

Running Head: Assessment of Occupational Stress and Coping Mechanisms among
HIV/AIDS Counselors:
The Case of Wegen AIDS Talkline

By: Ezana Haileselassie
Advisor: Shimelis Dejenie (PhD)

A Thesis Submitted to the School of Social Work, Addis Ababa University
In Partial Fulfillment of the Requirements for the
Degree of Masters in Social Work (MSW)

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MSW Examining Committee

This is to certify that the thesis prepared by Ezana Haileselassie, entitled: Assessing Occupational Stress and Coping Mechanisms among HIV/AIDS Counselors: The Case of Wegen AIDS Talkline and submitted in partial fulfillment of the requirements for the Masters of Social Work complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

Signed by the Examining Committee:

Examiner _____ Signature _____ Date _____

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Declaration

Student Number: GSE/1173/03

I, the undersigned, hereby declare that this thesis, " Assessment of Occupational Stress and Coping Mechanisms among HIV/AIDS Counselors: The Case of Wegen AIDS Talkline", is my own work, and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

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Abstract

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Contents

Declaration.....	i
Acknowledgements.....	ii
Abstract.....	iii
List of Tables.....	vii
List of Figures.....	viii
Acronyms.....	ix
Chapter One	1
Introduction.....	1
Background	1
Statement of the Problem	7
Objectives of the Study	9
General Objective.....	9
Specific Objectives.....	9
Significance of the Study.....	10
Scope of the Study.....	11
Limitations of the Study.....	11
Operational Definitions.....	12
Chapter Two.....	13
Review of Related Literature.....	13
Defining Stress	13
Occupational/Work-related Stress	14
Causes of Occupational Stress	17
Consequences of Occupational Stress.....	18
Theoretical Perspectives.....	20
Transactional Approach to Occupational Stress	20

The Stressors and Strain Approach to Occupational Stress	22
A Model on Work-related Stress.....	22
Chapter Three	24
Method	24
Study Area.....	24
Participants.....	24
Study Design	24
Population, Sample and Sampling	26
Data Collection Instruments.....	26
Data Collection Procedure	27
Data Analysis Procedure	28
Ethical Considerations	29
Chapter Four	31
Results and Discussion of the Study	31
Causes of Occupational Stress, Sex and Marital Status of Counselors.....	31
Consequences of Occupational Stress, Sex and Marital Status of Counselors.....	32
Working Hours and Number of Clients Handled per Day and Work-related Stress	34
Causes of Occupational Stress	36
Consequences of Occupational Stress.....	42
Coping Mechanisms.....	47
Chapter Five	51
Summary.....	51
Conclusion.....	52
Social Work Implications.....	53

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Declaration.....	i
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Causes of Occupational Stress	36
Consequences of Occupational Stress.....	42
Coping Mechanisms.....	47
Chapter Five	51
Summary.....	51
Conclusion.....	52
Social Work Implications.....	53

Recommendations.....54

References.....57

Appendices.....62

 Appendix I-Informed Consent.....62

 Appendix II- Questionnaires for Counselors.....64

 Appendix III- Interview for Supervisors.....70

List of Tables

Table 1: Count/Frequency of Exposure to Occupational Stress by Sex.....31

Table 2: Frequency of Exposure to Occupational Stress by sex and Marital Status32

Table 3: Frequency and Outstanding Consequences.....32

Table 4: Frequency and Count of use of Coping Mechanisms.....34

Table 5: Working Hours of Counselors.....35

Table 6: Exposure to Job Stress.....35

Table 7: Causes of Occupational Stress.....37

Table 8: Consequences of Occupational Stress.....43

Table 9: Coping Mechanisms.....47

List of Figures

Figure 1: Organogram of Wegen AIDS Talkline.....6

Figure 2: Transactional Model of Stress.....21

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
FMOH	Federal Ministry of Health
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
JHU-CCP	Johns Hopkins University – Center for Communications Program
JHU-TSEHAI	Johns Hopkins University-Technical Support for Ethiopia HIV/AIDS ART Initiative
NARC	National AIDS Resource Center
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
WHO	World Health Organization

Chapter One

Introduction

Background

Early stress researchers argued that stressful experiences did not necessarily demonstrate a damaging effect on the individual. Cannon (1932) suggested that initial or low levels of stressors could be endured, but that prolonged or severe stressors resulted in biological breakdown. Selye (1955) articulated the stress experience as a process of adaptation, arguing for what he termed the *general adaptation syndrome*. According to Selye, the stages of the stress process progressed from an alarm reaction to the situation, to resistance to the stressor, to exhaustion. Selye (1955) argued that stress was an important part of life and elaborated that stress is not necessarily negative and, thus, an experience to be avoided (1974). Instead, some stressful experiences (i.e., eustress) can be associated with positive feelings and health. However, the most prominent occupational stress theories developed since that time focus predominantly on the negative consequences of stressors.

In the 1970s, telephone counseling was proposed as an adjunct to traditional therapy, and by the mid-80s it was suggested as a primary treatment medium (Reese, Conoley, & Brossart, 2006). Benefits to the use of telecommunications in counseling work include increased accessibility (e.g., for rural/remote clients, single or at-home parents, people with a disability), convenience, increased anonymity, increased affordability and potential availability at any time of day. Since 2004, Wegen AIDS Talkline, with the vast HIV/AIDS knowledge, unparalleled communication skills and Talkline counselors is the most trusted source of accurate HIV/AIDS

information and quality counseling service in Ethiopia (Johns Hopkins University/National AIDS Resource Center, 2011).

HIV and AIDS in Ethiopia

The first case of HIV in Ethiopia was reported in 1984. Since then, HIV/AIDS has become a major public health concern, leading the Government of Ethiopia to declare a public health emergency in 2002. In 2011, adult HIV/AIDS prevalence in Ethiopia was estimated at 1.5 percent (CSA, ICF International 2012 & EDHS, 2011). Approximately 1.2 million Ethiopians were living with HIV/AIDS in 2010 (Ibid.)

National models of HIV prevalence showed the incidence of HIV infection declined by over 25 percent between 2001 and 2009 (UNAIDS 2012). While the epidemic has stabilized in the past decade, HIV/AIDS continues to be a major development challenge for Ethiopia. A high population growth rate, poverty, food shortages, low access to clean water and sanitation and quality health services, and other socioeconomic factors continue to fuel the epidemic (UNAIDS 2012).

Wegen AIDS Talkline was established with the objective of encouraging Ethiopians to know their HIV status and use appropriate prevention methods. The hotline also aimed to reduce stigma and discrimination facing PLWHA, by correcting misconceptions about HIV/AIDS transmission. Health messages promote antiretroviral therapy (ART) adherence among PLWHA and uptake of PMTCT. Callers can also get psychological support from counselors in dealing with personal and family crisis caused by the epidemic.

In order for counselors to continually be successful, it is necessary to continually maintain professional vitality and self-care. Finding balance between self-care and other-care is a

constant struggle that healthcare professionals experience (Skovholt, Grier, & Hanson, 2001). If a counselor is unable to maintain the balance of self-care and manage stress, the occupational hazard of burnout may result (Maslach & Goldberg, 1998). Because the role of the counselor is to help others, concern with the welfare of the self is just as important (Seyle, 1976).

Occupational stress is a growing problem that results in substantial cost to individual employees and work organizations around the globe (Hart & Cooper 2001). Kyriacou, & Sutcliffe (1978), defined occupational stress as the experience of unpleasant emotions, such as tension, frustration, anxiety, anger, and depression. Several influential theories have also reinforced this view by emphasizing the link between occupational stress and psychological strain (Beehr, & Newman, 1978; French, Caplan, & Harrison, 1982).

Work-related stress is also considered to be the product of an imbalance between environmental demands and individual capabilities (Lazarus & Folkman, 1984). Occupational stress is associated with increases in negative work-related outcomes, such as job dissatisfaction, ill-health, absenteeism, higher turnover and lower productivity (Jones & Bright, 2001).

The profession of counseling is one area that has promoted the assistance of stress management in others. However, according to Ross, Altmaier & Russell (1989), several counselors experience a great amount of difficulty in handling their own stress. The negative effects of occupational stress include impaired performance or a reduction in productivity, diminishing levels of customer service, health problems, absenteeism, turnover, industrial accidents, alcohol and drug use and purposefully destructive behaviors (Quick, Quick, Nelson & Hurrell, 1997; Wright & Smye, 1996 as cited in Jackson & Rothmann, 2006).

Counselors having such a broad range of care for their own clients should recognize and respond to the importance of self-care in their lives. Because of the nature of counseling, therapists need to monitor their client workload, the level of client pathology, and their personal self-care (Hackney & Cormier, 2001). Without this self-care, counselors will probably be more at risk to experience the physical and psychological effects of stress. Good psychological health in counselors is a precursor for burnout prevention and is found in counselors who possess self-awareness, growth, sensitivity to and understanding of racial, ethnic, and cultural factors in self and others, objectivity, and trustworthiness (*Ibid.*).

The anonymity of a talkline is a key asset, especially in working with adolescents, because it allows the caller to ask questions that may be difficult or awkward to address in a face-to-face context (Stratten & Ainslie, 2003). Unlike face-to-face counseling, helplines allow callers to interact at their own convenience and to remain in an environment of their choice. Unique to the talkline service is “the confidential, one-to-one, anonymous contact that callers have with counselors [which] allows for difficult and awkward questions about personal sexual behavior and sexuality issues (Stratten, 1999). This anonymity is especially valuable in situations where frank discussion of sexuality challenges cultural norms and taboos, as well as wherever HIV carries a strong stigma (UNAIDS, 2002). Challenges include a lack of visual and non-verbal clues, diminished capacity to deal with crises and a lack of therapist training (Coman, Burrows, & Evans 2001; Reese, Conoley, & Brossart 2006). The anonymous environment of talkline counseling poses special challenges, especially in the case of prank or hoax calls whereby counselors are subject to abuse, but also in HIV/AIDS counseling where important life-choices may be addressed (UNAIDS, 2002).

Wegen AIDS Talkline, established in 2004 is a toll-free talkline that provides information, telephone counseling and a referral service on HIV/AIDS, STIs, TB and related topics. It offers free telephone counseling services to people all over Ethiopia via the telephone line 952. The Talkline offers confidential telephone counseling in 14 local languages including Amharic, Afaregna, Aderegna, Oromiffa, Somalegna, Siltigna, Guragegna, Wolayitegna, Kembategna, Hadyigna, Sidamigna, Tigregna, Awigna, Dawroigna, as well as English (Johns Hopkins University/National AIDS Resource Center, 2011).

