rarely' manageable and 15 respondents

(7.5%) felt that it was 'never' manageable. These results show that almost one third of respondent (32.5%) felt that they could rarely or not manage their workload.
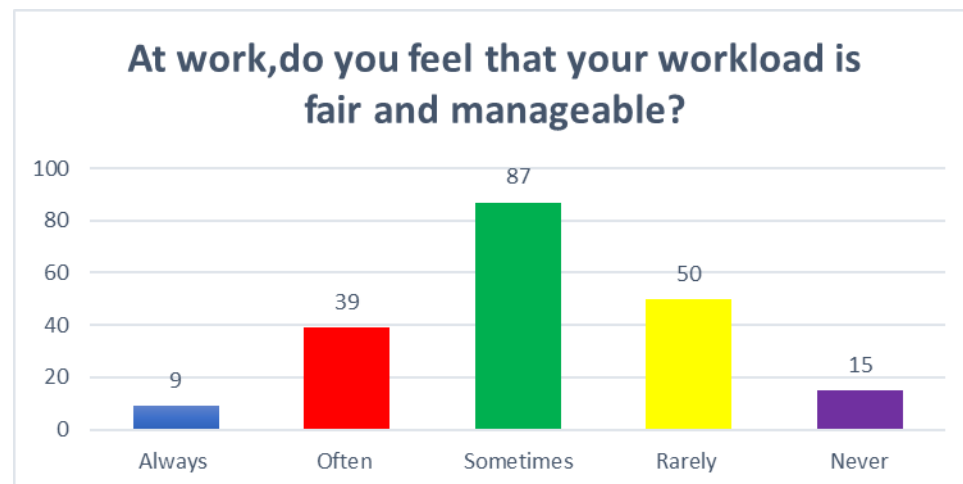

Table 6- Scores showing workload question

7.Bureaucracy:

Participants were also asked if they felt that bureaucracy contributed to their levels of stress at work. Taylor and De Bruin (2006) define this as stress that an individual may experience because they work in an environment where procedures and protocols are very rigid and must be followed. Participants were asked here 'At work do you find the policies procedures and guidelines that you must comply with fair and not overly excessive?'. Responses to this question showed that 18 respondents (9%) felt that this was always fair, 158 respondents (79%) felt that bureaucracy levels were 'often' or 'sometimes' fair. 18 respondents (9%) felt that they were rarely fair and 6 respondents (3%) felt that they were never fair.

8.Autonomy:

Participants were also asked questions to examine the levels of autonomy they had in their work to examine the impact that this may have on their levels of stress. This is defined as 'stress that may be experienced by an individual due to a lack of empowerment in the workplace'(Taylor and De Bruin, 2006, 753). Participants were asked the following three questions around this topic: 'At work I feel that may opinions matter and are taken into account when decisions are being made', 'At work do you receive adequate training in duties you are expected to undertake' and 'At work do you feel that you have the autonomy to make decisions around day to day activities'.

Responses to the question around the consideration of opinions when decisions are being made showed that 16 respondents (8%) felt that they were always considered, 132 respondents (66%) felt that they were 'often' or 'sometimes' considered 41 respondents (20.5%) felt that they were rarely considered and 11 respondents (5.5%) felt that they were rarely considered. This shows that over

one quarter of respondents (26%) felt that their opinions were either rarely or never considered when workplace decisions are being made.

Respondents were also asked if they felt like they received adequate training in duties that they needed to complete. Responses to this question showed that 37 respondents (18.5%) felt that they always received adequate training, 138 respondents (68%) stated that they 'often' or 'sometimes' received adequate training, 24 participants (12%) stated that they 'rarely' received training and 1 participant (0.5%) stated that they 'never' received adequate training.

Respondents were also asked if they feel like they have the autonomy to make decisions around day to day activities in work. Responses to this question portrayed that 37 participants (18.5%) felt that they always had autonomy, 133 participants (66.5%) felt that they often or sometimes had this. 27 participants (13.5%) stated that they 'rarely' had autonomy and 3 participants (1.5%) stated that they 'never' had autonomy over day to day activities in work.

9.Career Development:

According to Taylor and De Bruin (2006) the reason that it is important to examine career development when looking at sources of occupational stress as employees will tend to feel stressed if they do not see development or progression in the organisation that they are currently working in. Respondents were asked two questions around career progression in their current organisation these were 'At work are you made aware of opportunities that will support your career progression' and 'Do you feel the organisation that you currently work for encourages career progression amongst employees'.

