

ADDIS ABABA UNIVERSITY  
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES  
SCHOOL OF PSYCHOLOGY

Work Related Stress and Coping Strategies of Ministry of Defense Central Command Referral Hospital Military Health Workers.

By Abiy Telila

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Addis Ababa

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This thesis is submitted to the School of Psychology in partial fulfillment of the requirements for MA degree in Developmental Psychology.

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Approval of the Board of Examiners

1. Advisor

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Internal Examiner

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

3. External Examiner

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Abstract**

*The purpose of the study was to investigate the level of work related stress and coping strategies of military health workers working in central command referral hospital. It also examined the sources of stress as well as the strategies that most repeatedly used by military health workers. Military hospitals play a crucial role in delivery of healthcare services to patients during emergencies. Despite that, limited studies have attempted to characterize factors affecting quality of work life in military health workers. Quantitative study design was implemented during the study. An attempt was made to use qualitative information to fill the gap in the quantitative information. A total of 56 military health workers were selected using purposive sampling technique. This study used a self-report questionnaires and semi-structured interview to assess the level of stress, possible sources of stress and the coping strategies among military health workers working in central command referral hospital. The instrument was validated and had a reliability coefficient of 0.88. Data collected were subjected to descriptive statistics, Pearson Product Moment Correlation and Regression analysis. About 80% of the respondents perceived a considerable level of stress and the rest perceive high level stress with none of the participant under low level stress. Scores in the Role category of stressors were higher than other categories. Also, respondents were able to cope with stressful situations with 'Escape avoidance by hoping that miracle will happen' category. No demographic variations were seen in the level of stress and coping strategies among military health workers. The availability of recreational activities and training on coping strategies with work related stress were recommended as possible solution to reduce the effect of work related stress.*

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## **Acronyms**

CSI = Coping Strategies Inventory

FDRE = Federal Democratic Republic of Ethiopia

MHP = Military Health Professional

MoND = Ministry of National Defense

P-E = Person Environment

SOSQ = Steinmetz occupational stress questionnaire

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## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background

Stress is one of the psychological phenomena ever perceived in an individual's life. Selye (1976) discussed well the concept stress as extremely important psychological phenomena. In his series studies of animal Selye (1976) observed that a variety of stimulating events (e.g. heat, cold, toxic agents) are capable of producing common effects, meaning not specific to either of stimulating event. Moreover Selye (1976) mentioned these nonspecifically caused changes constitute the stereotypical— specific, response pattern of systemic stress. Thus Selye (1976) defined stress as a state manifested by a syndrome which consists of all the nonspecifically induced changes in a biological system (Selye (1976) as cited on Cognition, Brain, Behavior 2003).

Common source of stress originates from the environment which is external to the person and situational. Such source includes a wide array of stressors — from loud noise, high temperature to too much work. Situational or environmental stressors were the main concerns of classical research (Wong, 1990, 1993). Form these focused stressors one of them is work related. It is important that stress caused at work place needs a big concern in minimizing the negative effect of work related stressors. Work related stress is one of the most important factors adversely influencing performances of employees within an organization (Burgess, Irvine & Wallymahmed 2010). However, there are also internally generated stressors. There are at least three common types of stress, which are originated from within the person like emotional distress, existential concerns, and personality difficulties which also affect the working environment of the person. Furthermore, one cannot conceptualize external stress merely in terms of discrete situational

encounters. External stress can also be a pervasive, chronic oppressive or threatening environment that totally envelops individuals residing in a particular region from which there is little chance of escape.

One of the most problematic aspects of stress is work-related stress, concerning its damaging effect on both the employees and the organizational performance. Since it is also recognized that stress and psychological pressure are common characteristics of contemporary societies, and responsible for developing a wide range of mental and physical illnesses (Currid & Nurs 2008). Work related stress is associated with various emotional and behavioral disorders in the workplace, including impatience, conflict with clients, and violence. Evidence shows that work-related stress can lead to job dissatisfaction, increased work delays, and poor staff communication (Lu, Tseng , & Cooper 1999).

Some of the main sources of work related stress are, Demands: employees often become overloaded if they cannot cope with the amount of work or type of work they are asked to do. Control: employees can feel disaffected and perform poorly if they have no say over how and when they do their work. Support: levels of sick absence often rise if employees feel they cannot talk to managers about issues that are troubling them. Relationships: a failure to build relationships based on good behavior and trust can lead to problems related to discipline, grievances and maltreatment. Role: employees will feel anxious about their work and the organization if they don't know what is expected of them. Change: change needs to be managed effectively or it can lead to huge uncertainty and insecurity (Health and Safety Executive, 2003).

The nature of factors contributing to stress at work has been extensively researched. Erickson (1972) identified personal obligations, high workload, interpersonal relationships, organizational

issues, and work-family imbalance among the major causes of stress. Landsbergis (1988) found non-homogenous working conditions, rapid or slow professional advancements, and low job security among major stress inducing factors. Despite the ever-increasing human knowledge about the causes of stress, employees stress in the workplace and its consequent outcomes remains a persistent challenge.

To reduce the effect of the work related stressors workers try to balance between the demand and the negative effect through the use of various coping strategies. Some of the strategies are common to all and some are unique to professional groups. Coping is something that one does to deal effectively with a stressful event. Although one stressor after another can have long term negative effects on a person; it can also be argued that if the person can cope, or deal effectively with the series of stressors, he or she may emerge much more resilient and competent than an individual who has not had to deal with as much stress during his or her lifetime (Cartwright & Cooper, 1987). Effective coping can change a stressful event into a more manageable one.

Though working as military member is an extremely stressful responsibility and particularly hazardous Selye (1978) as compared to other professionals. And military health workers are a part of the military system they follow and obey every principles and commands of the military system and as a health professional follow their medical ethics. Combining the two (military ethical and health science ethical) concepts the military health workers were trained in different military health training centers. Previously the military health service training centers were functioning in a dismantled way and now they are under one umbrella in the defense university. Some of these training centers which were previously involved in military health professionals training are Torhayloch referral hospital, Quha Nurse training center, Harar referral hospital and Health Science College, and now they are part of Defense University.

Military Health Science College as a part of Defense University was established in 1997. When it is establishing it has the aim to meet the human resources requirement of the Defense health services and creating Center of Excellence in prompting and expanding a standard training, medical service and research programs. Producing competent, knowledgeable and skilled Military Health Professionals, who are loyal to the Constitution, meet the needs of Ministry of National Defense and keep up with the ever changing science and technology.

Earlier the college started with two programs – the Health officer degree program and senior nursing diploma programs. Today, the College has expanded and offers training for Medical Doctors, MSc trainings at a graduate level, Health officers at degree level, Nurses at degree and diploma level, Medical laboratory technician, pharmacy technician, radiographers and environmental technicians.

Since its establishment the college has graduated 2105 students 301 Health officers, 1440 senior and junior nurses, 117 Pharmacy technicians, 94 Laboratory technicians, 54 Radiographers, 64 Environmental health technicians and 35 Dental therapists. Currently the college is giving training for 610 students in the various disciplines.

Defense University Health science college adopted the curriculum for all its programs from the National curriculum. The curriculum was not customized to the situation of the army, the living conditions, life style, and settlement in vulnerable areas, movement and health threats in war conditions. It seems that the trainings were not in line with the need of the Defense system. Thus it is important to make study and some amendments on the training of military health workers.

As mentioned in Curriculum for Environmental Health Diploma program (2009) to insure that the education provided at the Defense University Health College is properly matched with the real life health need of the military and keep up with the ever changing science and technology. Also MoD found it necessary to examine the relevancy and quality of the program, the organization and the leadership in the military health training system.

Thus the college evaluated eight different programs — the Health officer and nursing degree programs, the Nursing, Laboratory, Pharmacy, Radiology and Environmental health diploma programs and prepared a draft curriculum based on the need assessment of the Ministry of Defense. Concomitantly there are new programs to be launched based on the identified needs of the army. One of the programs developed after the evaluation has taken is The Curriculum for Environmental Health Diploma Program. The trained health workers were assigned in military hospitals.

As evidence shows that the work related stress in military hospital employees is higher compared to their counterparts in civil hospitals (Azad & Gholami 2011). Also Lang (2003), Ko JW, Yom & Taehan (2003) studies demonstrated that consistently higher mental fatigue in military nurses as compared with civilian nurses. Employees of military hospitals are on the front line of crisis conditions, and are responsible for providing healthcare services to the nation's defenders. In addition, their critical role is not limited to wartime; they are also responsible for supporting civilians in natural disasters and extreme emergencies. These responsibilities require employees of military hospitals to continuously maintain their mental and physical readiness for confronting emergencies anywhere and anytime. On the other hand, specific responsibilities of military hospitals require their leadership to constantly monitor the wellbeing of their employees

by regular surveys, and to use the resulting data for developing and updating interventional programs.

## **1.2. Statement of the Problem**

Work related stress is one of the main adjustment problems to the working environment that appear to happen during adulthood. Adults with such a problem use some strategies to cope with the problem. Stress establishes a balance between environmental demands, constraints, and resources with the capability of individuals to cope with demands. Coping consists of cognitive and behavioral efforts to manage specific external and internal demands (and conflicts between them). Such problem is an age related problem that does not appear like this during either of childhood or adolescence but it is typical problem to Adulthood. It has been argued that certain work conditions have profound effects on employees, or might adversely affect the well-being of most workers, irrespective of appraisal processes (Brief & George (1995).

The working conditions of army members are considered as highly stressful, especially to members assigned to medical staff. These members of the army cannot generate extra income as their equivalent health workers working in civil health centers. This is because the rule and regulation that govern the army make obvious that army members cannot engage themselves in extra income generating activities, beside their responsibility as health professional they have also responsibilities as the army member, their living condition is completely different from health professionals working in civil health centers. They live in a group similar to all members of the army. More over there may be duty during war to treat wounded. These members face over loaded, disaffecting, no time for talking to managers, fail to build relation, insecurity feeling

all together resulting stress, as compared to other members. This causes behavioral change through time which is resulted from work related stress.

Coping strategies to the perceived stressors are important to minimize the negative effect of work related stress. The following categories of coping strategies with stress can be used. The categories are stated with some of examples included in the category as follows: (1) confronting like taking a big chance or did something very risky, (2) distancing as trying to forget the whole thing, (3) self-controlling as leaving things somewhat open, (4) seeking social support like talking to someone to find out more about the situation, (5) accepting responsibility by criticizing oneself, (6) escape avoidance by hoping that miracle will happen, (7) plan for problem solving as just concentrated on what to do next, (8) positive reappraisal like changed or grew as a person in a good way (Mind Garden, Inc., 1985). In each of the eight categories there are ways of handling situation.