Organogram of Wegen AIDS Talkline

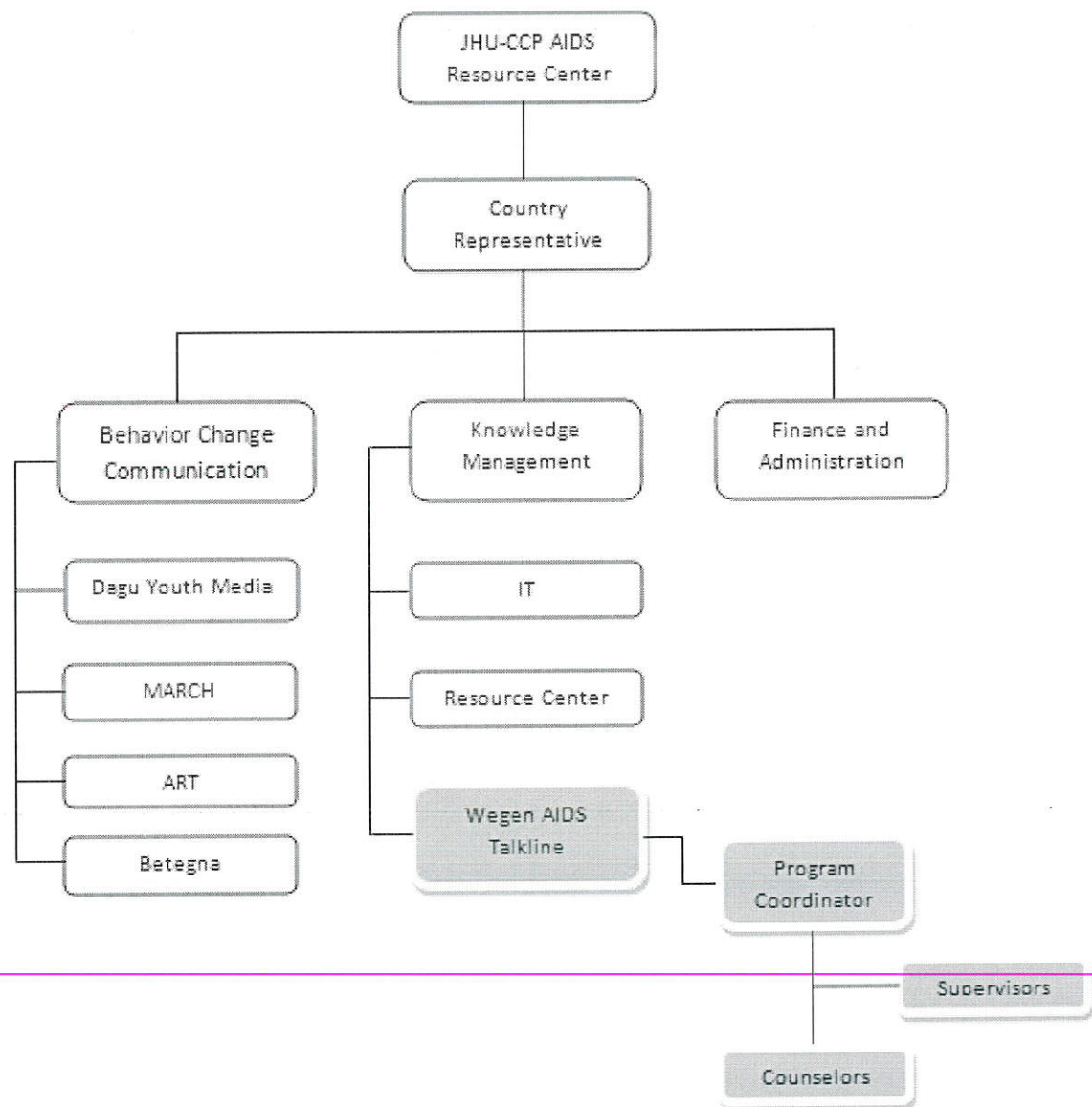


Fig.2.1. Organogram of Wegen AIDS Talkline

Around the world, programs operating talklines largely share similar goals and functions, although they may emphasize them differently and provide different models of service. The primary functions of talklines are to provide information, to offer support and counseling, to make referrals to other agencies, and to feedback data to the government or other agencies as a way of tracking the impact of communications campaigns (UNAIDS, 2002).

Most of the issues dealt in this service are considered as topics that may require absolute anonymity, which may discourage people to seek similar services given face-to-face. Stress has far reaching consequences not only on an individual counselor in the form of burnout but also on the organization in terms of job dissatisfaction, low motivation, and productivity and employee turnover. Since stress is so pervasive in a counselor's life, it is a significant area of study (Lent, 2010). In this regard, there has been very limited research done on occupational stress and coping mechanisms among counselors, particularly those working in Wegen AIDS Talkline.

Statement of the Problem

Knowing that stress is inevitable in any career and understanding how to decrease its effect on the human body and mind is needed. Counselors continue to be susceptible to occupational stress and strain in their work roles. Researches conducted in other countries indicate that emotional support is crucial to counselors' wellbeing and ultimately to the quality of a talkline service. Support usually involves dealing with work-related stress and/or personal issues. Taking high volumes of emotional calls day after day inevitably affects counselors. According to the rapid assessment survey done by Johns Hopkins University/ Twinning University's Technical Support for the Ethiopian HIV/AIDS ART Initiative (TSEHAI) Project, the prevalence of stress and burnout is high among HIV/AIDS health workers and HIV counseling and testing (HCT) counselors in Ethiopia (FMOH/HAPCO, 2009). To cope in this

environment, counselors must have an outlet to talk about their feelings and a chance to discuss difficult calls (UNAIDS, 2002).

Among life situations, the workplace stands out as a potentially important source of stress purely because of the amount of time that is spent in this setting (Erkutlu and Chafra, 2006). Occupational stress has become one of the most serious health issues in the modern world (Lu, Cooper, Kao, & Zhou 2003), and in recent years, occupational stress has become one of the most popular topics for applied research in psychology, and in the broader areas of social and medical sciences (Cooper & Payne, 1988).

Stress that is not well managed will bring negative consequences not only to an employee, but also to the organization (Schultz & Schultz, 1994). Even though stress is hardly to be eliminated in our daily life, a proper way of coping with stress can be practiced in order to reduce stress (Sutherland & Cooper, 2000). That is why this research focuses on identifying the causes of existing occupational stress, consequences and coping mechanisms, and aims to propose means that will be helpful in maintaining and improving a continued effective toll-free counseling service.

Moreover, for Ethiopia, a developing country with a majority of its population with low literacy levels and almost nonexistent knowledge about procedures on how to handle one's wellbeing especially regarding sexual and reproductive health, HIV and AIDS, STDs, TB and Malaria, family planning, etc, the mere existence of a toll-free counseling service may be considered a success. Since 2004, Wegen AIDS Talkline has been engaged in the government's effort to prevent and control HIV/AIDS in Ethiopia through its toll-free counseling and referral linkages. To keep this exceptionally valuable service operating and growing in quality and

magnitude, its strengths and shortcomings have to be identified and utilized to be a steppingstone for the establishment of similar other services.

Even though the Ethiopian health policy states promotion of occupational health and safety as one of its priorities, practically more focus is provided to the physical occupational health and safety issues. In this regard, psychological occupational health issue should also receive enough attention (Selamu, 2011). However, this study focuses on Wegen AIDS Talkline while other studies such as Selamu (2011) were done on other institutions and thus may not be a complete reflection of the situation of other sectors.

Research Questions

1. What kinds of stressors do counselors in Wegen AIDS Talkline come across?
2. What are the consequences of occupational or work-related stress?
3. What personal and organizational stress management and coping mechanisms exist within the Wegen AIDS Talkline setting?

Objective of the Study

General Objective

The overall objective of the research is to assess the occupational stress and coping mechanisms among Wegen AIDS Talkline Counselors.

Specific Objectives

- Identify causes of occupational stress among Wegen AIDS Talkline Counselors.
- Explore the consequences of occupational stress on the counselor, in relation to work performance and social/personal life.

- Explore how Wegen AIDS Talkline Counselors cope up with their work-related stresses at an individual and organizational level.

Significance of the Study

The purpose of this study was to identify occupational stressors that counselors face when working with clients and ways counselors deal with these work-related stresses. The study also provides implications for both counseling professionals and counselor educators related to occupational stress and work-related stress management. The researcher believes that the study is topical and worth considering because:

- It will provide current information on occupational stress, consequences, and coping resources for counselors in respect to the wellbeing of counselors in Wegen AIDS Talkline,
- It will help to improve the counseling services provided at Wegen AIDS Talkline,
- The study will give organizations and practitioners engaged in similar tasks insights about occupational stress and coping mechanisms, and enable them to prevent/handle work-related stresses,
- Valuable information gathered in this study will provide helpful insights to public health services institution in Ethiopia when dealing with job stress among counselors,
- The findings will provide information on developing and implementing stress program to assist counselors in public health service institution in Ethiopia to cope up with job stress effectively.

Scope of the Study

The study covered issues pertaining to work-related stress within the Wegen AIDS Talkline setting. More particularly, the study identified contributing factors (stressors), shed light upon psychosocial repercussions of work related stress. Moreover, the study examined the existence of personal and organizational efforts towards managing the stress in Wegen AIDS Talkline.

Although the findings of this research may be relevant for other organizations that provide similar services, findings of this study was applicable to talkline counselors only. The study was only limited to the investigation of occupational stress and coping mechanisms among Wegen AIDS talkline counselors. Other HIV/AIDS counselors working in clinical setting were not included.

This research does not evaluate the effectiveness of the stress management interventions provided by the organization since it is difficult to identify and conclude which intervention mechanisms research participants responded to. This is because participants may adopt various coping mechanisms between now or any given time and the intervention. Due to time and resource constraints, the researcher only focused in identifying occupational stresses, coping mechanisms used and attempted to gain insight into the lived experiences of this group.

Limitation of the Study

The singular existence of the toll-free counseling service under study makes it difficult to conduct a multidimensional and contrasting study. Unfortunately, efforts made to identify previously conducted studies on this issue in Ethiopian context were not successful. Due to lack of talkline counseling service providers in Ethiopia, the researcher relied heavily on a single

institution to gather data. Hence, challenges such as not having enough time on the side of the counselors to respond to the questions were among the limitations during the research process.

Operational Definitions

Occupational stress or **job stress** refers to the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the counselor.

Stress is system of consequence response to an action or situation that places special physical or psychological demands or both on a counselor's result of the interaction of a counselor with clients and counselor's environment.

Stress Coping Strategies/Mechanisms: Coping strategies/Mechanisms refer to the specific efforts or adjustments that counselors in Wegen AIDS Talkline employ to tolerate, reduce, or minimize stressful events, physically or emotionally.

Talkline/Hotline/Telephone Helplines are telephone lines set up to take calls from people seeking information on specific topics such as HIV/AIDS, TB, STIs, etc.

In this study, the terms **occupational stress**, **work-related stress**, and **job stress** are used interchangeably and are often used to describe psychosocial aspects of work that detrimentally affects counselors in Wegen AIDS Talkline.

The next chapter will shed light on reviews of related literature on occupational stress, consequences and coping mechanisms among healthcare practitioners in general and talkline counselors in particular.

Chapter Two

Review of Related Literature

Defining Stress

The term stress has enjoyed increasing popularity in the behavioral and health sciences for the last five decades. It first was used in physics in order to analyze the problem of how manmade structures must be designed to carry heavy loads and resist deformation by external force. In this analysis, stress referred to external pressure or force applied to a structure, while strain denoted the resulting internal distortion of the object (Hinkle 1974, Mason 1975a, 1975c). The usage of the term stress changed in the transition from physics to the behavioral sciences. In most approaches it now designates bodily processes created by circumstances that place physical or psychological demands on an individual (Selye, 1976). The external forces that impinge on the body are called stressors (McGrath, 1982).

‘Stress’ is a word that is rarely clearly understood and there is no single definition of the term. It means different things to different people. Indeed, almost anything anyone can think of, pleasant or unpleasant, has been described as sources of stress, such as getting married, getting older, getting a job, too much or too little work, solitary confinement or exposure to excessive noise. Stress can be defined in many ways, the common response to attack (Selye, 1976), any influence that disturbs the natural equilibrium of the living body, some taxation of the body’s resources in order to respond to some environmental circumstance and the common response to environmental change are to mention some (Stranks, 2005).