When employees were asked if they were made aware of opportunities that would support their career progression responses to this question showed that 25 employees (12.5%) felt that they were 'always' made aware of opportunities, 86 employees (43%) stated that they were 'often' or 'sometimes' made aware of opportunities. 57 employees (28.5%) answered that they were 'rarely' told about opportunities and 32 employees (16%) answered that they were 'never' made aware of opportunities. Therefore, results of this question showed that 89 employees (44.5%) were never made aware of career development opportunities in their workplace.
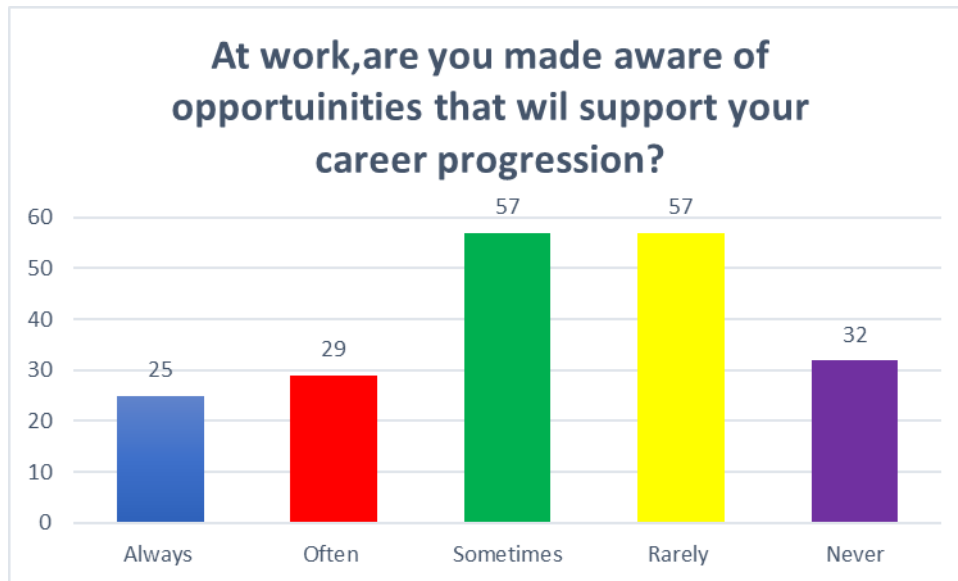
Table 7- Scores showing career progression question

Participants were also asked 'Do you feel like the organisation you currently work for encourages career progression amongst employees?'. Responses to this question showed that 24 respondents (12%) felt that their organisation always encouraged this, 75 respondents (42.5%) answered that their organisation 'often' or 'sometimes' encouraged this, 56 respondents (28%) stated that it rarely encouraged this and 35 respondents (17.5%) stated that they 'never' encouraged this. Therefore, results to this question showed that 45.5% of respondents felt that they worked in an organisation where career progression was either rarely or never encouraged.

Chapter 5-Analysis of Findings:

The results of the research that was conducted will now be analysed and link to other research to identify any similarities or differences between research conducted and that identified in the literature review. It will then examine practical implications that this may have on the HR function and suggest recommendations for improvement.

Upon examining the findings of the research conducted, it is evident that there is high levels of workplace stress amongst health and social care workers as when respondents were asked if their job made them feel stressed, 52.5% answered 'always' or 'often'. This can be compared to findings in Islam et. al (2017) which show that employees in nursing homes are more stressed than those working in residential homes by 0.51 on a scale where p=<0.01. Both scales support the fact that health and social care workers experience high levels of stress.

The results of the survey also showed that females were less stressed in the workplace than males by 0.34. However, it should also be noted that this data may be skewed as a high number of survey respondents (174 out of 200) were female. Therefore, the survey does not give an equal representation of males and females. Although the researcher did not identify any literature that specifically identified relationships between gender and stress amongst health and social care workers. Similar research can be seen in Narayana et. al (1999) who compares gender in stress in university professors, sales associates and clerical workers. This study shows that females experience significantly higher occupational stress than males (a score of 54 overall for ales and 70 for females). The research in this dissertation therefore contradicts that in previous studies and further research may be needed in this area.