The rise in stress causing situation in the military especially of the military health workers and the situation of military ethics is taken as a difficulty to withstand stress causing adjustment problem. These situations are observed in the army notably in the hospital on the military health workers. In spite of the crucial function of military hospitals in supporting the health of the army members and their family , limited study efforts have been made to explore work related stress in these hospitals when compared with civilian health settings. This shortcoming motivated the researcher to contribute in filling this gap by evaluating work related stress and the coping strategies exploited by the members in FDRE MoD army hospital situated in the central command referral hospital near Shire town. This research tries to address the following questions:-

1. At what level work related stress exists in the military health professionals working in central command referral hospital?
2. What are the major sources of stress for the military health professionals in central command referral hospital?
3. What are the coping strategies related to the perceived stressors?
4. Is there any difference on the level of stress and coping strategies across the demographic variables (gender, age, work experience, marital status, and educational level) of the military health professionals in central command referral hospital?

### **1.3. Objectives**

The main objective of this study is to assess the level of stress, perceived stressors, and the coping strategies used by the military health professionals. And specifically it helps to:

- Explore the level of stress among the military health professionals of central command referral hospital.
- Identify the main perceived stressors among military health professionals.
- See how military health professionals cope with perceived stressors.
- Test whether there is statistically significant relation between the level of stress and the coping strategies used.
- Explore the contribution of demographic variables to the level of stress and coping methods.
- Identify the types of coping strategies that are more commonly contributing to minimize the negative effects of stress on military health professionals.

#### **1.4. Significance of the study**

Work related stress is seemingly a forgotten area of research in Ethiopia. But workers are observed as developing unacceptable behaviors, especially military health professionals. The following are some of the observed behaviors; unfairness, laziness, rejection, loss of concentration, carelessness, burnouts, work termination, involve in some addiction and so on. Since military health professionals take responsibilities as army and health worker, stress causing situation elevate and they are more stressed.

This study focuses on military health professionals that work by incorporating military ethics with the medical ethics. Both the military and health professionals have their own professional characteristic, ethical requirements, expectations, outcomes and the overlapping responsibilities, which can be the source to stress. From results of some researches it is true that both professions are stressful by themselves as compared to other professions like runners, secretary, banker, pilot, technician, and so on (Selye 1978, as cited in Akhona, 2008). When considering the military health professionals their causes of stress looks increased as compared to other professionals. As a result it is convincing to study the level of stress and the coping strategies of such professionals. Finally this study may show future direction of research.

## **1.5. Operational definition**

Army members: Solders of Federal Democratic Republic of Ethiopia

Military health professionals: members of FDRE army that are assigned as military health workers and fully trained as medical professional.

Stressors: situation or issues that causes stress to an individual.

## CHAPTER TWO

### REVIEW OF RELATED LITRATURE

#### 2.1. Overview

In this chapter studies on work related stress and used coping strategies are reviewed. The review is organized as follows: the first part is about the definitions of stress and copes from different perspectives, secondly theories of stress at work and coping strategies, thirdly overall status of work related stress and finally the measurement issues with research findings in the area.

#### 2.2. The concept Stress

Stress has had many different definitions by different scholars, but most commonly accepted definition today: “stress is a condition or feeling experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize”. People feel little stress when they have time, experience and resource to manage a situation. On the other hand they feel great stress when they can’t handle demands. In most cases stress is a negative experience in which its effect or reaction depend on people’s perception and ability to cope. The reason behind inability to use a single definition of stress is the nature of stress. Stress is made up of many things that different people experience the different aspects.

Hans Selye (1956 as cited in Brenda 2010) the founding father of stress research viewed: “stress is not necessarily something bad; it all depends on how someone takes it. Stress of exciting, creative successful work is beneficial, while that of failure, humiliation or infection is disadvantageous.” Believed biochemical effects of stress would be experienced irrespective of whether the situation was positive or negative. Since then, harmful biochemical and long-term

effects of stress have rarely been observed in positive situations. He also divides stress responses as short-term (“fight-or-flight”) which is the basic survival instinct response characterized by run faster fight harder, increase heart rate, blood pressure and sweating, with the reduction in ability to work with others and to make good decisions. The other division is the long term (“general adaptation syndrome”) which results from extended exposure to stressors. The phases stages identified by Selye, (1956) are the “alarm phase” which is explained by the immediate reaction to the stressor, “resistance phase” as time when someone adapt and coped with the stressor and “exhaustion phase” when the resistance to stressors declines, like burnout.

### **2.2.1. Kinds of stress**

There are three kinds of stress which are acute stress, episodic acute stress and chronic stress and some of the features of these kinds of stress are explained bellow.

- a. Acute stress** is a kind of stress that is most common form resulted from demands and pressures of present, past, and anticipated in the future. The smaller the doses of such stress are stimulating and exciting but too much can cause psychological distress, tension headaches, and upset stomach, this all can happen to anyone but is treatable and manageable. The symptoms of acute stress are emotional distress like anger, anxiety, and depression. Muscular problems like back pain, jaw pain, and muscular tensions. Stomach, gut and bowel problems like heartburn, acid stomach, diarrhea and constipation. Transient over arousal leads to elevation in blood pressure, rapid heartbeat, sweaty palms, and dizziness (Cooper & Payne, 1998)
- b. Episodic Acute Stress** occurs in people who lead disordered lives, always in a rush, always late with "a lot of nervous energy" it also take on too much (too many irons in the

fire) but can't organize if something can go wrong, it does. Perpetually in the control of acute stress interpersonal relationships deteriorate quickly, work becomes stressful place generally require professional help lifestyle and personality issues are usually ingrained and habitual sufferers can be fiercely resistant to change. It affects: "Type A" (cardiac prone) extreme case of episodic acute stress is excessive competitive drive, aggressiveness, impatience, harrying sense of time urgency free-floating, but well-rationalized form of hostility a deep-seated insecurities. "Worry Warts" forecast disaster in every situation with tending to be over aroused and tense, more anxious and depressed than angry and hostile (Cooper & Payne, 1998).

- c. **Chronic Stress** is the grinding stress that wears people away day after day that destroys bodies, minds and lives with never-ending "troubles". It is considered as stress of poverty, dysfunctional families, being trapped in an unhappy in marriage or in a despised job/career. Such kind of stress is observed when an individual; never sees a way out of a miserable situation, gives up search of a solution and some stems from traumatic, early childhood experiences that become internalized and remain forever painful and present. It is the worst aspect: people get used to it forget its immediate presence and aware of acute stress ignore chronic stress. Most of the time it push for kills through suicide, violence, heart attack, stroke, or even cancer, wears people down to a final, fatal breakdown. And treated with professional help even though it is difficult to treat and may require extended medical/behavioral treatment & stress management techniques (Cooper & Payne, 1998).

### **2.2.2. Work related Stress**

Work related stress is characteristically defined by the behavioral paradigm. In behavioral paradigm work related stress defined using stimulus response relationship. Work related stress can also be described as the stimulus which is the situations causes tension and coping or adjustment considered as response to the stimuli (Hetherington, 1984). But no simple and universal case definition is possible to work related stress, largely because of complex nature of stress.

The accumulation of work related stressors can be considered as work related stress by people (Ross & Altmaier, 1994). The interaction between working condition and the individual characteristics of the worker is work related stress. This can be observed during the work demand exceeds the ability of the worker to cope with the issues. In addition to these idea Beheer & Newman (1978) identified symptoms of the condition of work related stress in three categories these are psychological symptoms, physical symptoms and behavioral symptom.

The three assumptions are explained as follows: psychological symptoms are symptoms of work related stress that includes the emotional and cognitive problem happened while working. Such symptoms includes dissatisfaction as most likely resulted from work related stress where workers is dissatisfied with their work; they dislike coming to work and finds little or no satisfaction or no satisfaction in performing the work good. The other symptoms included in psychological are depression, anxiety, boredom, frustration, isolation and resentment. Physical symptoms that are linked with work related stress include headaches, allergies, sleep disturbances, respiratory diseases and cardiovascular diseases (Sauter, Murphy & Hurrell 1992).

The two behavioral symptoms groups are behavioral symptoms from the individual which includes avoidance of work, misuse of alcohol and/or drugs appetite variation, depression and aggression. These changes in behavior often lead to interpersonal problems. Organizational problem like absenteeism, high work force turnover, accident proneness and loss of productivity are some other symptoms included under behavioral symptoms (Ferreira, Peiro, & Martin 2006).

The three levels of work related stress process proposed by Carson and Kuipers (1998) are external stressors, moderators and stress outcomes. External stressors are observed on a daily basis like home, work and significant life events. Moderators include a wide range of personal protectors, the use of which helps to reduce the impact of stress. The situations under this category of stressors are high level of self-esteem such as good social system, endurance, good coping ability, mastery and personal control, emotional stability and good physiological release mechanisms. Finally the level of stress outcomes includes positive outcomes; good mental and health with high levels of job satisfaction, beside this the negative outcomes of stress include poor health, burnout and diminished job satisfaction (Ross & Altaimer, 1994 as cited in Anna (2004)).