Stress is also defined as anything that stimulates individuals and increases their level of alertness. In small doses, stress is considered to be a good motivator. Furthermore, life without

stress would be incredibly dull and boring. On the other hand, life with too much stress may become unpleasant and tiring, and may ultimately damage an individual's health and well-being (Federal Ministry of Health & HIV/AIDS Prevention and Control Office, 2009).

An alternate view of stress is a result of a dynamic process in which the individual faces a stressor situation (demand, constraint or opportunity) the resolution of which is uncertain and to which important outcomes are attached (Latack, 1981). Then again, stress is extensively defined as a universal human and animal phenomenon results in intense and distressing experience and has tremendous influence in behavior of a person (Lazarus, 1966).

Occupational/Work-related Stress

The concept of stress, introduced by Hans Selye (1976), has had many connotations, and occupational stress research can be seen as a natural extension of this classical concept to a specific form of human activity, namely work (Appley and Trumbull, 1986). Stress at work or occupational stress is an inescapable phenomenon of modern society. It is caused, mostly, by environment and workplace conditions which negatively affect the capacities, achievement and the totality of mental and physical health (Stojanović, Milenović, Marković, 2012). The consequences of excessive occupational stress include, first and foremost, fatigue, anxiety and depression, and then a whole set of psychosomatic disorders that often lead to absence from work and even more serious consequences such as occupational ailments, wounds and invalidity (Stojanović, Milenović, Marković, 2012).

Occupational stress or work related stress is a pattern of physiological, emotional, cognitive and behavioral reactions to some extremely taxing aspects of work content, work

organization and work environment. And when people experience work-related stress, they often feel tense and distressed and feel they cannot cope (Houtman, Zuidhof, & Heuvel, 2007).

Occupational stress in some fields is accentuated boldly than in others and this has been extensively discussed in various literatures. Job stress among healthcare staff is becoming a common occurrence in most public health services (Winstanley and Whittington, 2002). Almost any profession can expose one to stress or burnout regardless of the length of time on the job or number of hours worked. However, counseling (especially HIV/AIDS counseling) and psychotherapy professions can be more stressful and may lead to burnout in the long term (Federal Ministry of Health & HIV/AIDS Prevention and Control Office, 2009).

HIV/AIDS counselors and service providers are exposed to stress for a number of reasons. Some of these reasons are: a strong sense of commitment when talking to clients about life-threatening illnesses; talking about sensitive sexual issues; caring for a large number of chronically and severely ill patients with conditions often leading to death; not being able to reassure clients about their conditions; anxiety over HIV infection of oneself, spouse or children; ostracism (people refusing to associate with them) and stigma; and handling complex situations like couples, child and family counseling (Federal Ministry of Health & HIV/AIDS Prevention and Control Office, 2009).

It has been accepted that people working in occupations where they are expected to deal with the problems of others, such as health care, teaching, and law enforcement, may suffer more stress than people do in other professions (Finn and Tomz, 1998). Employees' constant exposure to stress, if not handled effectively, can be destructive both for them in terms of the quality of their work and their physical and mental state and for the organization where they work (Maslach, 2003).

The occurrence of stress in workplace is dependent on various variables and may have several repercussions. These may not always be simple and in black and white. Stress is more likely in some situations than others and in some individuals than others (Michie, 2002). It can be a reaction exhibited by the people who have to face excessive pressures on account of various demands placed on them (Werther, 1996). It can also be labeled as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the workers. Job stress can also lead to poor health (David, 1998). The cost of stress to workers, employers and society is enormous and serious negative impacts on worker health and well-being (cardiovascular disease, psychological distress, general mental health, depressive symptoms, psychiatric disorders, and suicide), the family (work family conflict), the organization (absenteeism, reduced performance) and on society (public health costs, insurance costs) are well documented in the literature (WorkCover, 2006).

Documentations of stress at work indicate that stressors can come from multiple sources. Some stressors are identified as routine work stress, or those intrinsic to the job, some to career development, some are related to the employee's role within the organization (role identity stress), some to interpersonal stress, and still others to work environment stress, or of the climate and organization of the work place (Steber, 1998).

A certain amount of stress among employees is generally considered to be advantageous for the organization because it tends to increase work performance. However, when an employee experiences too much or too little stress, it is generally disadvantageous for the organization because it tends to decrease work performance (Certo, 2000).

Causes of Work-related Stress

The results of the review of international literatures published about Health Care Services since 1999 are very consistent and reveal that high demands (workload), low support, low control, low rewards, effort-reward imbalance and emotional (client) demands were the most important factors associated with strain and enduring health outcomes. Violent and aggressive incidents and bullying were also associated with stress outcomes (Workcover, 2006).

Specific stressors identified were: work demands (particularly work load or pressure and insufficient time to complete scheduled work tasks), emotional demands (including work-home conflict, relocation demands, lack of patients/peers/community understanding of work role, unrealistic client expectations, professional isolation due to institutional racism, emotional labor, traumatic work experience and violence from clients. Low control (low skill discretion, low participation in decision making), imbalance between efforts expended and rewards received from work (so-called effort-reward imbalance), low support (e.g., unsupportive supervisor), role issues (e.g., role ambiguity, role conflict, conflict between personal goals and organizational goals), and interpersonal conflict (e.g., bullying) (Workcover, 2006).

Poor working conditions associated with insufficient space to operate comfortably, safely and in the most efficient manner are sources of stress (Stranks, 2005). Another classification of causes of job related stress is the physical and mental demand of the job, the physical working environment, the emotional welfare of the employee, the social, family responsibility and relationship of the employees, the physical health of the employee and the working institution's condition (Darby, & Walls, 1998 as cited in Selamu 2011).

Stress can be associated with organizational culture and style due to, for instance: insufficient staff for the size of the workload, too many unfilled posts, with employees having to 'double up' at tasks for which they have not necessarily been trained or instructed, insufficient training to do the job well, creating uncertainty and lack of confidence in undertaking tasks, inadequate information to the extent that people 'do not know where they stand', no control over the workload, the extent of which may fluctuate on a day-to-day basis, and rigid working procedures with no flexibility in approach (Stranks, 2005).

Consequences of Occupational Stress

Any form of information provision and counseling in the area of HIV/AIDS is complex and stressful and, thus, impacts on the psychosocial well-being of counselors (UNAIDS, 2002). The negative effects of occupational stress include impaired performance or a reduction in productivity, diminishing levels of customer service, absenteeism, turnover, accidents, alcohol and drug use and purposefully destructive behaviors (Quick, et al. 1997). Other than that, it can lead to the health problem like heart attack, migraine, blood pressure, headache, etc. These will incur many financial problems among employees (Yahaya, Yahaya, Tamyas, Ismail, & Jaalam 2010). A study showed that a job stressed individual is likely to have greater job dissatisfaction, increased absenteeism, increase frequency of drinking and smoking, increase in negative psychological symptoms and reduced aspirations and self-esteem (Jayashree, 2010). Various studies have showed that workers suffering from stress exhibit decreased higher number accidents, lower morale and greater interpersonal conflict with colleagues and superiors (Cranwell & Alyssa, 2005).

Most of the signs and symptoms of stress are usually associated with prolonged stress and are manifestations that can be categorized under cognitive, emotional, physical, social or behavioral symptoms (FMOH/HAPCO, 2009).

- **Cognitive** signs and symptoms refer to an individual's perception or understanding; how one thinks, perceives and interprets the world. Cognitive symptoms can include: memory problems, indecisiveness, inability to concentrate, trouble thinking clearly, poor judgment, anxiousness, racing thoughts (thinking multiple thoughts at a time), constant worry, fearful anticipation, etc.

- **Emotional/Psychological** signs and symptoms refer to an individual's state of mind. Emotions are related to feelings; therefore, emotional and psychological signs and symptoms relate to one's feeling and state of mind. Emotional/psychological signs and symptoms can include: frustration, anger, feelings of ineffectiveness, moodiness, agitation, restlessness, irritability, impatience, inability to relax, tension and "on edge" feelings, sadness, sense of loneliness and isolation, and general unhappiness.

- **Physical/Physiological** signs and symptoms refer to how the body reacts to different stimuli. Physical signs and symptoms can include: headaches, backaches, muscle tension, stiffness, diarrhea or constipation, nausea, dizziness, insomnia, chest pain, rapid heartbeat, weight gain or loss, skin breakouts, loss of sex drive and frequent colds.

- **Social** signs and symptoms refer to the responses or actions individuals take against their social environment, family, friends or colleagues because of certain types of changes occurring in their lives. Social signs and symptoms can include: isolating from friends or family, being too deeply involved in your work, feeling overworked, having a low self-esteem, lacking interest in

activities one used to enjoy, such as participating in social activities like *Iqub*, *Idir* and *Mahiber*, etc.

- **Behavioral** signs and symptoms refer to a change in an individual's behavior. Behavioral symptoms include: increased or decreased appetite; disrupted sleeping patterns; procrastination (taking a long time to accomplish a task); neglect of responsibilities; the use of alcohol, cigarettes or drugs to manage stress; nervous habits such as biting nails; checking things again and again; overindulgence of activities; overreaction; and unnecessary fights with others.

Theoretical Perspectives

Transactional Approach to Occupational Stress

The transactional approach treats stress as a dynamic process operating between a person and his or her environment. Although the term 'transaction' is used to emphasize the fact that stress results from the conjunction between personal and environmental variables (Cox, 1978; Lazarus, & Folkman, 1984), it is the dynamic, reciprocal nature of the relationships between these variables that distinguish transactional models from other more static or unidirectional theories.

Based upon Lazarus' (1991) belief in the primacy of cognition, the transactional model of stress speculates that two processes (i.e., cognitive appraisal and coping) mediate between environmental stressors and resulting responses. According to the model, an event in the work environment engages the cognitive appraisal process, or primary appraisal. This consists of an evaluation of whether the event is a threat to the individual's well-being, or whether it can be dismissed as nonthreatening or perhaps challenging. If the individual perceives a threat to well-

being, the secondary appraisal process is engaged to determine if anything can be done to handle the situation. In this secondary appraisal stage, individuals are said to evaluate their available options for coping with the stressor. The transactional model suggests that an imbalance of greater environmental demands than resources to cope with these demands produces strain (Lazarus, 1991).