A Pearson correlation also showed that there was no specific relationship between length and service and levels of occupational stress. This is significant as in Islam et. al (2017) the study showed that with each additional year of experience an employee had, the less stress they experienced. Interestingly, Islam's study also showed that those with less formal qualifications experience increased job satisfaction. Therefore, research conducted in the dissertation again differs to that which was examined in the literature review.

A one-way ANOVA test showed that sub sector did have an impact on workplace stress levels. This is interesting as it supports the literary arguments in Coyle et. al (2002) which showed that social workers who worked with adult clients experienced higher level of stress and burnout than those who worked with children. Interestingly, Coyle states that this is due to the nature of the work and the fact that you are more likely to encounter abuse and challenging behaviour form adult clients.

A Spearmen correlation also showed that there was no relationship between the workplace environment and occupational stress. This is interesting as when examining the Health and Safety Authority (HSA, 2008) guide to work related stress for employers it stresses that employers must be aware of how problem around the suitability of workplace environment and the availability resources are vital to minimising stress amongst employees. Therefore, the relationship between workplace environment and stress undertaken as part of this dissertation differed from that as outlined in the literature once again.

When the nine factors outlined by Taylor and De Bruin (2006) as Source of workplace stress were examined within the survey, both similarities and differences could also be seen.

For example, when role clarity was examined results showed that just 7.5% of respondents were rarely or never aware of their duties in their current job. Although it is arguable that this was not an issue amongst the respondent's survey, there are various literary sources that show that it is vital to ensure this as otherwise it will become a source of workplace stress. For example, in Islam et. al (2017) identified that employees felt more stressed if they were asked to complete tasks outside of their role or to take on new responsibilities with no training. Issues around role clarity can also be seen in Lamb and Cogan (2016) study where respondents note that must take on other responsibilities such as shift leader are often more difficult than dealing with clients. Therefore, it is vital that managers ensure the continuation of role clarity within the health and social care sector.

In terms of relationships, the survey showed that whilst relationships amongst co-workers and clients were overall positive, relationships between employees and managers can be viewed as negative. Most respondents did not feel supported by their managers and felt that they rarely had someone to talk to if they felt stressed. This can be compared to Karimi et. al (2018) where it is noted a main source of stress for nurses included interpersonal relationships such as lack of support by supervisors and issues with communication between authority figures in the workplace. Fullemann et. al (2015) also stress the importance of maintaining positive relationships amongst co-workers as results from those who took part in their stress management course varied in benefit depending on interpersonal relationships between the groups.

When the work environment was examined, both the physical environment and was examined in terms of facilities and psychosocial environment was conveyed through communication between staff and managers. The physical working environment and facilities were not viewed as problematic. However, literature again suggests that if physical working conditions are unfavourable, it is a source of stress for employees. For example, in Karimi et al. (2018) participants noted that unsuitable work stations and a cramped break room significantly contributed to their stress at work.

Also, in Newton and Teo (2014) they stress the importance of managers taken an active interest in their employees and ensuring that information about the organisation is communicated to them to increase morale and foster engagement within a service.

The survey also asked respondents if they had the tools and equipment needed to complete their role, under one quarter of respondents (23.5%) answered that they always had the tools and equipment they needed to complete their job. Also, few respondents noted that they rarely or never had access to equipment. The HSA (2008) also stress the importance for employers to ensure that employees have all the relevant equipment that they need to complete their work as if it unavailable it may cause occupational stress. This is also seen in Islam et. al (2017) study on employees working in dementia care who reported difficulties in sourcing equipment contributed to their stress.

When work/home interface was examined, the survey showed that few respondents (37.5%) could regularly avail of flexible working which undoubtably could be a source of stress. When Taylor and De Brun (2006) examined the effect of work home interface on university staff, the scale showed that there was a strong relationship between this and a source of occupational stress. Therefore, questions asked in the dissertation show similarities between the literature and work/home interface being a source of stress in the workplace. Therefore, the HR department must encourage work home interface to minimise stress amongst employees.

When workload was examined as part of this survey, it was shown that only a minority of respondents felt that their workload was manageable and that their achievements were regularly recognised at work. This can be compared to Lamb and Cogan (2016) who conducted focus groups with NHS groups and discovered that excessive workload amongst employees lead to job dissatisfaction, burnout and mental health difficulties amongst employees. Newton and Teo (2014) also suggest putting in place strategies that will help employees deal with a heavy workload. Fullemann et al. (2015) also note the importance of positive supervisor behaviour and recognition to improve employee's identification with the organisation and job satisfaction. Therefore, the HR department must look at this in more detail.