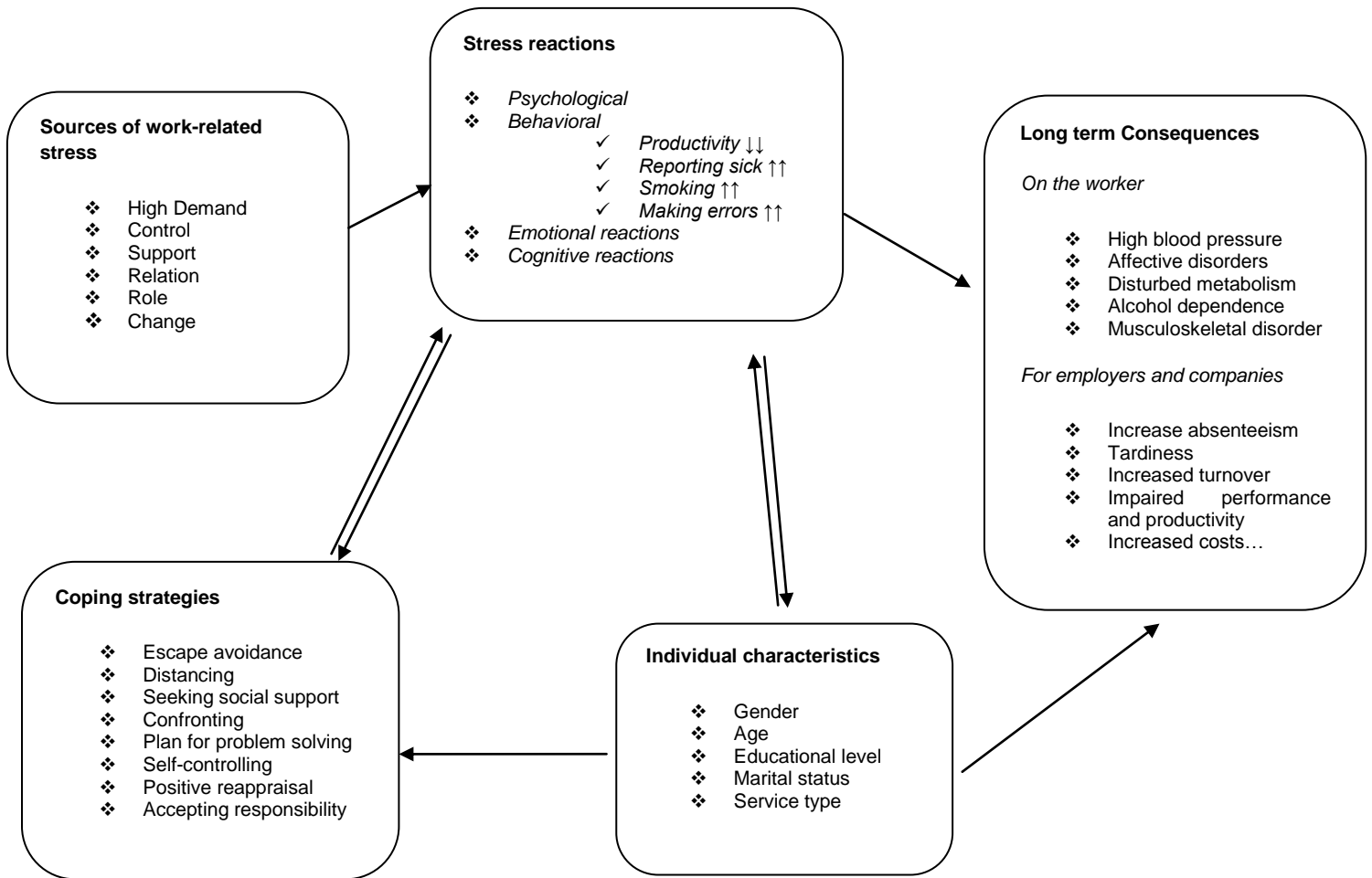
According to Health and Safety Executive, (2003) sources of work related stress can be categorized under the following sub categories of work place stressful situations. This study uses the categories as mentioned below to identify the level of stress in each category.

- **Demands:** employees often become overloaded if they cannot cope with the amount of work or type of work they are asked to do.
- **Control:** employees can feel disaffected and perform poorly if they have no say over how and when they do their work.
- **Support:** levels of sick absence often rise if employees feel they cannot talk to managers about issues that are troubling them.
- **Relationships:** a failure to build relationships based on good behavior and trust can lead to problems related to discipline, grievances and maltreatment.
- **Role:** employees will feel anxious about their work and the organization if they don't know what is expected of them.
- **Change:** change needs to be managed effectively or it can lead to huge uncertainty and insecurity.

The stress process can be summarized in a model that illustrates the causes of stress, (short-term) stress reactions, coping strategies, long-term consequences of stress, and individual characteristics, as well as their inter-relations.

The implemented theoretical framework for this study was the model adapted from Kompier & Marcelissen, (1990). This interrelate work related stressors, reaction to them, coping strategies, the demographic variables and the long term effects.

Figure 1 Model of causes and consequences of work-related stress with coping strategies  
(adapted from Kompier and Marcelissen, 1990).



When a person exposed to risk factors at work the result may be emotional, cognitive, behavioral and/or physiological stress reactions. Reactions appearing over a longer period of time may develop into more permanent, less reversible health outcomes such as chronic fatigue, burnout, musculoskeletal problems or cardiovascular disease.

Workers demographics such as personality, values, goals, age gender, level of education and family situation influence ones ability to cope with work related stress. Because these individual characteristics may interact with risk factors at work and either exacerbate or alleviate their effects.

Physical fitness or a high level of confidence may not act as precursors or buffers in the development of work related stress and health problems. This also changes the result of work related stressors effects. For example, if workers are able to deal with risk factors at work, they will be more experienced and self-confident in overcoming similar situations the next time they have to face them. On the other hand, stress reactions, like fatigue and long-term health problems, will often reduce a person's ability to perform well, and thus aggravate the experience of stress, which will ultimately result in exhaustion and breakdown (Angrist, Josh & John 2000).

### **2.2.3. Military stress**

Army members operate in a changing context so their missions have characteristics of demand and treats, invisible enemies, political sensitivity and complex goals. Selection, training and design of the mission are based on the changes (Driskell, Salas, & Johnston, 2006). One aspect of this is improving stress tolerance. As the concept of stress tolerance is not always clearly defined. Stressors and stress outcomes should be distinct because causes of stress can be enduring or acute. Enduring stressors in military missions may be for example, fatigue and boredom. A typical acute stressor is threat. The outcomes of stress can be either long-term or short-term. Another distinction can be made between health and performance outcomes. For example, an acute stressor like threat can have a long term effect like Post Traumatic Stress Disorder (PTSD).

Coping can be defined as the capability to stay cool, not let emotional and physiological reactions interfere with cognitive processing Gaillard, (2003) as translated and cited in Stress Training and the New Military Environment by Delahaij, (2006). Coping can refer to good performance under threat or the absence of PTSD symptoms in the long term.

The new military environment places increasingly more demands on soldiers during operations. The complexity and dynamics of the context in which they operate increase insecurity. And will lower perceived control of the situation. It is under these conditions that military personnel will be confronted with acute life-threatening crisis situations. The way they respond to crisis situations can have major tactical and political implications. Therefore, it is very important that they are able to adaptively react to the situation. However, reactions in acute crisis situations can be severely impaired due to emotional and physiological reactions. Cognitive impairments and cognitive inflexibility will result from stress reactions and can increase the chance of errors in judgment and functioning. To minimize these effects, military personnel needs to be stress tolerant. A cognitive behavioral approach, called Stress Exposure Training, is recommended to improve stress tolerance in military personnel. To make this method effective it should be an integral part of military training and take into account military culture (Soeters, 2006).

#### **2.2.4. The sources of military health workers stress**

The new environment in which current military operations take place is often characterized by unpredictable and ambiguous situations. This places new demands on military health professionals. In combination with high levels of violence and threat, these situations will elicit acute stress reactions, which can impair performance and the ability to operate effectively. It may

be questioned whether the current practices to train military personnel to cope with stress are still appropriate.

Temporal uncertainty (not knowing when an event is going to happen) can decrease feelings of control especially when the event is imminent. Ambiguity (lack of situational clarity) can disconfirm expectancies or present conflicting information, and undermine perceived control. When an event is unpredictable, this can also lower the level of perceived control (Salas, Driskell, & Hughes, 1996). Other factors that can influence the appraisal of a situation are personality and social support. People react differently to stress. Personal characteristics like sense of coherence (Wallenius, Johansson, & Larsson, 2002), emotional intelligence (Gohm, Corser, & Dalsky, 2005), trait-anxiety and hardiness (Cammeart, & Clappe, 2006) can effect the influence stress has on performance. Social support can also mitigate the negative effects stress can have on performance (Cammeart, & Clappe, 2006). Thus, situational and personal characteristics determine in part how a situation is appraised and thus the severity of the stress-reactions.

### **2.2.5. Stress in military members and military health workers**

The new military environment is increasingly characterized by insecurities. Operations in urban areas are for example characterized by uncertainty about the presence of enemy threat. This in itself can elicit stress reactions, which negatively effects perceived control over the situation (Wallenius, Johansson and Larsson 2004). reported that incidents characterized by an unpredictable enemy and a diffuse threat that was difficult to control evoked more resignation and feelings of powerlessness and perceived lack of control. Research into the experience of airmen reported that situations were rated more fear provoking when the airmen were fired upon

without a possibility to shoot back or when they were confronted with an enemy aircraft which they could not see (Rachman, 1978). Also, experiments in which the controllability of a threat was manipulated have shown that participants who thought they were able to control a threat experienced less stress and showed more problem-focused coping (in which the problem is actively engaged) to change the situation and less emotion focused coping (Endler, Speer, Johnson & Flett, 2000).

So, both situational and personality characteristic influence the way an acute threatening situation is perceived. In general, people who feel in control during such a situation will have less aversive stress reactions and a more active coping style. The context in which current military operations take place is characterized by an increasing lack of situational control. This will increase the occurrence of stress reactions. In the next section the ways in which stress reactions can impair performance are discussed.

Numerous studies have demonstrated that healthcare-related professions can result in excessive stress levels (Endler, Speer, Johnson & Flett, 2000). Healthcare professionals are exposed to a wide variety of intensive stressful conditions due to their responsibility for direct provision of care to patients (Gaillard, (001). According to National Institute for Occupational Safety and Health (NIOSH), occupational stress occurs when demands by the workplace exceed the individual's ability in getting them performed and completed (Leach, 2004). Such a definition facilitates understanding the link between workplace conditions in healthcare and military organizations and unacceptable stress level in their employees.

The workplace in both of these sectors is a ground for emergence of crisis, and working in them generally deal with unpleasant situations such as illness, pain, and negative emotional states.

Both healthcare and military organizations are characterized by low flexibility hierarchical structures, serving as additional sources of distress or job dissatisfaction. Military hospitals inherit characteristics of both organizational systems, thereby, bearing even more complexities, potentially manifesting as excessive mental pressure and low work-life quality. Evidence shows that occupational stress in military hospital employees is higher compared to their counterparts in civil hospitals (Lieberman, Bathalon, Falco, Morgan III, Niro, & Tharion, 2005). Lang's study demonstrates consistently higher mental fatigue in military nurses as compared with civilian nurses (Staw, Sandelands, & Dutton, 1981).

Employees of military hospitals are on the front line of crisis conditions, and are responsible for providing healthcare services to the nation's defenders. In addition, their critical role is not limited to wartime; they are also responsible for supporting civilians in natural disasters and extreme emergencies. These responsibilities require employees of military hospitals to continuously maintain their mental and physical readiness for confronting emergencies anywhere and anytime. On the other hand, specific responsibilities of military hospitals require their leadership to constantly monitor the wellbeing of their employees by regular surveys, and to use the resulting data for developing and updating interventional programs (Major General David, 2010).

### **2.3. Theories of stress at work**

To conceptualize work related stress based on the sense of time, place, and meaning that explained in different theories and to relate with the current study. It was attempted to explore them against the changes in how stress has come to be defined. The importance of exploring work related stress theories in this way lies in the way it gives a sense of history: of why

different theories prevailed (Cooper, Dewe, & O’Driscoll, 2001), whether they are “worthy of the intellectual resources focused on them” (Kaplan, 1996, p. 374), whether they adequately express the nature of the experience itself (Newton, 1995) and, despite the knowledge and understanding they have provided, whether they are still capable of expressing “the stress of the stress process” (Lazarus, 1990, p. 4).

By presenting various theories work related stress that illustrate stress in their own way how such “linkages” have been conceptualized and researched. It is simply to illustrate the creativity that exists in the field, the richness and complexity of the stress process and the direction future research may wish to take. To start with one of the earliest and most fundamental perspectives on psychological stress at work Lazarus’s transactional model.