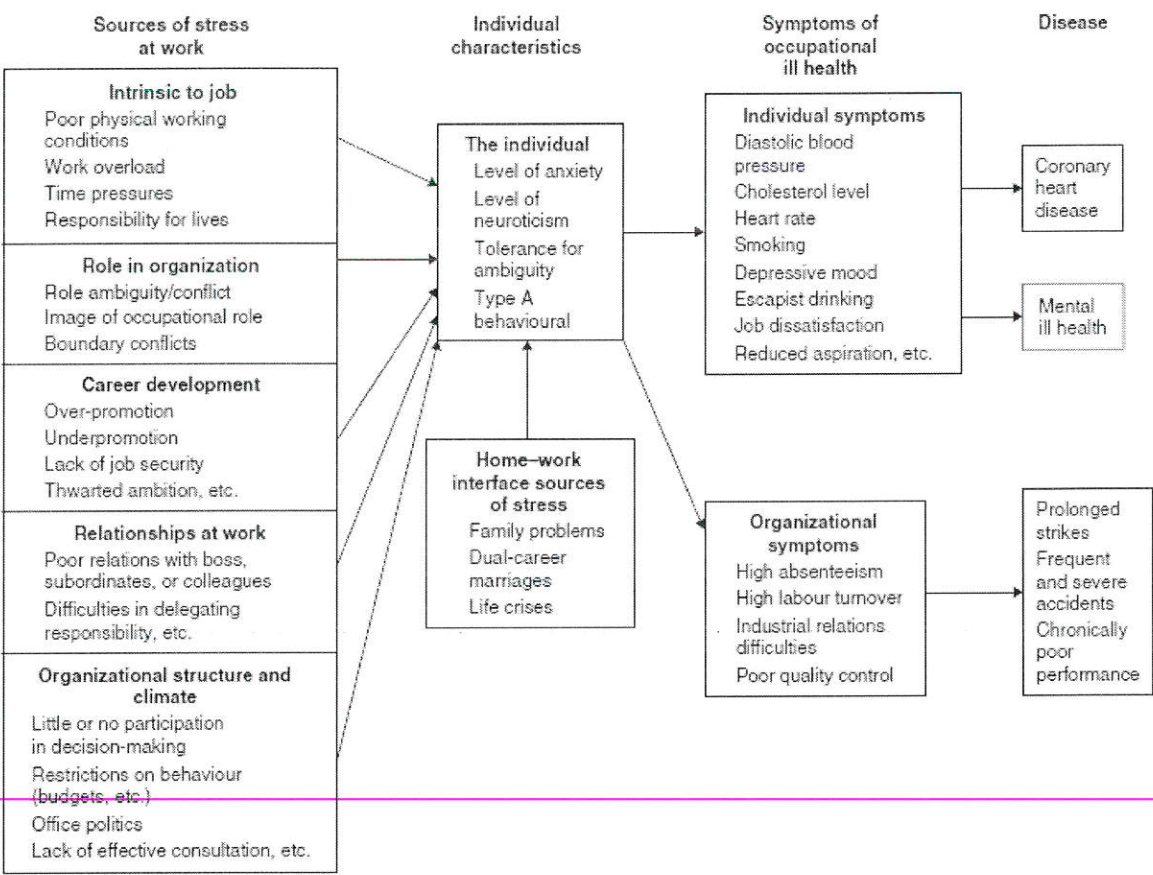


Fig.2.2. Transactional Model of Stress

Another perspective, the person environment (P-E) fit theory (Caplan, 1983), is commonly discussed in the literature (Edwards, 1991; Edwards & Cooper, 1988) and relates to the occupational stress and strain concepts. The model proposed that strain occurs in a person when the relationship between the person and the environment is out of equilibrium (Dewe,

Cooper, & O'Driscoll, 2010). So, a lack of fit between the characteristics of a person (e.g., abilities, values) and the environment (e.g. demands) can lead to unmet individuals needs or unmet job demands which result in strain. Similarly, French (1976) viewed occupational stress as an experience based on a person's subjective view of the environment as well as an objective environment that could be measured. This subjective-objective model mirrors the P-E fit model because a person experiences stress because of a poor person-environment fit. French (1976) proposed that the characteristics of a job that can hinder an individuals' well-being defines occupational stress.

The Stressors and Strain Approach to Occupational Stress

The stressors and strain approach is based on a relatively simplistic theory that views stress as occurring when work characteristics contribute to poor psychological or physical health (Beehr, 1995). According to this approach, stressors refer to the work-related characteristics, events or situations that give rise to stress, and strain refers to an employee's physiological or psychological response to stress (Hurrell, Nelson, & Simmons, 1998). The main interest, however, is on the presumed causal relationship between stressors and strain. (Cox, 1978) has likened this approach to an engineering model in which environmental demands may put people under pressure, and the strain created by this pressure may place people at risk of experiencing physiological and psychological harm.

A Model on Work-related Stress

The stress process can be summarized in a model, which illustrates the causes of stress, stress reactions, long-term consequences of stress and individual characteristics, as well as their interrelations (WHO, 2007).

Stress reactions may result when people are exposed to risk factors at work. Reactions may be emotional, behavioral, cognitive, and/or physiological in nature. When stress reactions persist over a longer period of time, they may develop into more permanent, irreversible health outcomes, such as chronic fatigue, musculoskeletal problems or cardiovascular disease.

Individual characteristics, such as personality, values, goals, age, gender, level of education and family situation influence an individual's ability to cope with demands imposed upon him or her. These characteristics may interact with risk factors at work and either exacerbate or buffer their effects. Physical and psychological characteristics, such as physical fitness or a high level of optimism, can act as precursors or buffers in the development of stress reactions and mental health problems.

On the one hand, if workers are able to deal with bad working conditions, they will be more experienced and self-confident to overcome similar conditions the next time they have to deal with them. On the other hand, when stress reactions like fatigue and long-term health problems occur, they will often reduce a person's ability to perform well and thus aggravate the experience of stress. This will ultimately result in exhaustion and breakdown or burnout (WHO, 2007).

Looking at the **working and living conditions** in real-life working situations, workers have to deal and interact with family (and social) situations. Resources to adequately face family and social responsibilities and to ascertain a good quality of the worker's recovery time depend on the level of literacy, level of income and level of social infrastructure, given by the level of any country's development, as well as the understanding and provisions made by employers to deal with family matters (WHO, 2007).

The next chapter will explain the methodology employed to collect data pertinent to the study.

Chapter Three

Method

Study Site

This study was conducted among HIV/AIDS counselors specifically working in Wegen AIDS Talkline. Wegen AIDS Talkline is one of the programs of Johns Hopkins University-Center for Communications Program/National AIDS Resource Center (NARC). The rationale behind the selection of Wegen AIDS Talkline is that it is one of the few national toll-free counseling service located in Addis Ababa. Through provision of counseling services, the talkline has been creating an enabling environment for people throughout Ethiopia, infected and affected by the virus to come in terms with the virus, manage stress and realize their overall wellbeing (JHU-CCP/NARC, 2011).

Participants

The participants of the study were forty-five counselors and five supervisors. The five supervisors were involved in the in-depth interviews. The identification of research participants was done by the researcher.

Study Design

The study employed mixed research by using both quantitative and qualitative research methods for data collection. This is mainly because, qualitative methods of data collection and analysis provides rich information and subjective meanings which are not always accessible through quantitative methods of data collection. Diversity in methods thus yields a deeper understanding of the questions under study and can be one way of triangulating information.

According to Creswell (2007) and Maxwell (2005), qualitative study is best when the issue of concern at hand needs exploration, comprehensive understanding of the context and the phenomenon. This design is useful in order to get an in-depth understanding of the experience and practices of counselors and to examine the type of supports they receive. It is also more appropriate in terms of documenting rich and detailed information (Snape, & Spencer, 2003).

Qualitative design was chosen due to its flexible nature, helpful to understand real life context and ability to allow the active involvement of the study participants (Creswell, 2007 and Maxwell, 2005). Maxwell (2005), stated that qualitative approach ‘emphasizes on words than numbers’, therefore since the issue of social and emotional engagement is subjective and at times may be difficult to gauge as the result of which, they are more easily expressible in words rather than in numerical terms.

The research observed and describing the nature and aspects of occupational stressors in Wegen AIDS Talkline in a given time. The method involved data collection, including questions about the past, but often relied on data originally collected for the primary purpose. The research was descriptive in its type, since the issue of occupational stress in settings like Wegen AIDS Talkline was not thoroughly assessed in literatures and at a national level. Moreover, the objective of this research was to consolidate the existing information on the area. Direct observation was also used as a method for inputs in this research.

The use of quantitative approach was mainly due to its potential of including as many counselors and to collect data pertinent to the study. By employing combined methods, the study therefore attained information and yielded deeper understanding of the questions under study.

Population, Sample size and Sampling

The researcher opted for purposive sampling technique where the entire population was examined. The researcher had thus chosen to study the entire population as the size was relatively small and manageable. Since all members of the population were involved in the study, it was possible to get deep insights. Therefore, the study has involved purposively sampled 45 counselors for quantitative study and 5 supervisors for in-depth interviews.

Data Collection Instruments

Primary data was gathered by using in-depth interview and survey questionnaire. This was done with the aim of ensuring the trustworthiness of the study by gathering data from multiple sources. The sources of secondary data were journals, books, and reports in relation to the topic under study. Literature and documents on occupational stress, contributing factors and coping mechanisms were consulted to have local and international perspective on the matter and to provide contextual information to the research.

An in-depth interview was conducted with the supervisors by using an open ended semi-structured interview questions (see Appendix III). In-depth interview questions were designed in a flexible manner in order to be easily understood and make participants interactive.

The quantitative study used a self-administered questionnaire to be filled out by the counselors. Survey questions were developed in English. After developing the questionnaires, the researcher pretested the tool with the counselors to determine the appropriateness and relevance of the language alongside clarity of the questions. The questionnaire was adopted from the Stress and Burnout Management Trainer's Manual developed by the Federal Ministry of Health (FMOH) and HIV and AIDS Prevention and Control Office (HAPCO). The questionnaire

was also reviewed by at least seven PhDs in the School of Social Work to ensure content consistency and validity. Since all the counselors in Wegen AIDS Talkline confirmed that they have a sound working knowledge of the English language, data collection proceeded in English by securing and increasing ease of understanding. The survey questions, among others, included questions on socio-demographic background, kinds of stressors, consequences and existing coping mechanisms.

The qualitative data on the other hand was collected via in-depth interview using questions developed in order to elicit and acquire detailed information pertinent to meet the objectives of the study. Causes of occupational stress, consequences and coping mechanisms were some of the items discussed during the interview. Participants of the in-depth interview, in this case, the supervisors were selected in accordance with the selection criteria, which included their prior experience as counselors, length of work experience/time, period since they started working in Wegen and their roles. In addition to these, the researcher employed direct observation to observe the working environment and conditions such as factors or circumstances that affect the work setting of the Wegen AIDS Talkline counselors.

Data Collection Procedures

Firstly, the researcher secured letter of support from Addis Ababa University, School of Social Work. The researcher provided the letter to the National AIDS Resource Center, to be directed to the responsible/relevant body. Having done that, the researcher explained the purpose of the research to the relevant person, the Program Coordinator in this case, and the research participants afterwards.

A brief pre-interview and pre-survey discussion and introduction was held individually to introduce the purpose of the study and ask participants their willingness to participate in the study. Individual in-depth Interview was conducted with five supervisors. The place and time of the interview was arranged according to the convenience to each participant.

Schedule was set for the interview considering the convenience of the interviewees. All of the interviews were conducted in the Wegen AIDS Talkline setting. Before starting any of the interviews as well as distributing the questionnaires, the researcher began with brief description of the study and obtaining written consent. Audio recording was used for the five participants who were willing to be recorded. After completion of all the interviews and questionnaires, finalizing of data gathering and transcription followed. Thematic area was developed to categorize the data and make it ready for the final analysis. Final stage of the study was data analysis and report writing.

Data Analysis Procedures

Regarding the analysis of the survey, the quantitative data was analyzed using SPSS to utilize descriptive statistics such as frequencies, cross-tabulations and percentages. For the qualitative information, thematic analysis was undertaken by looking into themes and consistencies in sentences and phrases to put related ideas together, so as to achieve the objectives of the study. Writing illustrative quotes, summaries, discourse and typological analyses were used as techniques for analyzing the qualitative data. Following this, all the data generated through both the quantitative and qualitative methods was brought together to bring about valid and trustworthy information.

Ethical Considerations

The purpose of the study was explained to the participants in the initial discussion. In order to assure the ethical consideration a written informed consent was obtained from every participant after proper explanation. The explanation was about; the purpose of the study, the kind of participation required, how the collected information was going to be utilized and an approximation of how much time it takes for an interview or filling out a questionnaire.

In order to ensure confidentiality of the information, the audio records are handled with utmost care. After completion of the study and the thesis defense, the audio records will be destroyed. Besides, the issue of protecting participants from harm was also given due consideration. Since participants may share their personal, painful or traumatic experiences they faced in their work place, efforts were made to minimize this emotional harm of participants related to the disclosure of their experiences. Moreover, an understanding was made clear that participants can take a rest or stop at any time of the interview or while filling out the questionnaire and had the liberty to skip any question that they do not want to answer.