When bureaucracy was examined in the survey, responses show that there was little problem surrounding bureaucracy and workplace stress. However, Coyle (2005) and Lloyd (2002) show that employees often feel stressed due to the amount of bureaucracy associated with the nature of their work which is often influenced by legislation. This can often lead to little flexibility in work practices. Although, results of the survey differed and did show issues in bureaucratic practices, it is evident that there is literary evidence that shows that this can be a source of occupational stress.

When autonomy was measured, respondents were asked questions around training, their opinions being considered when decisions were being made and if they had control over day to day tasks. Although, there were few issues identified in terms of adequate training and control over daily tasks. However, over a quarter of respondents (25.5%) felt that their opinions were rarely or never considered when decisions were being made. Problems around autonomy can also be seen in Lloyd et al. (2002) where social workers note that they have little autonomy over the work that they do and how decisions are made in their workplace. Therefore, questions asked can are supporting literary evidence and the theme of autonomy and work must also be explored by the HR department.

The survey also asked questions to identify if career development was a source of workplace stress. It is arguable that the answers to this question were the most surprising as almost half of respondents (45%) felt that they were not told about progression opportunities in their organisation nor did they feel that they worked in an organisation which encouraged employee development. According to Taylor and De Brun (2006) there is strong evidence to suggest that opportunities for career development were a source of stress in employees, particularly those who worked in bureaucratic environments as they were more likely to experience fewer opportunities for career development. Therefore, research suggests that there are strong similarities between research conducted in this dissertation and literary evidence conveying need for career development. Therefore, the HR department must also look at this point in greater detail.

The second part of this analysis will look at the practical implications that these findings may have on a HR department in the Health and Social Care Sector and discuss a literature-based approach to recommendations based on findings.

Upon reviewing results of the survey, the main areas which were identified as problematic and that the HR department must look at addressing are the high levels of overall occupational stress experienced by health and social care workers, relationships between subsector and workplace stress, support of managers and communication between managers and employees, workload, work/home interface, career development and employee voice. The following analysis seeks to look at practical implications for these results for the HR department and how they may address go about addressing problematic areas.

As the overall levels of occupational stress in Health and Social Care workers was quite high amongst respondents, HR could examine could look at implementing low cost and practical interventions such as stress management courses which are discussed in Fullemann et. al (2015) and show that there were positive changes in stress levels amongst participants who took part in the course. Lamb and

Cogan (2016) also note the importance in building up resilience for health and social care employees through mechanisms suggested by employees which include training, mentoring from leaders and clinical supports. It is important that the HR department actively examine the feasibility of implementing such recommendations as they have proven to reduce stress level amongst employees working in the sector.

In terms of subsector and workplace stress, findings in the survey showed that respondents working in different areas of health and social care experienced varying levels of workplace stress. This can be compared to a study by Coyle et. al (2002) which showed that those working in adult social work experienced higher stress levels than those working with children. It should be noted that one of the limitations of this research is that although we can see that subsector had an impact on stress levels, the test failed to identify which subsectors were more or less affected. A suggestion here would be for HR departments to conduct this research in their own organisation to examine employees overall stress levels and put in place appropriate interventions to manage these.

The survey also conveyed that there were issues between support and communication from line managers to employees. This is discussed in Tappura et al. (2014) which states that it is vital for managers to provide a safe psychosocial environment for employees and to be aware of risks and issues around employee relations and communication. Recommendations here around fostering a better culture of this amongst employees and managers include interventions such as co-worker forums to aid communication as well as increased training for managers in stress management interventions may be beneficial in improving support and communication within the workplace.

Workload was also seen as problematic when survey results were analysed as few respondents felt that they had a fair and manageable workload or that their workplace achievements were regularly recognised. This can be linked to Meichenbaum's 2007 'Stress Inoculation Model' as discussed in Sudhir and Taksal (2013) which notes that it is vital for employees to reconceptualise stress to therefore manage it better. Newton and Teo (2014) also note that role overload must be managed to minimise exhaustion, increase stress levels and absenteeism. Bowling et. al (2015) suggest practical implications for employers to manage workload amongst employees including increased training for managers to assess signs and symptoms of employees who are overloaded and tight recruitment and selection processes which will assess employee's ability to cope with a heavy workload before being offered a job.