### **2.3.1. Lazarus’s Transactional Model of Stress**

The transactional model defines stress as arising from the appraisal that particular environmental demands are about to tax individual resources, thus threatening well-being (Holroyd & Lazarus, 1982). This definition of stress encompasses a number of themes that capture the transactional nature of stress and those processes that best express the nature of that transaction.

These themes involve the following: Stress is a product of the transaction between the individual and the environment. The authority and power of the transaction lies in the process of appraisal that binds the person and the environment and, it is this “relational meaning” (Lazarus, 1999, 2001) that the person constructs from the transaction and that lies at the heart of the stress process.

There are two types of appraisal—primary and secondary. It is through these appraisals that the focus is shifted to what people think and do in a stressful encounter, representing a process-

oriented approach (Lazarus, 1999, 2001). This reflects the “the changing person–environment relationship” (Lazarus, 1990, p. 4), and provides an insight into the nature of the stress process itself. It is the appraisal process that offers a causal pathway— bridges to those discrete emotions that best express the nature of the stress experience (Lazarus, 2001; Lazarus & Cohen-Charash, 2001).

As noted above, there are two types of appraisal (Lazarus, 1999). The first describes primary appraisal. This is where the person acknowledges that there is something at stake (Lazarus, 2001). The idea of whether “anything is at stake” is, as Lazarus (1999) points out, fundamental and it is where the person asks, for example, “do I have a goal at stake, or are any on my core values engaged or threatened? “It is where the person considers the significance of the encounter and evaluates it in terms of its personal meaning. Lazarus identifies three types of primary appraisals: harm/loss —something that has already occurred; threat —the possibility of some harms in the future; and challenge —where the person engages with the demand. Later, Lazarus (2001) added another appraisal that he described as benefit, where individuals search for the benefit in a demanding encounter. Negatively and positively toned appraisals are associated with different types of emotions, and they provide the pathway through which as much emphasis can now be given to positive emotions as has been given to negative emotions (Dewe et al. 2010). It is these appraisals that operate as the “cognitive underpinnings” for coping as they are part of “an active search for information and meaning on which to predicate action” (Lazarus, 1999).

It is secondary appraisal where the focus turns to “what can be done about it” (Lazarus, 1999). This is where the person evaluates the availability of coping resources (Lazarus, 2001). While much debate surrounds the definition of coping (Dewe et al., 2010), the definition put forward by Lazarus describes coping in terms of a process that embraces the “constantly changing

cognitive and behavioral efforts a person makes to manage specific external or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus, 1999, p.110). Folkman & Lazarus (1980) went on to identify two types of coping. These they described as problem-focused (where the focus is on managing the encounter), and emotion-focused (where the focus is on regulating the emotion) coping. Classifying coping strategies as either problem- or emotion-focused offered what Folkman and Moskowitz (2004, p. 751) described as a “broad brush approach.” Since then, researchers have taken the opportunity to consider a range of ways of classifying coping strategies, expanding the original work to include, for example, strategies that include meaning-centered coping and relationship-social coping (Folkman, 2011). While no consensus has yet been reached as to the number of coping categories, researchers do agree that no category should be regarded as inherently better than another, because each needs to be considered within the context of a stressful encounter and how that encounter is appraised. Whether or not a consensus will ever be reached as to the way coping strategies should be classified is a moot point, as coping is always context specific.

Classifying coping strategies is one thing but, when considered in terms of the way they are being used in a particular encounter, illustrates the richness and complexity of the coping process and suggests that researchers may wish to explore the way in which different strategies are used before labeling them as simply falling into one category or another. Also, there is the vexed question of coping effectiveness. Two theoretical approaches offer an understanding as to how to best judge coping effectiveness. The first focuses on whether “personally significant” and appropriate outcomes have been successfully achieved (Folkman & Moskowitz, 2004, p.754), whereas the second considers effectiveness in terms of the “fit” between the type of coping and the nature of the encounter. Folkman and Moskowitz (2004) suggest a number of refinements to

these two approaches. The first is in terms of developing a better understanding of what we need to investigate when it comes to the nature of outcomes, such as their qualities and characteristics and, similarly, when it comes to “fit” developing a more refined analysis of those environmental characteristics that may influence the nature of coping. While as other authors (Dewe et al., 2010) point out, it may also be time to consider just exactly what we mean when we talk about coping effectiveness, starting perhaps from the proposition raised by Lazarus (1999): the issue of effectiveness for whom and at what cost; whatever position we take, “the issue of determining coping effectiveness remains one of the most perplexing in coping research” (Folkman & Moskowitz, 2004, p. 753).

While coping research has continued to grow, the role of primary appraisal and the meaning individuals give to demanding encounters has not, at least in work stress research, received the attention it deserves. Work stress research Dewe, (1993; Dewe & Ng, (1999); Lowe & Bennett, (2003) has, when exploring work stressors, illustrated that individuals can distinguish between the objective nature of a stressor and its meaning, and explored whether underlying appraisals like challenge and hindrance help to better distinguish among common work stressors (Cavanaugh, Boswell, Roehling, & Boudreau,2000). However, some researchers have questioned whether, by focusing on intra-individual process like appraisal, such individual-level analysis takes us away from what should be our primary goal of identifying work stressors that affect the working lives of most workers (Brief & George, 1991). Also, questions have been raised as to the utility of this approach in terms of how such information informs decisions about how to intervene (Schaubroeck, 1999). Nevertheless, far from questioning the theoretical rigor and empirical significance of Lazarus’ transactional theory, with its emphasis on the appraisal process, most critics observe that there are, in the work stress agenda, opportunities for all

aspects of the stress process to be studied (Frese & Zapf, 1999). Also, work stress research might profit from “reflecting more carefully on how such [appraisals] processes follow (Schaubroeck, 1999, p. 759), and that when investigating work stress it is, as Perrewe and Zellars (1999) suggest, not just important to explore individual appraisals but “it is essential in order to understand the stress process” .

### **2.3.2. Person–Environment Fit**

Another theoretical model which has been in existence for a considerable amount of time, and which to a large extent has underpinned other approaches to stress and well-being is the Person–Environment Fit (P–E fit) perspective. This account of the stress process stems from the early work and theorizing of Lewin (1935) and Murray (1938). For example, reacting to prevailing mechanistic views of human behavior which attributed the causes of behavior solely to the environment, and psychodynamic approaches which tended to conceive behavior as emerging from personality characteristics (traits), Lewin conceptualized the interaction between the person and environment ( $P \times E$ ) as the key to understanding people’s cognitive, affective and behavioral reactions. His early thinking therefore provided the foundation for the modern perspective of P–E fit. In particular, he foreshadowed the notion that optimal fit between the person and his/her environment is needed for effective human functioning. Numerous descriptions of P–E fit are available in the literature, although perhaps the most comprehensive account is that offered by Edwards (1998), who also described earlier constructions of P–E fit, such as those initiated by French, Caplan, and Harrison (1982).

Here it is not attempted to provide an exhaustive account of this theory and its applications; rather, it summarizes the main elements of this perspective, and illustrates how it has been applied,

along with its strengths and some limitations. It should also be noted that the tenets of P–E fit theory also underlie several other theoretical models of stressor–strain relationships, including the cybernetic theory (Cummings & Cooper, 1979; Edwards, 1998), which will not be discussed in this part. One specific advantage of the P–E fit conceptualization over some other (more specific) theories is that P–E fit is based essentially on the idea of employee adjustment in the work setting, which has been illustrated as being critical for overall well-being (Dawis & Lofquist, 1984) .

To begin with the notion of “fit” itself. Synonyms for fit are “match,” “congruence,” and “correspondence.” In the occupational stress and well-being literature, the fit concept has been characterized as having two components: (a) the degree of match, congruence, or correspondence between the demands people confront at work and their abilities to meet those demands, referred to as demands ability fit; and (b) the match, congruence or correspondence between the person’s needs (including physical and psycho-social needs) and the resources available to him/her. The latter is referred to as needs–supplies fit. Most research on the relationship between P–E fit and stress or well-being has focused on the second of these types of fit, as it is assumed that a lack of fit (that is, misfit) between needs and resources will have a pronounced impact on stress levels and overall well-being. However, demands–ability fit can also be important in terms of a person’s well-being. For instance, if person’s workload is high and they do not have the time or energy to perform what is expected from them, this can induce a high level of psychological strain. A (very simplified) depiction of the basic theory relating to P–E fit is provided in Fig. 2.2.

		Preferred	
		High	Low
Received	High	Low strain	High strain?
	Low	High strain	Low strain

Fig. 2.2 Levels of psychological strain predicted by P–E fit theory

The theory hinges on the amount of a “stimulus” (for example, workload, work complexity, level of authority, and social interaction with work colleagues) that an individual prefers to have, and the actual level of the various stimuli (referred to in this figure as “received”). There are two conditions in which the level of fit is high: when the preferred levels and the received levels are both high; and when they are both low. Consider, for instance, the level of social contact people have with their work colleagues. An individual may wish to have an extensive amount of contact with colleagues, and may actually experience this amount. This situation clearly is one where there is a strong match between what people want and what they receive; that is a strong fit, and they should (at least theoretically) experience low strain (and high psychosocial well-being). Alternatively, the individual may not actually want very much contact at all with work colleagues, and does not have substantial inter-personal contact. Again, this situation reflects a high degree of fit, and one might expect the levels of strain to be low. However, this situation is not as clear-cut as the high–high condition, because here social interaction may not be important for individuals and other factors may have more impact on their stress and well-being levels.

Conversely, P–E fit theory postulates that high strain will occur when there is a mismatch between the person’s needs and what they receive or confront at work. The condition which (theoretically) should create highest levels of strain will be one where the person strongly desires

a particular feature (such as interpersonal contact), but does not receive it (the high-low box in Fig. 2.1). Under these circumstances, strain will be at its highest level. On the other hand, when people do not have a strong preference for an attribute (in this case, interpersonal contact), but they do receive it, there is some ambiguity over whether this situation will be stressful for them. Strictly speaking, they should experience strain, as there is a mismatch between their preference and what they are supplied with. However, this is likely to depend on numerous other factors, including whether the attribute interferes with other activities or things the individual would prefer to be engaged in. For example, having frequent contact with work colleagues may distract the person from core job activities, leading to frustration and a sense of lack of achievement, in which case high strain might be anticipated. In contrast, even though they may not desire it, interpersonal contact may serve as a welcome distraction from a challenging task; hence, they may not feel stressed by it. In sum, although the P–E fit model predicts that misfit (of either kind) will increase levels of strain, in practice the amount of strain experienced in the high–low condition in Fig. 2.1 may be substantially greater than that felt in the low–high situation.