Upon contacting the research participants, each research participant was given a statement that outlined the purpose of the research, as well as a copy of the informed consent form to be completed. Accordingly, field notes and tape recorders were extensively used and the recordings were transcribed at the end of each day by the researcher so as to ensure accuracy and that no vital information would be lost.

Below are some more of the ethical considerations that the researcher took into account:-

- Research participants were fully informed about the nature and purpose of the research. It was only after the informed consent that the researcher proceeded to the next level.

- The researcher took some time to develop rapport with research participants so that they were comfortable enough to speak out and share their experiences.
- The researcher was sensitive to the values and emotions of the participants and carried out the data collection at times and places convenient for the participants.
- Research participants' willingness was asked before recording (audio taped).
- Research participants were treated with respect and
- Privacy of research participants and matters of confidentiality were maintained at all times with the highest regard.

The next chapter presents results of the research together with the discussion of major findings.

Chapter Four

Results and Discussions

This chapter presents results of the research together with the discussion of major findings. The first section focuses on detailed description of the background characteristics of the respondents, then it proceeds to discussing the findings of the study in relation to participants experiences' about work related stress, causes of work related stress, consequences and coping mechanisms employed by the counselors.

Causes of Occupational Stress, Sex and Marital Status

Participants who reported as always encountering the most commonly mentioned causes of occupational stress showed differences of opinions when grouped by sex. The result indicates that female counselors are more prone to these most common causes of occupational stress. Table 4.1 shows the frequency of exposure to occupational stress by sex.

		Sex			
		Male		Female	
		Count	%	Count	%
Count/Frequency of exposure to Occupational Stress	Always	17	43.6%	22	56.4%

Table 4.1. Count/Frequency of exposure to Occupational Stress by sex (Source: Own Survey)

Moreover, counselors showed different views from the point of view of marital status. Male counselors who were single reported as being more exposed to these causes than single female counselors while married female counselors reported that they were more prone to the occupational stressors compared to married male counselors. Research has shown that women can be subject to many stressors at work which are not suffered by their male counterparts.

Causes of stress include the problem of maintaining dependents at home, pressure from dependents at home and lack of domestic support at home (Stranks, 2005).

The following table shows frequency of exposure to occupational stress in respect to sex and marital status of counselors.

		Marital Status							
		Single				Married			
		Sex				Sex			
		Male		Female		Male		Female	
		Count	%	Count	%	Count	%	Count	%
Frequency of exposure to Occupational Stress	Always	11	68.8%	5	31.2%	3	18.8%	13	81.2%

Table 4.2. Frequency of exposure to Occupational Stress by sex and marital status (Source: Own Survey)

Job Related Stress Consequences, Sex and Marital Status of Counselors

The most commonly reported or mentioned consequences of job related stress were frequent cold, seeing the negative sides, losing interest in interpersonal relationships, inability to concentrate and moodiness. Accordingly, compared to male counselors, majority of female counselors mentioned that they encountered these consequences as a result of the job related stressors.

		Marital Status							
		Single				Married			
		Sex				Sex			
		Male		Female		Male		Female	
		Count	%	Count	%	Count	%	Count	%
Consequences	Always	5	55.6%	4	44.4%	1	10.0%	9	90.0%

Table 4.3. Frequency and outstanding consequences of Occupational Stress by sex and marital status (Source: Own Survey)

Furthermore, when the data was analyzed using the marital status, majority of single male counselors reported that they experienced these consequences compared to single female counselors while on the other hand married female counselors experienced more often than the married male counselors.

Key source of job stress arises at the interface between work and family life (Parker & Arthur, 2004). Women still take most of the responsibility child-care and household chores (Greenhaus, Collins & Shaw, 2003). Researches also show that working women experience more guilt when they feel they are not meeting role expectations in the family domain (Iwasaki, Mackay & Ristock, 2004). Galinisky and Bond (1996) found that 80% to 90% of married working women reported primary responsibility for cooking, cleaning and shopping and that two thirds had primary responsibility for bill paying which creates high burden for them. Hughes and Galinisky (1994) argued that one's ability to juggle various roles has its limits. When women lack sufficient child-care and household help from their spouses and work in psychologically demanding jobs, their health and wellbeing may suffer.

In our society, working women may be prone to occupational stress because they endure the heavy load of work at home and outside. They have to work in two entirely different settings, one being the family environment and the other workplace environment. These women are supposed to perform various kinds of responsibilities at home as well as workplace. In this regard, married working women are assigned more roles as mothers and wives compared to unmarried working women (Parveen, 2009).

Coping Mechanism, Sex and Marital Status of Counselors

With regards to the coping methods that counselor participants mentioned, the most five frequent ones were the following statements, “I participate in support group and staff debriefing

sessions” (98 percent saying always), “I plan for non-work periods to relax” (35.6 percent saying always), “I do activities following my time plan” (35.6 percent saying always), “I get in touch with myself and my values” (31.1 percent saying always), “I recognize when I am pushing myself too much” (28.9 percent saying always).

As a result, more female counselors have reported as employing the aforementioned coping mechanisms than the male counselors.

In addition, the majority of single male counselors indicated that they used these coping mechanisms more often than the single female counselors. On the other hand, married female counselors employed the most commonly mentioned coping techniques more frequently than the married or single male counselors.

		Marital Status							
		Single				Married			
		Sex				Sex			
		Male		Female		Male		Female	
		Count	%	Count	%	Count	%	Count	%
Coping Method	Always	11	73.3%	4	26.7%	3	21.4%	11	78.6%

Table 4.4. Frequency and count of use of coping mechanisms by sex and marital status (Source: Own Survey)

Working Hours, Number of Clients Handled per Day and Work-related Stress

In the survey, respondents were also inquired about their working hours. In response to this, 62.2 percent of the respondents have indicated that they spend 30 hours per week working at Wegen AIDS Talkline providing counseling services to the public. Although the numbers of clients the counselors deal with may vary, the majority of the respondents have pointed out that they handle 100 to 150 calls per day.

As indicated in the table below, the majority of counselors, 62.2 percent work 30 hours per week. 26.7 percent of counselors work 40 hours per week as the remaining counselors 6.7 percent and 4.4 percent work 20 and 7 hours per week, respectively.

Indicate how many hours per week you spend working at Wegen AIDS Talkline?

Hours per Week	Frequency	Percent
40	12	26.7
30	28	62.2
20	3	6.7
7	2	4.4
Total	45	100.0

Table 4.5. Hours counselors spend working at Wegen AIDS Talkline (Source: Own Survey)

With regard to work-related stress, more than 75 percent of survey respondents have been exposed to stress due to their work during the past six months. Of these, 20 percent consider their work to be always stressful whereas 66.7 percent of the respondents sometimes believe their work is stressful. From the 20 percent of those who reported to have often encountered job related stress, 11.1 percent are female and out of whom 8.9 percent of them are married. From the 8.9 percent of the men who are often exposed to stress, 6.7 percent are single. Both male and female participants equally (33.3% each) indicated that they sometimes are exposed to job related stress. Married women participants (22.2%) and single men (17.8%) are more prone to sometimes get exposed to job stress.

Does your job ever expose you to stress?

	Frequency	Percent
Often	9	20.0
Sometimes	30	66.7
Seldom	6	13.3
Total	45	100

Table 4.6. Exposure to job stress (Source: Own Survey)

Causes of Occupational Stress

This section has 21 items, which were directed at assessing the causes of occupational stress. Respondents were asked to choose how often they encountered a given situation and their responses were rated.

The table on the next page shows the list of causes of occupational stress counselors came across in Wegen AIDS Talkline.

Causes of Occupational Stress

	Causes of occupational Stress	Percent		
		Always	Sometimes	Never
1	Difficulty handling/balancing personal issues with work	13.3%	60.0%	26.6%
2	Difficulty to an advancement of a more senior job or position (job satisfaction, job insecurity, etc)	17.8%	37.8%	44.4%
3	Routine nature of the work	57.8%	31.1%	11.1%
4	Time for break is not enough (tea/coffee break)	35.6%	40.0%	24.4%
5	Lack of Support from supervisors	4.4%	24.4%	71.1%
6	Feel that there is more work to do than you practically have the ability to do	22.2%	31.1%	46.7%
7	Inconvenience of work station or environment	53.4%	44.4%	2.2%
8	Lack of resources to meet the diverse and vast demands of clients	6.7%	48.9%	44.4%
9	Nature of calls (Prank/Abuse calls)	57.8%	35.6%	6.7%
10	Not knowing about the caller's situation afterwards	22.2%	46.7%	31.1%
11	Talking about sensitive and complex issues	28.9%	48.9%	22.2%
12	Nature of the disease (HIV)	31.1%	28.9%	40%
13	Simultaneous job demand (Filling out a form while counseling or handling a call)	15.6%	28.9%	55.6%
14	Insufficient Skill and Background/Lack of training or incompetence	0.0%	31.2%	68.8%
15	Over identification with clients	6.7%	31.1%	62.2%
16	Time between call intervals is not enough	52.4%	34.2%	13.4%
17	Lack of equipment at work station	4.4%	22.2%	73.3%
18	Intermittent telephone network	48.9 %	15.6%	35.6%
19	Fear of negative evaluation by supervisors	31.1%	46.7%	22.2%
20	Work overload	44.4%	31.1%	24.4%
21	Lack of experience	0.0%	6.7%	93.3%
22	Other	-	-	-

Table 4.7. Causes of Occupational Stress (Source: Own Survey)

According to survey respondents, outstanding causes of occupational stress among counselors are inconvenience of work station/environment (53.4 percent), prank/abuse calls (57.8 percent), shortage of time between call intervals (52.4 percent), routine nature of the work

(57.8 percent), intermittent telephone network (48.9 percent) and work overload (44.4 percent), respectively.

Throughout the interviewing process, common stressors were identified by each of the supervisors. One such stressor was the Wegen AIDS Talkline work place environment. According to in-depth interviewee 5,

"The workstation which is located on the 10th floor of a building is partitioned for each counselor and there are 30 cubicles in the office. Each cubicle, half wooden and half glass, is equipped with telephone line, comfortable headsets, computer and swivel chair that counselors can sit in comfortably on and sway while handling calls from clients. The workstation accommodates thirty counselors and three supervisors at any given time. However, the cubicles are close to one another and a counselor can simply hear the voice of other counselors. Noises can interfere and decrease the level of concentration and hinder the clear path of hearing between the client and counselor." (In-depth interviewee 5)

Poor working conditions associated with insufficient space to operate comfortably, safely and in the most efficient manner are sources of stress. Other sources are open/confined plan office layouts resulting in distractions, noise, constant interruptions and difficulty in concentrating on the task in hand, poor levels of illumination to the extent that tasks cannot be undertaken safely (Stranks, 2005).

Moreover, inadequate temperature and humidity control, creating excessive discomfort, excessive noise levels requiring the individual to raise his/her voice and inadequate ventilation,

resulting in discomfort, particularly in summer months can be frequent sources of stress in the workplace (Stranks, 2005). Similarly, more than half (53.4 percent) of the survey respondents always find inconvenience of workstation or environment as their causes of work-related stress. All of the in-depth interviewees repeatedly mentioned that the overall work station is not properly ventilated. In this regard, one of the in-depth interviewees said:

"The work environment is confined and not properly ventilate. There is a visible distinction of mood, energy and work performance between summer and winter seasons. Counselors tend to be less energetic during the hot season and more energetic during the cold season. They also express their excitement, how the day was and that they felt good about the day during the cold season. This is due to the size, and set up of the office." (In-depth interviewee 1)

In addition to failed calls, a significant number of calls are considered prank/abusive calls. In this case, callers maliciously abuse the service and/or counselors. The problem does, however, tend to have affected the toll-free service more severely since prank and malicious callers do not have to pay for the calls themselves. Prank calls incur telephone charges, waste counselors' time, and frustrate and demotivate counselors (UNAIDS, 2002).