Work/Home interface was also deemed problematic amongst survey respondents and few respondents felt that they could avail of appropriate work/life balance accommodations whilst at work. Babic et. al (2017) stresses the importance of HR departments in accommodating more 'family

friendly' policies such as flexitime and remote working provisions. There may also be a need to look at role profiles and job design to better accommodate for this as it may prove difficult with the health and social care sector. It is also noted that employers should be supportive and encouraging of employees and allow them to develop self-management skills to maximise their limited time for recreational activities.

Career development was also seen as problematic within the survey with almost half of respondents feeling that they were not made aware of developmental opportunities in their organisation or that they worked in an organisation which supported career development. Babic et. al (2017) stresses the importance of encouraging this within a company and suggests practical implications that a HR department can undertake to implement this such as career coaching, effectively performance management and feedback and support for employees who wish to progress in their career.

The survey also conveyed that many employees did not feel that their opinions were listened to when decisions were being made. The importance of encouraging employee feedback and participation are argued in Tappura et. al (2014) as it is noted that those in superior positions should promote constructive feedback to be given in the workplace and to consider this feedback when decisions are being made. Practical implications that a HR department could consider implementing this include working towards improving trust and goal clarity within organisations. Newton and Teo (2014) also note that it is vital for managers to communicate the work that the organisation is doing and how employees have contributed to increase engagement within an organisation.

Limitations to this research include that as the sample of respondents was primarily female it may not give adequate representation of the male workforce in the health and social care sector. It also failed to identify which subsectors showed the highest levels of workplace stress. The adapted version of the SWSI scale was also used to make the survey more concise for respondents however, this may have affected some of the results. It is suggested that the full scale is used when further research is being completed.

Based upon the findings and analysis, conclusions and practical recommendations will now be examined.

Chapter 6-Conclusions and Recommendations

Following on from research that was conducted in this dissertation as well as literature which was reviewed. The following conclusions and recommendations will focus on practical and actionable steps to implement change and to accompany the research which showed problematic areas which should be addressed by the HR department going forward. This section will also look at costings and time frames where applicable to fulfil requirements for CIPD membership.

Question 1: Did a high number of respondent's report having workplace stress?

It is evident that of 200 respondents, 52.5% stated that they always or often felt stressed at work. This supports the findings in Islam et al. (2017) which also showed that employees in nursing home experienced high levels of stress. Fullemann et. al (2015) also notes that this must be addressed through practical and low-cost interventions such as stress management courses.

Recommendations to address this question include educating both managers and employees about workplace stress. Spectrum Health, one of Ireland's leading corporate wellness providers provide both seminars and webinars in this area to encourage workplace wellbeing. These come in a variety of themes such as mental health, fitness and nutrition to encourage self-care amongst employees. Implementing such actions would be relatively cost effective as seminars start at €360 per session with unlimited number of participants whereas access to webinars begin at €200.

However, it should also be noted that cover would be needed for these employees. According to indeed.com one of Ireland's leading career websites, the average rate of pay for a social care worker is €29,918 annually if an employee works a 35-hour week, this would be equal to €16.43 per hour. Please see below total costings for 12 health and social care workers, to attend a one-hour onsite stress management workshop:

Item	Cost
Payment to seminar leader (incl.VAT)	€360
Hourly average salary for 12 health and social care workers (€16.43x12)	€197.16
Shift cover for one-hour period for 12 employees (€16.43x12)	€197.16
Total cost of workshop	€754.32

Table 8- Stress Management workshop costings

Webinars may be a more cost effect as this cost €200 per group. Cover should be arranged to allow employees to pay full attention to this. This would cut the overall cost to **€594.32** based on 12 employees. Suggest next steps for the employer would be to contact such companies to organise this for staff. Due consideration should be given top time around promotion of event, arranging cover, employee availability. A reasonable timeframe from implementation would be approximately 2-4 weeks.

Question 2: Did gender have an impact on workplace stress? :

The survey showed that females felt significantly less stressed at work than men who took part in the survey. Although, it has been noted that a potential limitation to this research was the over representation of female respondents, there is also evidence to suggest men are more likely to experience serious mental health issues in Ireland.

A suggestion here could be for the HR department to conduct this study amongst their employees to identify whether male employers were in fact significantly more stressed than their female colleagues. If this is the case, there are national initiatives such as Men's Health Week that can help employers to focus on improving the physical and mental wellbeing of their male workforce.