In summary, the basic notion underlying P–E fit theory is that there needs to be a match between what people want and what they receive, as well as a match between their abilities (knowledge, skills) and the demands placed upon them. Lack of match (misfit) creates strain and (ultimately) reduces their sense of psychosocial well-being. However, demands–ability and needs–supply match are considerably more relevant to people when the stimuli are important to them. Edwards (1995, 2000) has referred to this as dimension importance, and is related to Maslow’s need-hierarchy principle. Using the example given above, if work performance is important to the person, then frequent interpersonal contact may be viewed as a substantial interference which reduces the ability of the person to achieve what he/she desires. On the other hand, if individuals

are not concerned about how well they perform at work, frequent non-work related social interaction with work colleagues may not be considered a distraction and, hence, will not increase strain. As we have noted above, increased psychological strain and decreased psychosocial well-being are two major outcomes of misfit in the work context. Other potential outcomes have also been identified in the literature, including job dissatisfaction, reduced commitment to the organization, and greater turnover intentions. It is also evident that the notion of P–E fit is relevant across various domains, including life outside of work. For the purposes of this chapter, however, we concentrate on its relationship with work-related strain and well-being. Numerous studies have confirmed that misfit (mainly in respect of needs–supplies, but also in terms of demands–abilities) can have serious consequences for worker well-being. A good illustration of this relationship comes from a fairly recent study by Yang, Hongsheng, and Spector (2008). These researchers explored the actual and preferred conditions at work, with respect to two key issues—career advancement and relationships at work—in a sample of Chinese workers. Expectations concerning career development are clearly salient to many employees, and opportunities for advancement within their career are typically important. Yang and colleagues hypothesized that correspondence between the preferred level of career advancement and perceptions of opportunities available to employees would enhance job satisfaction, mental and physical well-being, whereas misfit between preferred levels and perceived opportunities would predict reductions in these criterion variables. A similar prediction was proffered by Yang and colleagues in relation to social relationships at work. They suggested that maintenance of harmonious social relationships is a critical need (perhaps even more so in a collectivist culture such as China), and that good social relationships will enable people to fulfill their need for affiliation and need for belonging. These researchers argued that a better fit

between preferred levels of social relationship and actual levels would be related to greater job satisfaction and reduced turnover intentions.

An important consideration raised by this above study is how best to assess (measure) fit, in this case needs–supply fit. Early studies of fit tended to utilize the difference between actual and preferred levels of an attribute as the index of fit (or misfit). However, as pointed out by Edwards (1995), there are several difficulties with this computation, and techniques such as polynomial regression may be more appropriate for the assessment of levels of fit. This was the approach used by (Yang, Hongsheng, & Spector, 2008). Their findings confirmed the expected curvilinear relationships between actual and preferred levels of both career advancement and social relationships at work, although the “nature of fit-strain associations is contingent on the specific content dimension of fit and the specific indicator of stress outcome” (Yang, Hongsheng, & Spector, 2008, p. 581). For example, for career advancement, there was an increase in job satisfaction as the actual level of advancement approached the desired level, but when supply exceeded people’s preferences, job satisfaction declined. The trend for turnover intention was in the opposite direction, as expected. A somewhat different pattern emerged with respect to relationships at work. In this case, job satisfaction and mental well-being were consistently higher when actual relationship quality was high, irrespective of preferred relationship quality. These findings illustrate that fit is a relative concept, and that the salience of fit per se may vary depending on the attribute (component) being investigated. In some circumstances, the extent of fit between needs and supplies may be critical, whereas in other situations the actual levels of a component may override the importance of perceived fit.

In summary, the concept of P–E fit has received widespread recognition in the occupational health and well-being literature, and numerous investigations have been designed (either

explicitly or implicitly) around this concept. There is no doubt that this model occupies an important position in conceptualizations of both work stress (strain) and work-related well-being, and that the theory has several practical applications. This model has generated critical lessons for organizations in relation to stress-management interventions and occupational health and well-being promotions. As with all other perspectives, there are certainly limitations, including the relative salience of perceived fit versus actual levels of components, but these limitations are clearly outweighed by the significant contributions which the model has made to theorizing and practical application.

## **2.4. Coping strategies**

### **2.4.1. Coping**

The relationship between stress, burnout and coping cannot be viewed in terms of selected attributes, but can be understood by examining the circumstances or context (i.e. occupational or personal) surrounding these events (Cherniss & Krantz, 1983). Coping can be seen as something that one does to deal effectively with a stressful event. Although one stressor after another can have long term negative effects on a person; it can also be argued that if the person can cope, or deal effectively with the series of stressors, he or she may emerge much more resilient and competent than an individual who has not had to deal with as much stress during his or her lifetime (Cartwright & Cooper, 1987). Effective coping can change a stressful event into a more manageable one.

Folkman and Lazarus (1980, 1985) have identified two types of coping. Problem-focused coping is aimed at actively solving a problem, while emotion-focused coping is aimed at reducing emotional distress. Most types of stress usually require a combination of the two types

of coping, although generally, individuals tend to use problem-focused coping when they feel that they can do something constructive to deal with the stress effectively. Emotion-focused coping is utilized when the person feels that the stress is unmanageable (Folkman and Lazarus 1985).

Protective factors are the competencies and characteristics of the individual, family or community that buffer or modify the impact of the stressors. Protective factors enable the skilled adaptation and development of individuals and families. Coping is manageable as long as the stressors do not outweigh the protective factors. Resources are defined as sources of social support for the individual. They can be seen as a social division of protective factors. Adjustment is commonly viewed as a short-term outcome of coping efforts (Carver & Scheier, 1998).

Active coping strategies such as problem-solving coping and seeking social support, are considered as adaptive whilst avoidance coping strategies such as denial and escaping are considered as maladaptive coping styles. The use of avoidance coping strategies is considered as a risk factor for stress. The repetitive use of active coping strategies leads to adaptation. Adaptation refers to a long-term process in which the individual acquires an enduring feeling of being at ease with a new situation. Adaptation is the outcome of the joint process of coping efforts and the utilization of available protective factors /resources (Schwarzer, 2000; 2001).

Protective factors and coping processes could be seen as an inter-related system or a feedback loop. The more one utilizes the available, adequate protective factors to deal with the stressors, the better one can cope with adversities. Once an appraisal is made of the stressful situation, the individual makes a valuation of the outcome of the situation and evaluates whether the consequences are going to be harmful, threatening, or whether the situation is going to pose a

challenge, and what resources are available to deal with it. The intent of the outcome, along with the action itself determines the outcome. The appraisal of the situation, the coping style utilized, and the evaluation of the outcome determine what strategies the person will use, and what will become part of the individual's coping repertoire. Each successful coping attempt strengthens the belief of the person in respect of his/her internal locus of control. In addition, a positive self-esteem is reinforced in the person, and enables him/her to utilize more adaptive coping strategies in the future (Wong, P. T. P. 1993).

#### **2.4.2. Measurement of coping**

In recent year's conviction has grown that it is how individual cope with stress, not stress perse that influences their psychological well-being, social functioning and somatic health. Despite increased interest in coping, empirical research has been limited until recently by lack of suitable assessment techniques (Lazarus & Folkman 1984). Measurement of coping is difficult and several approaches in which the concern is with personality used disposition that influence coping researches. Examples of frequently used trait measures of coping includes Bymes (1964) repression sensitization scale, Goldstein's (1959) sentence completion test, Dewe & Kyriacou (1978) Coping actions and Defense mechanism inventory by Gleser & Ihilevich (1969) as cited in Hagos (1998).

The ways of coping questionnaire asses' thoughts and actions individual use to cope with stress full encounters of everyday living. It is derived from a cognitive phenomenological theory of stress and coping that is articulated in stress appraisal and coping. The questionnaire is conceived as an evolving strategy for measurement rather than strictly speaking a test (Lazarus & Folkman 1984).

## **2.5. Research findings**

Amin, Hasan, & Maryam (2012) explored work related stress in administrative and clinical divisions of a military hospital. The majority of employees expressed considerable stress, and one fifth of the study group showed high work related stress levels. Employees working in clinical divisions showed significantly higher stress levels by a factor of 20% as compared with their administrative colleagues. These findings support the notion that the combined effects of military workplace conditions and patient care difficulties can lead to excessive stress levels in employees of the military hospitals. Other demographic or professional factors, including age, sex, work experience, marital status, and level of education did not show a significant effect on work related stress either among entire employees or among clinical staff (Amin, Hasan, & Maryam 2012).

Tristan (2005) studied on 20 anesthetist and 15 of the coworkers on the issue 'Nurse Anesthetist occupational responsibilities, perceived stress and coping strategies, and work relationships'. In this study (Tristan, 2005) to help confirm emerging findings, data triangulation (i.e. semi-structured interviews, clinical observation, and artifact data) was used to answer 4 research questions. Perceived occupational related stressors identified by the CRNAs pertained to patient care, anesthesia work in general, job relationship inadequate surgical preparation the operating room environment and physical stressors. Staying focus on patient care, the use of humor, verbalization and internalization of concerns and adopting personal hobbies were identified as coping mechanisms to combat work-related stress. Moreover, 6 major themes surfaced after analyzing the data using the constant comparative method.

Among the study made locally on work related stress and the related issues Girma 1995 presented his finding as follows. Girma, (1995) assessed the sources of stress using self report questioner constructed and pre-tested by himself. Each items followed with five alternatives 'extreme sources of stress' to 'not source of stress (Girma, 1995 p 36). The study was made on 234 teachers of the study area and finds the three main sources of stress are 'teaching many

students in one class', 'low status of the profession in the society' and 'pupils' poor attitude towards learning' but he was expecting 'inadequate salary paid by the ministry' was the one to be included.

Hagos (1998) on his study he participated 220 participants half male half female elementary teachers. Hagos uses the 'source of teachers stress scale' first developed by Kyriacou & Sutcliffe (1978b) and finds the two main sources of WRS. Based on this the findings of (Hagos, 1998) issues that were main sources of stress were work overload and handling relationships with staff. Concerning the demographic characteristics (Hagos, 1998) agreed that male teachers' scores high level of stress than female teachers, he also found that experienced teachers were faces less stress relative to beginners. (Hagos, 1998) also mentioned the contribution of age to level of stress were less as compared to sex and experience.

Hagos also identifies the coping strategies that mostly implemented by teachers participated in the study. (Hagos, 1998) used 'teachers coping strategy scale' initially developed by Kyriacou (1980) to collect information of coping strategies exploited by elementary school teacher. The result (Hagos, 1998) found in his study shows the positive thinking and carefree attitude are the two main strategies of coping with stress. In coping strategies the demographic contribution of the study indicates that experience and age have a significantly higher contribution than sex (Hagos, 1998).