Similarly, 57.8 percent of counselors expressed frustration in dealing with these kinds of calls: "prank/abuse calls are sources of job stress for many of us. There is nothing annoying and disappointing more than a prank call, it just drains the energy, wastes valuable time of the counselor and even other callers" (In-depth interviewee 3). The anonymous environment of talkline counseling poses special challenges, especially in the case of prank or hoax calls

whereby counselors are subject to abuse, but also in HIV/AIDS counseling where important life-choices may be addressed (UNAIDS, 2002).

According to the survey respondents, another stressor is the amount of time interval each counselor has between calls. There is only a 10 seconds interval, also known as wrap-up time, before each counselor handles another call. Here, it is important to consider the amount of time spent depending on the kind of issue the caller brings. Findings of the in-depth interview with supervisors indicate that a single successful call can range from 2 minutes to an hour or more.

The amount of time between call intervals and the number of calls is incomparable. 52.4 percent of the survey respondents always consider time interval between calls is not enough. Moreover, 34.2 percent of respondents sometimes believe the same is true. Although it may not generally be as stressful, data capturing, where by counselors fill out a form that consists information like age and sex of caller, whether client is calling for the first time, HIV status, content of call, language, area, etc. simultaneously while handling the call may also be difficult.

The other issue discussed as a potential stressor is the fact that supervisors listen in on calls that counselors handle. By doing so, a supervisor evaluates the counselor's knowledge and counseling skills by the counselor's responses. Being listened by supervisors made counselors nervous because counselors were occupied with the thought of evaluation on one side and the client on the other.

Although the primary intention of this was for supervisors to evaluate counselors' telephone manner, counseling skills, and the accuracy of their information, counselors feel self-conscious during monitored calls. However, according to in-depth interviewee 3, "currently, supervision is more of supportive than evaluative." Moreover, in-depth interviewee 4 said:

"Primary focus is more on the counselor's emotion: if there is any problem at work or home, if there is anything bothering the counselor, not the mistakes made during the counseling. Having settled the emotional aspect, we then discuss about the solution. Supervision is a management tool used to ensure that talkline counselors have the necessary support, skills, and resources to do their job efficiently and effectively ". (In-depth interviewee 4)

Emotional support is crucial to counselors' well-being and ultimately to the quality of talkline service. Support usually involves dealing with work-related stress and/or personal issues. Taking high volumes of emotional calls day after day inevitably affects counselors. To cope in this environment, counselors must have an outlet to talk about their feelings and a chance to discuss difficult calls (Stratten & Ainslie, 2003).

Findings of this study also indicated that the workload at Wegen AIDS Talkline is high due to the large number of calls from all over the country. The nature of the job also demands handling numerous calls, sitting for long hours, listening to and reassuring callers, referrals, etc. The majority of the respondents (84.4%) pointed out that they provide counseling service to a number of clients ranging from 90 to 150 per day, majority of calls being referrals and some requiring counseling. According to the Wegen AIDS Talkline quarterly data, 108,858 calls have been handled by counselors only in the month of September 2012 (JHU-CCP/NARC, 2012). According to in-depth interviewees, counselors often feel that the amount of calls makes the counseling practice very demanding thus creates workload. According to the survey, 44.4 percent of survey respondents believe that there is always work overload in Wegen AIDS Talkline.

Talkline telephone systems vary from a simple, one-line telephone service to sophisticated switchboards and call centers that handle numerous calls simultaneously (UNAIDS, 2002). However, counselors at Wegen are exposed to stress due to the intermittent telephone network. Call break ups, network failures, inaccessibility of network lines, reception, etc. hinders the counseling process. Moreover, telephone lines often do not work properly for a variety of reasons, including the sudden and random construction of roads, installation of other infrastructures, etc. According to the above-presented data, 31.1 percent of counselors always believe that irregular telephone network is a cause for their job stress. Whereas 46.7 percent of the respondents sometimes feel like sporadic telephone network is a cause for their work-related stress. In-depth interviewee 5, explained:

"Telephone network is an essential part of any given talkline. It simply is a pedestal for telephone counseling service. How is it possible for us to provide the services we promoted with calls breaking up, lines falling out of network and most of all, not being able to reach out for our clients...furthermore, telephone lines breaking up with someone while sharing an important matter or concern hampers the counseling and leaves us most with questions and concerns like, have I helped the caller? Did I give all the necessary information before the line went off? Will the caller call back?...such issues frustrate and cause work-related stress." (In-depth interviewee 5)

Consequences of Occupational Stress

The following table on the next page shows consequences of occupational stress among counselors.

#	Consequences	Percent		
		Always	Sometimes	Never
1	Indecisiveness	8.9%	57.8%	33.3%
2	Anxiousness	6.7%	73.3%	20.0%
3	Racing thoughts (thinking multiple thoughts at a time, dashing out of lines of thoughts)	13.3%	48.9%	37.8%
4	Inability to concentrate	20.0%	51.1%	28.9%
5	Seeing the negative sides	22.2%	42.2%	35.6%
6	Anger	17.8%	73.3%	8.9%
7	Moodiness	20.0%	64.4%	15.6%
8	Impatience	11.1%	71.1%	17.8%
9	Inability to relax	17.8%	51.1%	31.1%
10	Feeling tense and on the "edge"	13.3%	75.6%	11.1%
11	Sadness	8.9%	62.2%	28.9%
12	Headaches	4.5%	62.2%	33.3%
13	Muscle tension/strain	8.9%	66.7%	24.4%
14	Unnecessary weight loss or gain	18.6%	27.7%	53.7%
15	Insomnia (sleeplessness) or Hypersomnia (Oversleeping)	16.3%	36.3%	47.4%
16	Dizziness	8.9%	52.2%	39.9%
17	Loss of sex drive	4.5%	25.7%	69.8%
18	Frequent colds	37.8%	53.3%	8.9%
19	Isolation from friends and family	11.1%	35.6%	53.3%
20	Losing interest in activities one used to enjoy (<i>Iqub, Idir, Mahiber...</i>)	17.8%	28.9%	53.3%
21	Difficulties to maintain meaningful relationships (not trying to solve conflicts/arguments)	20.1%	44.4%	35.5%
22	Losing interest in interpersonal relationships (meeting new people, making friends, etc)	22.2%	44.4%	33.4%
23	Neglecting responsibilities at work	2.2%	35.6%	62.2%
24	Nervous habits (biting nails, checking things again and again, pacing back and forth)	2.2%	46.7%	51.1%
25	Over indulgence/treatment or overdoing Activities	11.1%	37.8%	51.1%
26	Overreacting to things and picking unnecessary fights with others	6.7%	42.2%	51.1%
27	Procrastination (deferring action and taking lengthy time to accomplish a given task)	11.1%	37.8%	51.1%
28	Project anger on family members/friends/co-workers	14.4%	58.9%	26.7%
29	Losing interest in work	13.3%	55.6%	31.1%
30	Decreased work performance	14.4%	47.8%	37.8%

Table 4.8. Consequences of Occupational Stress (Source: Own Survey)

According to FMOH/HAPCO (2009), cognitive signs and symptoms refer to an individual's perception or understanding; how one thinks, perceives and interprets the world. Cognitive symptoms of occupational stress can include: memory problems, indecisiveness, inability to concentrate, trouble thinking clearly, anxiousness, and racing thoughts (thinking multiple thoughts at a time). According to the survey respondents, counselors become indecisive because they have racing thoughts (thinking multiple thoughts at a time), 13.3 percent having experienced it always and 48.9 percent of counselors feeling it sometimes. As a result, counselors lack attention/concentration when handling calls during counseling. According to Stranks (2005), stressful events in people's lives commonly result in a lack of ability to concentrate, whereby a person is easily distracted, or an inability to complete one task at a time. A valuable element of consistency of the counselor throughout a call, i.e. from the period of welcoming a caller to the termination of the call will be jeopardized. Moreover, this will in-turn affect the organization as it significantly dents the quality of service provision. When an employee experiences too much or too little stress, it is generally disadvantageous for the organization because it tends to decrease work performance (Certo, 2000).

Majority of counselors, for instance, 20 percent of counselors always suffer from moodiness while 64.4 percent feel moody sometimes. 17.8 percent of counselors indicated that they are always angry because of the work-related stress. On the other hand, 37.8 percent of the survey respondents always suffer from frequent colds due to occupational stress. The study also indicated that 20 percent of survey respondents always and 51.1 percent sometimes suffer from inability to concentrate. Moreover, 22.2 percent of respondents always suffer from seeing the negative sides, 13.3% and 14.4% of respondents always suffer from losing interest and decreased work performance due to work-related stress.

Emotional/psychological signs and symptoms can, among others, include: anger, indecisiveness, moodiness, agitation, restlessness, irritability, impatience, inability to relax, tension and “on edge” feelings, sense of loneliness and isolation, and general unhappiness (FMOH/HAPCO, 2009). In this regard, the study indicated that 11.1 percent of survey respondents are always impatient, 17.8 percent always suffer from inability to relax, 13.3 percent of respondents always feel tensioned and “on edge”, whereas 11.1 percent of respondents always suffer from a sense of loneliness and isolation.

According to an interview respondent, "counselors make errors about issues that they already know or have a sound working knowledge about. Filling out sick leaves is also common. “I strongly believe that the job is primarily behind this.” (interviewee 1). To this end, physical signs and symptoms of occupational stress among survey respondents indicated that 4.5 percent always suffer from headaches, 8.9 percent always suffer from dizziness, 16.3 percent always suffer from insomnia or hypersomnia, and 18.6 percent of survey respondents always suffer from unnecessary weight gain or loss. Furthermore, 4.5 percent of respondents always suffer from loss of sex drive and 37.8% of respondents always suffer from frequent colds.

Job related stress has an eminent harm to both the employee and to the employer. To the employees it can cause ‘emotional, cognitive, psychological and behavioral problems’ these problems are manifested through decreased work performance, high incidence of error, poor relationship with colleagues and family members, complaining and sick leaves of headaches and colds, and poor performance of the job (Stranks, 2005).

Findings of the survey respondents also indicated that there are behavioral symptoms exhibited due to work-related stress. To mention some, 73.3 percent of respondents (14.4% always and 58.9% sometimes) project anger on family members, friends and co-workers while

11.1 percent of survey respondents procrastinate or differ action and take lengthy time to accomplish a given task. This negatively impacts the overall psychosocial paradigm of the counselor.

This is also stated in Stranks (2005) as job related stress on the employer's side can cause high staff turnover, less job performance, less concentration in the work, less satisfaction of clients and staffs. Regarding staff turnover, in-depth interview respondent 2, said:

"It is usually difficult to tell the reasons why a person quits his/her job.

There could be a thousand more reasons to leave a job. However, I know of three staffs that left the job without securing or looking for another job.

They made it clear that they wanted to take a rest from this taxing job." (In-depth interviewee 2)

Coping Mechanisms

The following table depicts the different kinds of individual and organizational coping mechanisms counselors used to manage work-related stress.