A free way of promoting men's health could be by a member of the HR team simply signing up to the Men's Health Forum in Ireland (MHFI,2018) mailing list and distributing their monthly newsletters and information to employees and signposting them to taking part in this initiative.

However, if the organisation wished to maximise engagement in this initiative it may wish to examine creating a localised version of 'Men's Health Week'. This could include access to activities which aim to improve physical and mental wellbeing amongst male employees such as staff football matches, fitness classes, health screening and making Employee Assistance Counselling available to employees at work. See below an analysis of costings based on 20 male employees taking part in this event for two hours over the week.

Item	Cost
Two-hour average salary for 20 health and social care workers (€16.43x20x2)	€657.20
Shift cover for two-hour period for 20 employees (€16.43x20x2)	€657.20
10 employees taking part in 'Staff Football Match (Venue Hire)	€55.00
10 employees taking part in onsite Health Screening	€660
10 employees taking part in Employee Assistance Counselling (incl. VAT)	€1.045.55

10 employees taking part in onsite fitness class	€66.00
Total Cost of Weekly Activities (based on 20 employees attend two sessions)	€3,140.55

Table 9- Men's Health Week costings

It is envisioned that such weeks would occur on an annual basis at the same time of Men's Health week which occurs in June of each year. Tasks to be completed in advance of these events would be promotion, arranging venues, sourcing providers, arranging shift cover and scheduling bookings. A reasonable timeframe for implementation of such an event would be approximately eight weeks.

Question 4: Did subsector have an impact on workplace stress?

The research concluded that there was a relationship between workplace stress and the subsector that respondents worked in. Although, a limitation to this research is that it failed to identify which subsectors were the most problematic, it did identify that employees in some sectors experienced less stress.

A suggestion for further research here would be for the HR department to conduct the survey in their own organisations to identify an overall level of occupational stress amongst their employees. It would then suggest the sharing of information around generalised occupational stress levels with other organisations in social care. An example of how to do this would be HR departments have monthly 'task force' meetings to try and address this. This would also have additional benefits including encouraging networking, identifying trends and share ideas about how to minimise occupational stress in line with best practice whilst encouraging a collaborative approach in addressing this problem. As further research would need to be completed in each area and stakeholders from a variety of organisations would need to be engaged with before a task force could be established, a reasonable timeframe for implantation would be approximately 3 months.

Questions 3 and 5: Relationships between length of service and workplace stress and work environment and workplace stress

The research concluded that there was no relationship between length of service and workplace stress or environment and workplace stress. Therefore, these are not problematic areas which require the attention of the HR department based upon findings. However, a suggestion for further research may be to test the validity of these results by replicating the survey within individual organisations.

Support and Communication from managers:

The research concluded that one quarter of employees did not feel supported by their line managers and one third felt that communication was rarely or never good between managers and staff. Therefore, recommendations would include putting in place measures to support managers to become better communicators by organising a training course in communication skills for managers. Managers also need to be trained in how to provide adequate support and supervision for their employees which is specific to the health and social care sector with the aim to reducing stress in employees and improving relationships amongst staff and managers. Please see below costings of such training courses which could be organised by HR to benefit their organisations. According to indeed.com the average annual salary for a health and social care manager is €48,737. Therefore, per hour (based on a 35-hour week) this would be €26.77. When considering this, please see cost analysis of both one-day training courses for twelve managers below:

Item	Cost
Hourly rate for 12 social care managers (€26.77x7x12)	€2,248.68
Cost of one day Professional Supervision for Social Care Managers and Leaders (€99x12)	€1,188
Total Cost	€3,436.38

Table 10- Professional Supervision Training Costings

Item	Cost
Hourly rate for 12 social care managers (€26.77x7x12)	€2,248.68
Cost of one day training course in Communication skills for managers (incl. VAT)	€553.50
Total Cost	€2,802.18

Table 11- Communication for Managers costings

A recommended time frame for the implementation of this course would be about eight weeks. Given that managers would have to be given notice of this and a trainer would have to be sourced.