## **CHAPTER THREE**

### **METHODS**

#### **3.1 Design**

This study basically followed the Quantitative research design by collecting numerical data using the Steinmetz Occupational Stress Questionnaire and The COPE Questionnaire. In addition to this, qualitative information is used to fill the gap resulted from the instruments using semi-structured interview. Survey method for data collection was chosen because it is a good way to determine the levels of stress that military health workers in Central command referral hospital experience and the coping strategies used by them.

#### **3.2 Participants**

A convenience sampling technique was used to determine the sample size, because it helps to select subjects that are easy to access them, with no reason tied to purposes of research. 18 female and 41 male military Health workers from a total of 178 were selected using James, Bartlett, Kotrlik, & Higgins (2001) sample determining technique for survey study. The survey takes place in Central Command Referral Hospital positioned at near Shire. From 59 participants two of them are rejected for the incompleteness of the questionnaires, the other one didn't return the questionnaires. As a result analysis was made for the remaining 56 military health professionals. More over this the information obtained using interview with the military health workers were analyzed qualitatively. The interview was conducted with 9 military health workers selected from different units of the central command referral hospitals and their responses were analyzed. The interview questions were used to collect information regarding the level of work related stress, the main stressors, and coping strategies used.

### **3.3 Instrumentation**

For this study purpose two self reporting questionnaires were used to collect information from the respondent. The first one is the Steinmetz Occupational Stress Questionnaire (SOSQ) Attar, (2009) originally designed to a cronbach's alpha of 0.94 and Rory C. Reid's Coping Strategies Inventory (CSI) Rory (2007) with the Cronbach's alpha of 0.92. The two questionnaires are translated in to Amharic. To do the translation two language experts working in ministry Defense general education department participated. Backward translation was also made to recheck the translation and some changes on the Amharic version were made before it has been used. Results for the instruments validation were presented under Instrument validation section. The following instruments were used in the study to collect data from the participant with some modifications.

#### **3.3.1 Steinmetz Occupational Stress Questionnaire**

Data regarding the level of stress were collected using Amharic version of Steinmetz Occupational Stress Questionnaire since it was developed to measure the level of work related stress. This instrument is preferred to collect data about the level of stress because the main intension of this study is to measure the level of stress. This questionnaire included 36 items related to stressful work -place situations. Answers to the questionnaire were measured by Likert type five-point scale, in which 1= "Never", 2 = "Seldom", 3 = "Often" and 4 = "Usually", and 5 = "Always". The Persian version of the questionnaire has already been used in Attar (1995) study with a scale validity of 0.77 (Split Half Method), and a scale reliability of 0.72 (test-retest method) was obtained. The reported validity of the measurement tool was accepted. A high internal consistency reliability of the scale was ensured by obtaining a Cronbach's alpha of 0.94. The five-point scale was converted to 100-point scale before data analysis. For the purpose of

this study, scores lower than 30 indicated 'Low' work related stress, between 30 to 70, 'Considerable' and above 70 'High' (Amin, Hasan,& Maryam 2012).

### **3.3.2 The COPE Questionnaire**

The Amharic version of COPE was used to measure participants' coping strategies. The COPE is a multi-dimensional 73-item coping questionnaire that indicates the various ways in which people cope in different circumstances (Rory, 2007). This instrument includes different sub categories of coping like confronting, distancing, self-controlling, seeking social support, accepting responsibility; escape avoidance, plan for problem solving, and positive reappraisal. The COPE is scored on a five-point rating scale, ranging from one (Never), two (Rarely), three (Sometimes), four (Often) and five (Very Often) to see the frequency of the strategy used. Coping Strategies Inventory were reported to the Cronbach's alpha of 0.92 and the result of this study presented under the Instrument validation section.

### **3.4. Instrument validation**

Though the selected instrument has already been standardized, and its reliability and validity has been established by the authors, the time, environment and situation under which they were standardized were different from the environment, and situation here in Ethiopia. Thus, pilot study was believed to be important to check the reliability of the instrument in Ethiopian context. Moreover the piloting is conducted to get lesson thereby making certain amendments prior to administrating the instrument for the main study.

In an effort to verify the completeness of the instruments an attempt was also made to translate the Amharic version back to English by an expert working in Ministry of Defense General Education Department. A pilot study for the purpose of revising and determining the specificity,

relevance and clarity of the instruments and piloting of the instrument was carried out on 15 military health professionals.

Steinmetz occupational stress questionnaire containing 36 items were administered for the pilot and the reliability estimate for the adopted scale was conducted on 15 (6 females and 9 males) military health workers including all 56 participants in the study. The responses of the respondents were scored and tabulated using SPSS version 20 to compute Cronbach's alpha in order to evaluate the scales and their reliability.

Table 1: Summary of reliability analysis of the scales

Scale type	No. of Items	Cronbach's Alpha
SOSQ	36	0.764
COPE	73	0.702

The reliability of each instruments were found to be as follows: Occupational stress 0.764(36items) and Coping Strategies items 0.702 (73 items). The result obtained from the pilot study were in the acceptable range which shows the instruments are valid to collect the intended information.

### **3.5. Data Collection Procedure**

Permission from the Central Command Referral Hospital administration was obtained. Questionnaires were circulated to all members willing to participate in the study on a voluntary basis and collected by the researcher. Participating subjects were requested to carefully read the contents of the questionnaires and follow instructions given throughout the questionnaires. Making clear the purpose of the study and procedures to be followed, for all

participants before they respond to the questionnaires to the Items. Since military health workers are settled in a group, data were collected over a period of a week.

### **3.5. Study Site**

This study was conducted in the FDRE MoND Central Command Referral Hospital near Shire. This hospital is sited in western Tigray region which has very hot climate condition. Demographic variables like sex, age, marital status, educational level, years of experience, and service type are predicting variables used to compare the level of stress and coping strategies used by the military health professionals in Central command referral hospital.

### **3.6. Data Analysis**

The SPSS version 20 were used to analyze the following

- 1) Descriptive statistics is used to obtain means, standard deviation, frequencies and percentages of the levels of stress that military health professionals in Central command referral hospital experience and the coping strategies used by them.
- 2) The Pearson product-moment correlation coefficient computed to specify the relationships between the levels of stress that military health workers in Central command referral hospital experience and the coping strategies used by them.
- 3) Analysis of variance (ANOVA) is calculated to see the relation between the demographic variables like sex, age, marital status, educational level, years of experience and service type to compare the level of stress and coping strategies used by the military health professionals.
- 4) Inter linear regressions were computed to see which of the demographic variables contribute more to stress and coping strategies.

### **3.6. Ethical Considerations**

- Permission needs to be granted by the Central Command Referral Hospital administrations to conduct the study. Members partaking in the study were shown copies of the consent from the administration before they answered the questionnaires.
- To ensure confidentiality and anonymity of the participants in the study. The subjects will neither ask to divulge their names, surnames or any other information that would compromise their anonymity.

## CHAPTER FOUR

### RESULT

#### 4.1. Descriptive statistics results

Descriptive statistics were computed for all demographic variables in relation to the level of stress, sources of stress and coping strategies. Here mean and standard deviation of each category were used for comparison. Presented below is the level of stress among different demographic variables based on the mean scores.

Table 2 Descriptive statistics for the demographic groups

R.No	Demographic variables	Category	Stress				Coping	
			N	Mean	Mean of 100	SD	Mean	SD
1	Sex	Male	38	107.7	59.8	24.7	226.4	36.1
		Female	18	96.5	53.6	19.5	214.9	35.9
2	Age range	20to 30	12	97.7	54.3	24.1	223.8	31.8
		31to40	37	103.2	57.3	22.2	222	40.9
		>40	7	120	66.7	26.1	224	22.8
3	Marital status	Single	5	99.4	55.2	25	220	38.7
		Married	35	104.1	57.9	23.1	222	41.8
		Divorced	11	109.1	60.6	25.5	227	28.3
		Widowed	5	97.8	54.3	26.2	223	14.8
4	Educational level	high school	7	99.9	55.5	21	200.9	17.9
		Diploma	46	105.8	58.8	24.4	226.5	38.8
		Graduate	3	88.3	49.1	9.2	214.7	17.5
5	Work experience	1to10	22	98.1	54.5	19.8	220.4	30.2
		11to20	27	111.6	62	25	222.1	43.2
		above 20	7	94.3	52.4	22.7	232.3	29.1

The maximum possible score of stress is 180.

The maximum possible score of coping scale is 365.

Table 2 illustrates the descriptive statistics of the result obtained in the study. From the total respondents of 56 military health professionals 38 of them are male, 12 are from 20 to 30 years of age, 37 of them are of age between 31 and 40. Concerning marital status 5 are single, 35 married and 11 divorced with the remaining widowed. Most of the respondents (82.1%) are diploma holders in their educational level with 12.5% high school and the remaining 5.4% are graduates, 39.3% of the respondents have work experience from 1 to 10 years, 48.2% of them working for years ranging 11 to 20 and the remaining 12.5% have experience more than 20 years. All of the participants were from service type clinical. The overall mean scores of stress level ranges between 33.3 and 89.4 out of 100 and the mean score of the cope also ranges from 200.9 to 232.3 out of 365.

#### **4.1.1. Level of stress among military health worker**

The administered stress measuring instrument test result shows that the average stress level seen in the military health workers working at central command referral hospital is 57.8 which lies (30 to 70). The mean score of level of stress in military health professionals is under considerable stress level since the mean score of the MHPs is between 30 and 70.

Level of stress among military health professionals' ranges from considerable level of work related stress scoring between (30 and 70), and high level work related stress scoring more than 70. The result obtained from the military health workers presented in table 3 below.

Table 3 The level of stress among military health professionals working in central command referral hospital.

Level of stress	Number of respondents	Percent from the total
Low (less than 30)	-	-
Considerable(Between 30 and 70)	46	82.1
High(Above 70)	10	17.9
Total	56	100

As demonstrated in table 3 from the total of 56 respondents most (above eighty percent) of them are under considerable stress level. About twenty percent of them are under high level of stress with none of the participants under low level of work related stress. The interview result regarding the level of work related stress indicated that most of the respondents agreed on the existence of high level work related stress.

Below the level of stress result is presented in comparison with the six categories of work place stressors.

Table 4 Mean and SD associated with different categories of work related stress

Rank	Categories	N	Mean of the category	SD
1	Role	56	66.1	28.3
2	Relation	56	60.2	27.6
3	Demand	56	58.7	27.5
4	Change	56	57.9	26.6
5	Control	56	56.5	27.0
6	Support	56	53.9	27.0

From the categories of work place stress causing situations listed in table 4 the highest rated category as main stressor is the role category and relation category is the next to the role. As listed in table 4 the least rated source of stress were the support category of stressors.

#### 4.1.2. Demographic comparisons on the Level of stress

Table 5 the result comparing the level of stress within the demographic variables.