#	Coping Mechanisms	Percent		
		Always	Sometimes	Never
1	I do activities following my time plan	35.6	57.7	6.7
2	I say "No" when asked to do more than what I can	13.3	48.9	37.8
3	I delegate responsibilities to others	6.7	48.9	44.4
4	I participate in social activities such as go to the movies/theatre with friends/family, exhibitions/bazaar, etc.	26.6	51.1	22.3
5	I get in touch with myself, my values and what I want out of life (yoga, retreat, spiritual activities/church, monastery, mosque visits, arts, etc.)	31.1	60	8.9
6	I recognize when I am pushing myself too hard and when I am exhausting my energy	28.9	48.9	22.2
7	I establish or renew friendships with other people outside work	13.3	66.7	20
8	I plan for non-work periods to relax	35.6	44.4	20
9	I normalize and accept the experience of work related stress	24.4	66.7	8.9
10	I attend stress reduction workshops	8.9	31.1	60
11	I participate in support groups like staff debriefing sessions	98%	2.0%	0.0%
12	I participate in ongoing peer counseling sessions	13.3	44.4	42.3
13	I hang out with friends/colleagues/people who have similar problems (join a religious or social group)	11.6	51.2	37.2
14	I do express my feelings to others	24.4	57.8	17.8
15	I take alcohol and drugs to alleviate the burdens of stress	6.7	20	73.3
16	Others	-	-	-

Table 4.9. Coping Mechanisms (Source: Own Survey)

There are physical, psychological and social interventions to manage stress in general and job related stress in particular. Wegen AIDS Talkline has a form of supervision and debriefing systems in place to ensure the well-being of counselors at an organizational level. Emotional support is crucial to counselors' well-being and ultimately to the quality of the talkline service. Support usually involves dealing with work-related stress and/or personal issues. Taking high volumes of emotional calls day after day inevitably affects counselors (Stratten, K; Ainslie, R. 2003). To cope in this environment, counselors must have an outlet to talk about their feelings and a chance to discuss difficult calls. To this end, supervisors assist counselors in such a way that secures their emotional wellbeing.

Debriefing, which usually occurs immediately after a shift, is mainly supportive and not as formal as supervision. By taking place after a shift, all counselors can discuss their feelings about any upsetting calls and supervisors can deal immediately with any problems prior to the counselors' next shift. In this regard, the study indicated that 98% of the respondent counselors used debriefing as their primary coping mechanism. Debriefing is very important to counselors. They get a chance to talk about calls that have upset them or made them angry. It also gives counselors an opportunity to hear what type of calls other counselors get and how they deal with them (Stratten, K; Ainslie, R. 2003).

As to (Mimura & Griffiths 2003, cited in Selamu 2011), some of the physical stress management strategies are "physical exercise, listening to music, and relaxation training social support education" which are valuable job related stress management techniques. According to in-depth interviewee 2, the organization provides coping mechanisms such as debriefing, trainings, refresher trainings, retreat, yoga sessions and breathing exercises, etc. According to interviewee 4, although there seems to be a financial constraint for a twice-a-year stress

management programs nowadays, the organization had provision of budget for coping mechanisms as part of the Wegen AIDS Talkline work plan.

Another important factor in reduction of occupational stress was something that was out of the counselor's control, but appeared very important to each participant. The idea of a cohesive, supportive work environment, including colleagues and supervisors, demonstrated that the environment can be not only a pressure, but also a support when stress is high. According to (Stratten, K; Ainslie, R. 2003), some talklines have buddy systems for additional support in which counselors support each other. The buddy system often evolves informally, but some hotlines appoint buddies. The system encourages counselors to use their peers for support and enhances team spirit since counselors begin to know, trust, and rely on each other. The buddy system also offers counselors an opportunity to talk about things with their peers, rather than their supervisor who performs the work appraisals. A shared opinion among the interviewees was described as:

"A motivator is assigned every day amongst us. The motivator will handle a minimum number of calls for the day. In the meantime, he/she will serve the other counselors with water, make them feel comfortable, provides massage and helps them to relax. Whenever there are more counselors, motivators will be assigned on another task. It is a role that everyone has a chance to support each other. Moreover, although evaluation is a significant element in supervision, supervisors tend to do more of a supportive supervision in everyday work, after all, the nature of the job is stressful by default, and all we can do is finding a way to make it as humanely simple and manageable as possible." (In-depth interviewee 3)

Apart from the organizational stress management programs, counselors have a way of managing stress by their own. According to (Houtman I., *et al.* 2007), individual characteristics, such as personality, values, goals, age, gender, level of education, and family situation influence an individual's ability to cope with demands imposed upon him or her. These characteristics may interact with risk factors at work and either exacerbate or buffer their effects. For instance, there is a Social Committee, which is established within the Wegen AIDS Talkline staff. The Social Committee raises fund by collecting contributions from the staff and plans a retreat or a stress management or burnout training once a year. Interviewees shared view is explained as:

The social committee does stress management training or retreat whenever necessary. Since we are the first in line to be affected by the stress, we organize stress management activities by ourselves. And the result is very positive and vivid. Everyone feels more refreshed, relaxed, more energetic and motivated after a retreat or a stress management workshop. All the stressors seem to go away, for some time at least. (In-depth Interviewee 3)

The next chapter includes summary, conclusion and recommendations based on the findings of the study.

Chapter Five

Summary, Conclusion and Recommendations

Summary

Previous studies show that the prevalence of stress and burnout is high among health workers in general and HIV/AIDS counselors in particular. Researches conducted in other countries indicate that taking high volumes of emotional calls day after day inevitably affects counselors. However, relevant researches have not been done to understand occupational stress among health professionals at a national level, especially on HIV/AIDS counselors in Ethiopia. Therefore, this study aimed at identifying causes of occupational stress among Wegen AIDS Talkline Counselors, exploring the effect of occupational stress on the counselor's work performance and their social/personal life and exploring ways that Wegen AIDS Talkline Counselors cope up with their work-related stresses at an individual and organizational level.

A total of fifty professionals: forty-five counselors and five supervisors participated in this study. Purposive sampling technique was used in order to select participants. Five supervisors were involved in the in-depth interviews. The study indicated that most of the HIV/AIDS counselors in Wegen AIDS Talkline believe that their job exposes them to work-related stress. More than 75 percent of survey respondents have been exposed to stress due to their work during the past six months. Based on the findings valid conclusions and recommendations are made.

Conclusion

The study indicated that most of the HIV/AIDS counselors in Wegen AIDS Talkline believe that their job exposes them to work-related stress. The causes of their stress, among others, include work overload, prank/abuse calls, inconvenient working environment and intermittent telephone network. In addition the results of the study depicted counselors' exposure to job related stress has led them to job dissatisfaction, frustration. In addition, their exposure to job related stress has led them to lose interest in their work, clients, families and most of all, themselves.

Consequently, it is possible to infer that majority of counselors in Wegen AIDS Talkline suffer one or more occupational stresses on different occasions or all at once . The work-related stresses are manifested in cognitive, emotional, physical and social/behavioral symptoms. Although the organization is trying to address the considerable amount of work-related stress among counselors, occupational stress still remains to be a threat to the wellbeing of Wegen AIDS Talkline counselors.

Unless mechanisms are put in place, work-related stress among counselors will increase and eventually lead to burnout which will affect the counselors, clients and the organization.

Social Work Implications

Health professionals who are exposed to psychological occupational hazards need to be seen as vulnerable groups, who are affected by various work place challenges. Therefore social work intervention in the health care environment is significant. As indicated in this study, the support of counselors in particular and health professionals in general through providing services like debriefing and providing training to health professionals on occupational stress, stress management, client handling, assertiveness and collaborative team working could be one of the roles for social workers. Social justice, promotion of social change and solving human interaction problems are some of the values of the social work (Trevitck 2005, p.1).

Social workers can play vital role by supporting counselors enhance their skills by organizing trainings so counselors understand concepts of occupational stress, how they can handle occupational stress in work place and how they can collaborate with each other to secure their wellbeing. The quality service provided by counselors can be guaranteed by maintaining the wellbeing of counselors, increasing collaborations and enhancing the workplace environment. After all, counselors can only be able to support others when they take care of themselves.

Recommendations

Few significant conclusions can be made or generalized from this study due to the limited scope and size of the sample population. Future studies will require a greater size and increased definition if more concrete and significant results are sought.

Talklines are about people and service. The people who manage and provide the service are key to its success. Therefore, the success of any talkline depends on the people managing and servicing it. To this end and based on the findings, the research forwarded the following recommendations.

According to the finding of the study, the majority of the counselors in Wegen AIDS Talkline are exposed to a significant amount of occupational stress. Work place environment, nature of calls, time interval between calls, intermittent telephone network, etc. contribute to the occupational stress of counselors. Based on the finding, Wegen AIDS Talkline may enhance the standards of the work place environment. Sufficient space to operate comfortably, illumination, adequate temperature, ventilation and humidity control particularly in summer months are frequent sources of occupational stress and should be put in place for counselors and supervisors to perform their job in the most efficient manner.

In addition, it is better if Wegen AIDS Talkline maintains the provision of ongoing trainings to counselors. According to the finding, trainings and workshops provided by Wegen AIDS Talkline had enhanced the counseling provision. The training provided to counselors builds on basic skills such as interpersonal skills, problem-solving and decision-making abilities and on any previous counseling experience. Through ongoing trainings, counselors will have a good understanding of basic AIDS issues, as well as current issues including, for example, new

drug therapies. In addition, counselors must be able to address the AIDS-related myths and rumors that emerge on an ongoing basis.

All talkline staff should have ongoing training in their scope of work, either as a separate activity or within routine supervision or debriefing sessions. Ongoing training improves telephone and counseling skills and teaches counselors how to deal with prank, abusive, or difficult callers. This type of training should occur at least once a month for the staff. In this regard, Wegen AIDS Talkline is highly advised to consider drawing on skills and expertise from other organizations in maintaining the talkline. For example, Wegen could partner with a training organization to develop an ongoing training curriculum and train counselors. Wegen should also maintain the provision of budget for a regular staff retreat and stress management programs.

According to findings in the study, another stressor is the fact that supervisors listen in on calls that counselors handle. In this regard, supervisors should practically show that their supervision is more of supportive than evaluative. It is important for supervisors to help counselors develop a level of self-awareness and confidence so they do not take caller's issues personally. To achieve this, talkline supervisors must attend to the administrative, emotional, and educational needs of each counselor

Furthermore, counselors encounter social difficulties in maintaining meaningful relationships (e.g. not trying to solve conflicts/arguments with families, relatives or colleagues), and suffer from loss of interest in interpersonal relationships and activities they used to enjoy (e.g. participating in *Iqub*, *Idir*, *Mahiber*, etc.), isolation from friends and family due to work-related stress. Therefore, counselors should find ways to participate in social such as go to the movies/theatre with friends/family, exhibitions/bazaar, etc. This v

the relationship counselors have with their surrounding and themselves. Moreover, counselors need to discover themselves in such a way that they can have connections with their values and what they want out of life. For instance, such connections could be realized through extracurricular activities such as yoga, retreat, adequate sleep, spiritual activities, visiting church, taking balanced diet, regular exercise, social activities, monastery/mosque visits, arts, sightseeing, etc. Planning for non-work periods to relax is also a significant mechanism to avert occupational stress.

Consequently, the Ethiopian government, particularly, the Federal Ministry of Health may take the significance of this service into account and may get involved in the process of enhancing the service. The ministry may also clearly state a national level strategy that will ensure the socio-emotional wellbeing of health professionals and HIV/AIDS counselors.