Workload:

The survey results also showed that almost a third of respondents felt that their workload was 'rarely' or 'never' manageable. Recommendations for how HR can help with making

employees feel that their employees feel less stressed and have a more manageable workload include resilience training for staff members, ensuring effective support and supervision is made available to staff members, readily accessible employee assistance counselling. Although supervision is low cost the costings for other potential trainings will be listed below:

Item	Cost
Resilience training for employees €480x12	€5,760
4 days (28 hours) cover for 12 social care employees (16.43x28x12)	€5,540.64
4 days (28 hours) salary for 12 employees (16.43x28x12)	€5,540.64
Total Cost	€16,841.28

Table 12- Resilience Training for employees costings

Item	Cost
One-hour cover for an employee	€16.43
One-hour salary for an employee	€16.43
One-hour EAP session for employee (incl. VAT)	€104.55
Total cost per employee	€137.41

Table 13- EAP for employee's costings

A reasonable timeframe for implementing this given that cover must be sourced as well as training providers and notice given to employees would be approximately eight weeks.

Work/Home Interface:

Employees also noted that they had little opportunities to avail of flexible working options to accommodate their commitments outside of work. Some practical recommendations which could help address this and help to minimise stress in employees would be examining options around remote working and flexible working. This could include examining staff rotas and shift patterns and consulting with employees on the development of this to help staff balance their commitments outside of life with work.

Career Development:

Another area that would need to be addressed in these recommendations would be the fact that many survey respondents felt that they were not made aware of opportunities for development in their organisation nor did they feel that their organisation encouraged staff development.

A recommendation here would be for the HR department to invest resources in succession planning and career coaching to identify talented employees and provide them with guidance to allow them to progress within the organisation. In terms of succession planning, it is recommended that this is done internally with people in senior positions over a period which depending on the size of the organisation, could take up to twelve months.

Also, using outsourced career coaching may help to motivate talented employees and allow them to access personal development plans. Please see below costings for one employee to attend six sessions of career coaching with an external provider

Item	Cost
Six hours salary for social care worker (€16.43x6)	€98.58
Six hours shift cover for employee (€16.43x6)	€98.58
Six 1-hour career coaching sessions	€500
Total	€697.16

Table 14- Career Coaching costings

A reasonable timeframe for implementation of this would be approximately three months given that additional work will be needed in terms of identifying talented employees, arranging sessions and getting staff cover.

Employee Voice

The survey also showed that some respondents felt like their opinions were not considered when decisions were being made. A practical recommendation for implementation here is again supporting managers to become better communications and having in place clear mechanisms for employees to give feedback. This could include team meetings, team

planning days and if an unfavourable decision must be made, to explain clearly to employees why this decision was made and the rationale behind it. This may contribute to employees feeling less stressed and more included in key decisions in the workplace. A reasonable timeframe for implementing such mechanisms would be again around 2 months to allow adequate notice, training and communication systems to be put in place.

Overall, this dissertation has examined literature and conducted a survey around the Sources of Stress in Health and Social Care Workers and has issued appropriate and practical recommendations because of this. Possibilities around future research could include using a full version of the SWSI scale and comparing results with the adapted model used in this dissertation or adapting a qualitive approach to research and seeing if this supports or rejects findings in this dissertation. A researcher should also conduct this research in a different sector and compare results. It is evident that occupational stress in the health and social care sector is problematic and needs to be addressed. HR departments should now take an active role in addressing as there are several benefits to having a workforce which is less stressed including: less absenteeism, increased motivation, better engagement and an enriched organisational culture.

Personal Learnings Statement:

Whilst completing this dissertation, I have learnt a lot about a topic which is of great interest to me, occupational stress in health and social care and what HR can do about it. I have also learned a lot of practical research skills just as critical text analysis, the use of SPSS and how to analyse data. This was a challenge for me as it was something that I had never done before.

It has made me think a lot more about where I would like to go in my HR career. I now know that eventually I would like to work as a project manager in workplace wellbeing and diversity as this dissertation has really highlighted to me how deep of an interest I have in this area. I thoroughly believe that the biggest asset and the one that any organisation should invest the most resources, time and energy into is its own workforce. Money, machinery and assets are easily enough replaced- your people carry invaluable knowledge and are not easily replaced!

I think that if I was to undertake this project again, I would utilise a mixed methods approach and interview senior HR professionals to get their viewpoints on occupational stress and what could be done about addressing this and incorporate this into my findings and recommendations rather than utilising a literature-based approach only for this part of my dissertation. I would also use the full version of the scale as opposed to an adapted one and look at ways to enhance my sample to ensure that it was more representative of males and females in the workforce.