Demographics	Category	Value of stress out of 100	Level of stress
Sex	male	58.32	Considerable level of work related stress
	female	55.37	
Age range	20to 30	60	
	31to40	58.63	
	>40	50	
Marital Status	Single	54.11	
	Married	58.27	
	divorced	56.92	
	widowed	60.67	
Educational level	high school	51.75	
	Diploma	58.71	
	graduate	58.89	
Work experience	1to10	58.03	
	11to20	59.03	

Since the mean scores In Table 5 lie between 30 and 70 (considerable level of stress) this shows no variation in the level of stress among the different demographic groups by comparing the mean scores. But small variations with in considerable level of stress were seen among the age range groups, work experience groups and educational level groups. To see the significance of this variation an attempt was made to compute the t-test for the gender comparison and one way ANOVA for the rest demographic variables. The results were presented below in table 6 and table 7

Table 6 summary of t-test comparison of gender difference on the level of stress

Gender		N	Mean	SD	df	t
Level of stress	Male	38	107.74	24.66	54	1.695
	Female	18	96.50	19.51		

Table 6 shows that the t-calculated (1.695) is less than the t-table of 2.00. It therefore, implies that there is no significant difference in the level of stress between male and female military health workers on the level of stress.

Using one way analysis of variance was computed between demographic variables and the level of stress. The findings of this analysis were presented in table 7 below.

Table 7 one way ANOVA result concerning level stress and demographic variables

			<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
stress * Age range	Between Groups	(Combined)	1650.936	2	825.468	1.516	.229
	Within Groups		28865.189	53	544.626		
	Total		30516.125	55			
stress * marital status	Between Groups	(Combined)	405.855	3	135.285	.234	.873
	Within Groups		30110.270	52	579.044		
	Total		30516.125	55			
stress * educational level	Between Groups	(Combined)	965.055	2	482.528	.865	.427
	Within Groups		29551.070	53	557.567		
	Total		30516.125	55			
stress * work experience	Between Groups	(Combined)	726.628	2	363.314	.646	.528
	Within Groups		29789.497	53	562.066		
	Total		30516.125	55			

From the result presented in table 7 the variations within age, marital status, educational level and work experience on the level of stress were not significant. All the significance value exceeds 0.05.

#### 4.1.3. Sources of stress

Level of stress measures were presented above. Here in table 12 the study tries to identify the main sources of work related stress in the workers. Regarding the sources of stress the interviewee identified “working condition”, as the one and they explained the working condition of central command referral hospital was demanding. The hospital is the referral hospital to army members of eight divisions and for the central command staff members. As a result the patients referred to this hospital are large in number.

Here some of the patients coming to the hospital are not truly sick, they pretend as patients to get medical leave “Bored” from the army. In such case it is difficult to differentiate between the truly healthy and sick army members. Even if it is known that the member is pretending, the need of the member and administration confuses the MHPs to make a decision. One of the respondents says ‘one of my problems is to spend all of my working time with truly patients’. This is because if the MHPs decide to recommend medical leave the administration imposes the professional. But the condition of the patient will not be well in the future. As a result the working condition of the MHPs is one of the main sources of stress.

The other repeatedly mentioned source of stress is the working atmosphere of the hospital. In this regard, the respondents told that the working place is very hot. Beside most of the working rooms are built using steel (i.e. the roof and the walls are made of steel). In such hot climate condition, working in rooms made of steel is very difficult. So the working environment’s climate condition is the second main source of stress.

The other stressor is the income; the rule (regulation) prohibits the army involvement in an extra income generating activities which restricts not to work at private health centers. This limits their income only to the salary paid from the ministry. More over the salary paid is on the bases of their military rank. For example if a health professional with MD and sergeant in his/her military rank, he/she gets equal salary with any member in the army with the rank of sergeant plus some compensation (“Ej-bilcha”). As one of the respondents told me the salary that one of his work mates with MD ranked is earned about 2500birr which is much less than that of civil health professional. Family condition of the MHPs is the other perceived stressor, since the position of the hospital is far from villages, MHPs do not live with their families.

Table 8 Major sources of work related stress.

Categories	N	Mean	SD
Role	56	62.68	21.62
Relation	56	62.29	18.76
Demand	56	60.36	15.24
Change	56	55.56	15.30
Control	56	55.45	16.42
Support	56	54.82	17.27

Table 8 presented the main sources of work related stress in their categories using mean comparisons of the categories. The ‘role’ category is the first main source of work related stress. ‘Relation’ category is the second and ‘demand’ next to relation. Finally nearby half of the respondents mentioned ‘change’ as fourth source of work related stress.

#### 4.1.4. Result concerning Coping strategies

Identifying the coping strategies to the perceived stressors were one of the main intentions of this study. The result obtained from the COPE questionnaire and analyzed using descriptive statistics presented below.

Table 9 Mean and SD associated with different categories of coping strategies

Rank	Categories	N	Mean of the category	SD
1	Escape avoidance	56	63.8	22.6
2	Distancing	56	63.0	23.3
3	Seeking social support	56	62.9	22.6
4	Confronting	56	61.6	24.4
5	Plan for problem solving	56	61.3	22.2
6	Self-controlling	56	59.5	23.4
7	Positive reappraisal	56	59.4	24.6
8	Accepting responsibility	56	58.1	23.4

With regard to the categories of coping strategies the mean percentage score from table 13 ‘Escape avoidance by hoping that miracle will happen’ categories was the most frequently rated coping strategy than the others. This might explains nature of most MHPs tendency in coping was on believing that they are unable to solve the situation by themselves. Instead MHPs leave the issue to be resolved by itself.

**4.1.5. Demographic variations in coping strategies**

Demographic nature affects the ability to cope with stressors so this study tries to explore the sex difference in coping strategies used. This is done using descriptive analyses by comparing the mean and SD in each categories.

The gender difference in coping strategy categories can be seen by computing t-test for male and female. The result of the t-test was presented in table 10.

Table 10 summary of t-test comparison of gender difference on the level of stress

	Sex	N	Mean	SD	df	t
COPE	Male	38	222.74	38.962	54	0.012
	Female	18	222.61	32.774		

The calculated t value (0.012) is less than the table value (2.00). This implies that the variation in using coping strategies were not significantly different for the male and female military health workers. Below in table 11 the significance of the variations in each of the demographic variables were seen using one way ANOVA and presented.

Table 11 one way ANOVA result of the demographic variables and their coping strategies.

		<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>
cope * Age range	Between (Combined) Groups	147.026	2	73.513	.052	.949
	Within Groups	74280.813	53	1401.525		
	Total	74427.839	55			
cope * marital status	Between (Combined) Groups	4000.712	3	1333.571	.985	.407
	Within Groups	70427.127	52	1354.368		
	Total	74427.839	55			
cope * educational level	Between (Combined) Groups	431.880	2	215.940	.155	.857
	Within Groups	73995.959	53	1396.150		
	Total	74427.839	55			
cope * work experience	Between (Combined) Groups	751.595	2	375.797	.270	.764
	Within Groups	73676.245	53	1390.118		
	Total	74427.839	55			

The result obtain from the one way ANOVA in table 15 shows no significant age, marital status, educational level and work experience variations exists among the MHPs working in central command referral hospital. Since the minimum significance value 0.407 seen within the age ranges but it is much more than 0.05.

#### 4.1.6. Most repeatedly used coping strategies

Table 12 Most repeatedly used coping strategies and their category.

<b>Repeatedly implemented Categories of coping</b>	<b>Respondents that rated the category as most repeatedly used</b>	<b>Percent of respondents that rated the category as most repeatedly used</b>	<b>Mean score</b>
Escape avoidance	28	50	182.5
Distancing	27	48.8	178.2
Seeking social support	26	46.4	169.5
Confronting	30	53.6	195.5
Plan for problem solving	27	48.2	176

The mean score of cope data were 223.2 from a total of 365 points. Table 16 Illustrates most repeatedly used coping strategies based on the result from the questionnaire distributed. About half of the MHPs included in the study use the following categories in the following rank order. “Escape avoidance by hoping that miracles will be happen” as first, “Distancing as trying to forget the whole thing” as second. The third rank is taken by the category “Seeking social support like talking to someone to find out more about the situation”. From the information given by interview respondents the coping strategy categories used were “Plan for problem solving as just concentrated on what to do next” was the first. For example they plan to transfer to the new building of central command referral hospital built near shire town. This building includes all facilities for health professionals and patients. They have also future plan to upgrade in their

military as well as health professionals' rank. The other most repeatedly used coping strategy can be categorized under "Escape avoidance by hoping that miracle will happen" category. Because they believed that they cannot change conditions in their work place that causes stress. They try to avoid hoping that the situation can be resolved by itself or wait miracle.

#### 4.1.7. Correlation between stressors categories and coping strategies

Here in table 17 the correlation coefficient is computed from the data in order to see the existence of relation between the of stressors categories. And presented the magnitude of the relation existed.

Table 13 Correlation between the stressors categories.

		change	control	demand	Relation	role	support
Change	Pearson Correlation	1	.672**	.710**	.493**	.464**	.386**
	Sig. (2-tailed)		.000	.000	.000	.000	.003
Control	Pearson Correlation		1	.553**	.413**	.428**	.230
	Sig. (2-tailed)			.000	.002	.001	.088
Demand	Pearson Correlation			1	.681**	.649**	.370**
	Sig. (2-tailed)				.000	.000	.005
Relation	Pearson Correlation				1	.503**	.348**
	Sig. (2-tailed)					.000	.009
Role	Pearson Correlation					1	.469**
	Sig. (2-tailed)						.000
Support	Pearson Correlation						1
	Sig. (2-tailed)						
	N						56

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 13 Shows there is a significant relation between the categories of stressors of the military health workers working at central command referral hospital. But the relation existed between the categories control and support was not significant.

Table 14 the correlation existed between the categories of COPE

			plan for problem solving	Confronting	distancing	Seeking	self control	accept	escape avoidance	positive thinking
plan for problem solving	Pearson Correlation	1								
	Sig. (2-tailed)									
Confronting	Pearson Correlation	.279*	1							
	Sig. (2-tailed)	.037								
Distancing	Pearson Correlation	.646**	.603**	1						
	Sig. (2-tailed)	.000	.000							
Seeking	Pearson Correlation	.649**	.501**	.709**	1					
	Sig. (2-tailed)	.000	.000	.000						
self control	Pearson Correlation	.612**	.329*	.616**	.752**	1				
	Sig. (2-tailed)	.000	.013	.000	.000					
Accept	Pearson Correlation	.597**	.534**	.715**	.771**	.727**	1			
	Sig. (2-tailed)	.000	.000	.000	.000	.000				
escape avoidance	Pearson Correlation	.486**	.583**	.709**	.614**	.581**	.706**	1		
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000			
positive thinking	Pearson Correlation	.642**	.470**	.565**	.661**	.578**	.650**	.652**	1	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000		
	N	56	56	56	56	56	56	56	56	56

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The COPE categories used by the military health workers in central command referral hospital were significantly interrelated at alpha level 0.05. But the relation existed between confronting

category with plan for problem solving and self control and confronting categories were significant at alpha level 0.01.