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Appendices

Appendix I

Informed Consent

My name is Ezana Haileselassie, and I am a postgraduate student at Addis Ababa University, School of Social Work. I am conducting a qualitative study on Occupational Stress and Coping Mechanisms among Wegen AIDS Talkline counselors. I am conducting this study for partial fulfillment of my Master's Degree in Social Work.

The purpose of this study is to understand the contributing factors, consequences and coping mechanisms of counselors in Wegen AIDS Talkline setting. Findings of the study will be used to assist health care professionals, especially, counselors to be aware of their status regarding stress, employers and institutions to bear in mind the various dimensions of stress, factors, consequences and stress management. It can also be used as insight for health care facilities and authorities work more on and develop generic and specific psychosocial support for health professionals in general and counselors in particular to improve the quality of health services in the country.

Your participation in the study will involve an interview or filling out a questionnaire. The in-depth interview will take an estimated time of one hour. This interview will be audio recorded for later analysis. The questionnaire will take 45mins to an hour. This study poses little or no risk to its participants. Besides, confidentiality will be maintained to the highest standard and your actual name will not be cited in any part of the study or within the study report. You may choose to skip any question that is not interesting to you or quit the interview session at any time.

If you have any question or concerns, you may contact me-Ezana Haileselassie by 0911981301 or my Advisor Dr. Shimelis Dejenie at 0922528565.

By signing below, you agree that you have read and understood the above information, and would be interested in participating in this study.

Name _____

Signature _____

Date _____

Appendix II

Questionnaire for Wegen AIDS Talkline Counselors

Addis Ababa University

Post Graduate Program

School of Social Work

Continuing Education Unit for Master of Social Work (Extension Program)

Questionnaire for Wegen AIDS Talkline Counselors

Objective: The aim of this study is to assess occupational stress, factors/consequences, and coping mechanisms among HIV/AIDS counselors working in Wegen AIDS Talkline. The purpose of this questionnaire is to obtain information about the attitude of counselors towards occupational/work-related stress, consequences and individual and organizational coping mechanisms. To make the research accomplish its objective, your kind and appropriate reply is mandatory. All responses would be used only for research purpose. And your personal identity will be kept confidential.

N.B. The information to be obtained through this questionnaire will only be used for this study.

- All information you provide will be treated as confidential
- Your participation in the study is up on purely voluntary basis. What we learn from this study will be used to generate information necessary for planning to improve, redesign and scale up the counseling service in Wegen AIDS Talkline.
- You will not be responsible for the research outcome.
- If there is an ambiguity in the statement it is necessary to ask
- Do not write your name on the questionnaire

Thank You

Greetings and welcome!

Part One: Directions

I am going to present interrelated questions regarding occupational stress, factors/consequences, and coping mechanisms among HIV/AIDS counselors working in Wegen AIDS Talkline setting. You are kindly requested to provide your opinion on issues raised.

1. Date _____ 2. Time _____ 3. Place _____

Questionnaire for Counselors

Part One: Background Information

1. Age: _____
2. Sex: Male _____ Female _____
3. Educational Background: _____
4. Marital Status:

In a relationship _____ Widowed _____ Single _____
Married _____ Divorced _____ Other _____
5. Are you a parent/guardian _____ Yes _____ No
If so, to how many children _____

Part Two: Nature of work

6. How many years of experience do you have in the counseling field?
Less than one year _____
One year _____
Two year _____
If more than two year please specify _____
7. How many years have you been providing HIV counseling in Wegen AIDS Talkline?
 1. Less than two years _____
 2. 2-3 years
 3. 4-5 years
 4. 6 and above yearsIf more than two year please specify _____
8. Indicate how many hours per week you spend working at Wegen AIDS Talkline

1) 40 2) 30 3) 20 4) 10
9. What is the average number of client that you speak with in a day?
 1. Less than 100
 2. 100-150
 3. 151-200
 4. 201-250
 5. More than 250
10. Did your job ever expose you to stress during the past six months?
 1. Often
 2. Sometimes
 3. Seldom

Part Three: Causes of Occupational Stress

Instruction: During the past six months, which of the following causes of stress have you experienced? Please indicate how often do you feel or do the following in relation to causes of work related stress by selecting **1=Always, 2=Sometimes, 3=Never** on the space provided. Please select only one for each case.

#	Category	Always (1)	Sometimes (2)	Never (3)
1	Difficulty handling/balancing personal issues with work			
2	Difficulty to an advancement of a more senior job or position (job satisfaction, job insecurity, etc)			
3	Routine nature of the work			
4	Time for break is not enough (tea/coffee break)			
5	Lack of Support from supervisors			
6	Feel that there is more work to do than you practically have the ability to do			
7	Inconvenience of work station or environment			
8	Lack of resources to meet the diverse and vast demands of clients			
9	Nature of calls (Prank/Abuse calls)			
10	Not knowing about the caller's situation afterwards			
11	Talking about sensitive and complex issues			
12	Nature of the disease (HIV)			
13	Simultaneous job demand (Filling out a form while counseling or handling a call, etc.)			
14	Insufficient Skill and Background/Lack of training or incompetence			
15	Over identification with clients			
16	Time between call intervals is not enough			
17	Lack of equipment in work station			
18	Intermittent telephone network			
19	Fear of negative evaluation by supervisors			
20	Work overload			
21	Lack of experience			

11. Have you ever experienced any other causes of occupational stress other than the above mentioned? If yes, please also indicate whether you have suffered always or sometimes.-

Part Four: Consequences of Occupational Stress

Instruction: Please indicate how often do you feel or do the following in relation to work related stress during the past six months by selecting 1=Always, 2=Sometimes, 3=Never on the space provided. Please select only one for each case.

#	Consequences	Always (1)	Sometimes (2)	Never (3)
1	Indecisiveness			
2	Anxiousness			
3	Racing thoughts (thinking multiple thoughts at a time, dashing out of lines of thoughts)			
4	Inability to concentrate			
5	Seeing the negative sides			
6	Anger			
7	Moodiness			
8	Impatience			
9	Inability to relax			
10	Feeling tense and on the "edge"			
11	Sadness			
12	Headaches			
13	Muscle tension/strain			
14	Unnecessary weight loss or gain			
15	Insomnia (sleeplessness) or Hypersomnia (oversleeping)			
16	Dizziness			
17	Loss of sex drive			
18	Frequent colds			
19	Isolation from friends and family			
20	Losing interest in activities one used to enjoy (<i>Iqub, Idir, Mahiber...</i>)			
21	Difficulties to maintain meaningful relationships (not trying to solve conflicts/arguments)			
22	Losing interest in interpersonal relationships (meeting new people, making friends, etc)			
23	Neglecting responsibilities at work			
24	Nervous habits (biting nails, checking things again and again, pacing back and forth)			
25	Over indulgence/treatment or overdoing activities			
26	Overreacting to things and picking unnecessary fights with others			
27	Procrastination (deferring action and taking lengthy time to accomplish a given task)			
28	Project anger on family members/friends/co-workers			
29	Losing interest in work			
30	Decreased work performance			

12. Have you ever experienced other consequences due to occupational stress other than the above mentioned? If yes, please describe and also indicate whether you have suffered form it always or sometimes.-

Part Five: Coping Mechanisms

Instruction: Please indicate how often do you feel or do the following in relation to work related stress during the past six months by selecting **1=Always, 2=Sometimes, 3=Never** on the space provided. You can select more than one applicable coping mechanisms. You can have multiple selections.

#	Coping Mechanism	Always (1)	Sometimes (2)	Never (3)
1	I do activities following my time plan			
2	I say "No" when asked to do more than what I can			
3	I delegate responsibilities to others			
4	I participate in social activities such as go to the movies/theatre with friends/family, exhibitions/bazaar, etc.			
5	I get in touch with myself, my values and what I want out of life (yoga, retreat, spiritual activities/church, monastery, mosque visits, arts, etc.)			
6	I recognize when I am pushing myself too hard and when I am exhausting my energy			

7	I establish or renew friendships with other people outside work			
8	I plan for non-work periods to relax			
9	I normalize and accept the experience of work related stress			
10	I attend stress reduction workshops			
11	I participate in support groups			
12	I participate in ongoing peer counseling sessions			
13	I hang out with friends/colleagues/people who have similar problems (join a religious or social group)			
14	I do express my feelings to others			
15	I Consume alcohol and drugs to alleviate the burdens of stress			

13. Have you ever used any other coping mechanisms of occupational stress other than the above mentioned? If yes, please also indicate how often.-

14. Is there any coping mechanism for occupational stress provided by your organization? If yes, please mention.

15. Do you think the coping mechanisms provided by your organization are sufficient? If yes, how? And if no, what do you recommend?

Thank You for your time and patience!

Appendix III

Interview for Supervisors

Objective: The aim of this study is to assess occupational stress, factors/consequences, and coping mechanisms among HIV/AIDS counselors working in Wegen AIDS Talkline. The purpose of this questionnaire is to obtain information about the attitude of counselors towards occupational stress, consequences and individual and organizational coping mechanisms. To make the research accomplish the objective, your kind and appropriate reply is mandatory. All response would be used only for research purpose. And your personal identity will be kept confidential.

Part One: Background Information

1. Age: _____
2. Sex: Male _____ Female _____
3. Educational Background: _____
4. Marital Status:
Separated _____ Widowed _____ Never Married _____
Married _____ Divorced _____ Other _____
5. Are you a parent _____ Yes _____ No
 If so, to how many children _____

Part Two: Interview Questions

I am going to present interrelated questions regarding occupational stress, factors/consequences, and coping mechanisms among HIV/AIDS counselors working in Wegen AIDS Talkline setting. You are kindly requested to provide your opinion on issues raised.

1. How long have you worked in Wegen AIDS Talkline?
2. Is there occupational stress in Wegen AIDS Talkline? What are their manifestations?
3. Do you think counselors in Wegen AIDS Talkline come across occupational stress?
 How? Please state an example.
4. What are the major challenges for counselors in performing their day to day activity?

5. What are the major contributing factors for work related stress among counselors in Wegen AIDS Talkline?
6. Do you think counselors in Wegen AIDS Talkline are trained to cope up with work place stress?
7. Is there any employee turnover over the past six months as a result of work place stress?
8. Does your organization provide coping mechanisms for work related stress? If yes, Please mention. If no, why?
9. Is provision of budget for coping mechanisms part of the work plan of Wegen AIDS Talkline?
10. How are supportive supervisions handled in your organization? Please state an example.
11. What measures should be taken to secure the well-being of counselors?
12. In your opinion, what things should be done to enhance your counseling center?

5. What are the major contributing factors for work related stress among counselors in Wegen AIDS Talkline?
6. Do you think counselors in Wegen AIDS Talkline are trained to cope up with work place stress?
7. Is there any employee turnover over the past six months as a result of work place stress?
8. Does your organization provide coping mechanisms for work related stress? If yes, Please mention. If no, why?
9. Is provision of budget for coping mechanisms part of the work plan of Wegen AIDS Talkline?
10. How are supportive supervisions handled in your organization? Please state an example.
11. What measures should be taken to secure the well-being of counselors?
12. In your opinion, what things should be done to enhance your counseling center?

What are the major contributing factors for work related stress among counselors in Wegen AIDS Talkline?

Do you think counselors in Wegen AIDS Talkline are trained to cope up with work place stress?

Is there any employee turnover over the past six months as a result of work place stress?

Does your organization provide coping mechanisms for work related stress? If yes, Please mention. If no, why?

Is provision of budget for coping mechanisms part of the work plan of Wegen AIDS Talkline?

How are supportive supervisions handled in your organization? Please state an example.

What measures should be taken to secure the well-being of counselors?

12. In your opinion, what things should be done to enhance your counseling center?