In conclusion, completing this dissertation has been a challenging but rewarding experience. I have also developed better organisational and self-disciplinary skills which I hope to continue to work on. I have learnt a lot about a topic of interest to myself which I hope will benefit me in my career as I finish my MA and move forward.

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Appendices:

Survey Questions for Data Collection

1. Please state your gender below:
   - Male
   - Female
   - Transgender
   - Prefer Not to say

2. How long have you been working in social care?
   - 0-1 year
   - 2-5 years
   - 6-10 years
   - 10 years or more
   - Prefer not to say

3. Please state your age group
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-65
   - 65+
   - Prefer not to say

4. Which are of social care do you currently work in?
   - Disabilities
   - Homelessness
   - Mental Health
   - Addiction
   - Youth Work
   - Family Support
   - Elderly Care
   - Other

5. Does your job make you feel stressed?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

6. Do you generally suffer from symptoms that are sometimes associated with stress? (Headaches, anxiety, difficulty sleeping etc.)
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

7. At work, do you have positive relationships with you co-workers?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

8. At work, do you feel that you are supported by your manager?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

9. At work, do you enjoy interacting with clients?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

10. At work, do you feel like you have someone that you can talk to if you feel stressed?
   - Always
   - Often
   - Sometimes
   - Rarely
   - Never

11. At work, do you feel like you have someone that you can talk to if you feel stressed?

- Always

- Often

- Sometimes

- Rarely

- Never

12. At work, do you feel like communication is good between fellow colleagues?

- Always

- Often

- Sometimes

- Rarely

- Never

13. At work, do you have adequate facilities made available to you that you can use throughout your shift? (kitchen, etc.)

- Always

- Often

- Sometimes

- Rarely

- Never

14. At work, can you avail of flexible working arrangements to accommodate your commitments outside of work?

- Always

- Often

- Sometimes

- Rarely

- Never

15. At work, do you feel that you are paid fairly?

- Always

- Often

- Sometimes

- Rarely

- Never

16. At work, do you feel that your achievements are recognised?

-     Always

-     Often

-     Sometimes

-     Rarely

-     Never

17. At work, do you feel that there is god communication between staff and manager?

-     Always

-     Often

-     Sometimes

-     Rarely

-     Never

18. At work, do you feel that you are given the opportunity to utilise your knowledge and skills?

-     Always

-     Often

-     Sometimes

-     Rarely

-     Never

19. At work, do you feel that your workload is fair and manageable?

-     Always

-     Often

-     Sometimes

-     Rarely

-     Never

20. At work, do you feel that your opinion is valued and taken into consideration when decisions are being made?

-     Always

-     Often

-        Sometimes

-        Rarely

-        Never

21. At work, do you receive adequate training in duties that you are expected to carry out?

-        Always

-        Often

-        Sometimes

-        Rarely

-        Never

22. At work, do you feel that you have the autonomy to make decisions around day to day activities?

-        Always

-        Often

-        Sometimes

-        Rarely

-        Never

23. At work, do you find the policies, procedures and guidelines that you must comply with fair and not overly excessive?

-        Always

-        Often

-        Sometimes

-        Rarely

-        Never

24. At work, are you made aware of opportunities that will support career progression?

-        Always

-        Often

-        Sometimes

-        Rarely

-      Never

25. At work, do you feel that your organisation encourages career progression amongst employees?

-      Always

-      Often

-      Sometimes

-      Rarely

-      Never

26. At work, are you clear of what is expected of you in your current role?

-      Always

-      Often

-      Sometimes

-      Rarely

-      Never

Links to Quotes for CIPD costings

Stress Management Workshop- Provided by Spectrum Health

https://www.spectrumhealth.ie/about/

Staff resilience training- Provided by PCI college

http://www.pcicollege.ie/workplaceresilienceprogramme

Professional Supervision Training- Provided by Social Care Ireland Training

https://www.activelink.ie/sites/default/files/attach/notice_entry/37986/third_quarter_training_schedule_2018_.pdf

Communication for Managers Training- Provided by impact factory

https://www.impactfactory.com/communication-skills-course

Employee Assistance Programme- Provided by Abate Counselling

http://abatecounselling.ie/counselling/

Career Coaching- Provided by Ronan Kennedy Consultant

https://www.ronankennedy.ie/

Health screening- Provided by Spectrum Health

https://www.spectrumhealth.ie/about/

Venue Hire for football game- Provided by Astro Park Santry

https://www.spectrumhealth.ie/about/