#### 4.1.8. Regression

Regression analysis was computed to observe the contribution of the demographic variables to the level of stress and the coping strategies. Besides computing the regression, the analysis of variance in the result helps to test the null hypothesis and to see the individual contribution of the demographic variables.

##### 4.1.8.1 Multiple Regressions between level of stress and demographic variables

Table 15 Summary of multiple regression analysis made on the demographic variables and level of stress.

<b>Variables</b>	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>R</b>	<b>R<sup>2</sup></b>
Sex	-9.205	7.012	-0.184	-1.313	0.195	0.320	0.102
Age range	9.932	6.377	0.245	1.557	0.126		
Marital status	-0.202	4.276	-0.006	-0.047	0.963		
Educational level	-5.757	8.290	-0.096	-0.694	0.491		
Work experience	-1.251	5.282	-0.036	-0.237	0.814		
Regression					0.351		

In table 15 the regression result (0.351) shows the linear combination of the level of stress to the demographic variables is not statistically related. Moreover the variable that contributes more to the level of stress is the age range (0.245) but not significant. Since the significance level of each demographic variables is greater than 0.05 it is not possible to see the difference in contributing to level of stress. This also leads to accept the null hypothesis. Also table 15 indicates the

variables together accounts for only 10.2% of the variation in the level of stress which indicates the level of stress is less influenced by the demographic variation.

**4.1.3.2. Multiple regression concerning coping strategies with demographic variables.**

Table 16 Summary of multiple regression analysis made on the demographic variables and coping strategies.

<b>Variables</b>	<b>B</b>	<b>Std. Error</b>	<b>Beta</b>	<b>t</b>	<b>Sig</b>	<b>R</b>	<b>R<sup>2</sup></b>
Sex	-0.689	11.380	-0.009	-0.061	0.952	0.175	0.031
Age range	-0.519	10.350	-0.008	-0.050	0.960		
Marital status	-6.868	6.941	-0.141	-0.989	0.327		
Educational level	11.948	13.455	0.128	0.888	0.379		
Work experience	-1.014	8.573	-0.019	-0.118	0.906		
Regression					0.902		

In table 16 the individual contribution demographic variables to coping strategies is shown. The contribution of marital status is large and educational level next to the marital status as compared to the other demographic variables. But all are not significantly contributing to the variation even the collective contribution of the variables was 3.1%.

**4.2. Discussion**

In this study effort has been made to investigate the level of work related stress and the used coping strategies in the military health workers working at central command referral hospital. The result of the analyses presented above which allows answering the research questions posed in the introductory section.

#### **4.2.1. The level of stress in MHPs working in central command referral hospital.**

Descriptive analysis was conducted to know the level of stress in the military health workers working at central command referral hospital. The Steinmetz Occupational Stress Questionnaire was designed to evaluate the three levels of stress namely low level, considerable level and high level of stress. The mean score of the level of work related stress in this study was 57.8 which lies between 30 and 70 (considerable stress level) which implies as a system military health workers working at central command referral hospital are under a considerable level of stress. This result matches with the result obtained by (Amin, Hasan,& Maryam 2012) which shows most of the military health workers in Iran army were at considerable level of work related stress.

The mean values of stress ranged from 33.3 to 89.4 which shows that none of the participants are in the low level of stress category because all the score lies between 30 to 70 (considerable stress level) and above 70 (high level of stress).

Even though Amin, Hasan,& Maryam, (2012) obtained the level of stress ranging from 26 to 91, most(75%) of the respondents were under considerable to high level of stress. The result of my study shows 100% of them are under considerable to high level of stress. The detail result of this study shows except one fifth of MHPs under high level stress the rest of them are under considerable level of stress. This result supports the theoretical expectations that level of stress among military health professionals exceeds health professionals' level of stress working in civil health organizations (Piramoan 1995, Abdi & Shahbazi 2001). During the interview the respondents were expressing their feeling towards the level of stress. MHPs stated that level of stress among them is very high, which supports the result obtained by the questionnaires.

#### **4.2.2. The major sources of stress.**

Using descriptive statistics analysis the main sources of stress among military health professionals working in central command referral hospital were tried to be identified. From the listed categories of work place stressors role category is the first main stressors category. This implies that the role category of stressors was first main sources of stress seen in the military health workers working at central command referral hospital.

Relation category is the next main category of work related stressors. Within the category relation the item mostly selected as main source of stress was “I avoid conflict with my supervisors’. This is because most of the supervisors are more experienced and ranked above the MHPs. This tension’s them not to confront with the supervisors to avoid conflict; instead they accept what the supervisors said.

The third main category of stressors categories is the Demand category. Under this category most repeatedly selected stressful work place situation is ‘I usually run out of time in performing my task because of heavy workload.’ This work place stressful situation was selected as main sources of stress by almost half of the respondents.

As (Girma, 1995) stated in his study on perceived sources of occupational stress among secondary school teachers, he listed the top three main sources of occupational stress although not categorized. In his study (Girma, 1995) listed the three main sources as follows ‘teaching too many students in one classroom’ which can be categorized under role, ‘low status of the profession in the society’ under relation and ‘pupils poor attitude towards learning’ as under demand categories. Moreover (Hagos. 1998) in his study on ‘The relationship between sex & other characteristics to teacher stress & coping strategies’ the result he found shows Work over

load and Handling relationship were the main sources of stress. But (Hagos. 1998) also did not categorize the sources of job-related stressors as seen in this study. Hagos's findings can be categorized the 'work overload' under demand/role and 'handling relationship' under relation category. This study also identified the three categories of main sources of stress, the first is the role category, then relation and third the demand which are parallel with the findings of Girma, (1995) and Hagos. (1998).

Comparing the scores of each items included under stressful works -place situations, "I avoid conflict with my subordinates" is the most stressful situation which has a score of 73.2. This implies repeatedly avoiding conflict with subordinates is the main source of stress. Beside this "There is a conflict between my unit and other units" is the situation that caused less stress. This is because of the nature of the Ethiopian military practices that repeatedly avoiding conflict reduces conflicts.

#### **4.2.3. Coping strategies related to the perceived stressors**

To identify the coping strategies repeatedly used to reduce the perceived stressors descriptive analysis was made. From the eight categories of coping strategies three most repeatedly used categories of cope were identified. The category 'Escape avoidance by hoping that miracle will happen' is the first category used. Four of the items under this category were preferred coping strategies commonly used. From this category the item 'I forget about the issue hoping it will resolve itself' was most repeatedly used strategy. The second category that the military health professional use to cope with work related stress is 'Distancing as trying to forget the whole thing'. Repeatedly used coping strategy under this category was the item 'I resign myself to accepting the issue the way it is'. The third labeled category of coping with stress causing

situation is ‘Seeking social support like talking to someone to find out more about the situation’. Under this category the item ‘I seek advice about the issue from people close to me’ is repeatedly used coping strategy. Even though his study focused on teachers, Hagos founds that positive thinking and carefree attitude were frequently mentioned coping strategies (Hagos. 1998). Carefree attitude can be categorized under ‘Distancing’ category and positive thinking under ‘Escape avoidance’ respectively. Hagos’s finding also coincides with the result of this study.

#### **4.2.4. The demographic nature of level of work related stress and coping strategies to work related stressors**

To see the demographic variations in the level of stress and coping strategies regression analysis was employed. The overall result shows no significant variation exists between demographic variables on the level of stress as well as the coping strategies. This result is also supported by the finding of (Groot & Maassen 1999, Amin, Hasan,& Maryam, 2012). Amin, Hasan,& Maryam, reported the level of occupational stress among military members of health setting of Iran Army. In their result of comparison of demographic variables the stress level varied only among the service type but no difference were observed concerning other demographic variables. The result contrasts with the findings of (Hagos. 1998) in that Hagos reported significant differences among the demographic variables like sex, age and educational level. This may be because of the nature of the professions and the ethics followed by the professionals.

In this study an attempt was made to see the demographic variations between military health professionals that scored high level of stress. From the total respondents about twenty percent faced high level of stress. There existed demographic variations among the highly stressed

MHPs. As mentioned in table 10 the percentage of the number of male MHPs exceeded the female MHPs, indicating that male MHPs are highly stressed compared to female MHPs.

The middle aged (31 to 40 years old) MHPs under high level of stress are more in number compared to the other groups. Married and single MHPs members are found under high level of stress with the number of married exceeded the single ones. This shows that married MHPs but not living with their families faced high level of stress compared to others. Members of MHPs having high school educational level are more in percent under high level stress than others. But no MHP with graduate educational level involved under high level stress. This indicates the increase in educational level of MHP members is inversely related to the level of stress. The service type could not show any difference because none of the MHPs are working as administrator. This is because military hospitals mostly administered by military members that are not MHPs. Also there is no difference in coping strategies used among the different demographic variables. In table 13 attempts was made to see the sex difference but the result shows no significant variation among the MHPs. The maximum mean variation for sex was 3.4 which was not significant. Even with this variation male MHPs repeatedly use coping strategies than female MHPs. The result concerning coping strategies helps to decide there is no significant demographic variation among MHPs of central command referral hospital in using coping strategies.

#### **4.2.5. Relation between the categories of stressors and the coping strategy categories.**

For both stressors categories and categories of coping strategies pearson's product moment correlation were computed. In the result significant relation was existed between the categories stressors and coping strategy categories at alpha level of 0.05. Rather the correlation existed

between control and support categories of stressors were not significant. Moreover the relation existed between confronting with plan for problem solving and self control with confronting categories was significant at the alpha level 0.01. This implies the categories of stressors and coping strategies are interrelated.

#### **4.2.6. Most repeatedly used coping strategy**

Form the categories of coping strategies listed under table 15 the most repeatedly used category was 'Escape avoidance' coping strategies category. This is because there is nothing to do for the military health workers by themselves, instead they just try to follow order of their bosses than trying to convince. The other most repeatedly used category used category of coping strategy was 'Distancing'. They believed that thinking on the issue repeatedly is not the possible way to solve the problem, as a result most military health workers tries to distance themselves from the issue to forget because no more bothered by the issue if they can forget.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMENDATIONS

In this section the results were summarized. The conclusion and recommendations were made on the basis of the result obtained during the study.

#### 5.1. Summary

The objectives of this study were

- Exploring the level of stress among the military health professionals of central command referral hospital.
- Identifying the main perceived stressors among military health professionals.
- Seeing how military health professionals cope with perceived stressors.
- Testing whether there is statistically significant relation between the level of stress and the coping strategies used.
- Exploring the contribution of demographic variables to the level of stress and coping methods.
- Identifying the types of coping strategies that were most repeatedly used.

After a pilot study, 56 MHPs responded to the questionnaires in relation to the level of stress and coping strategies. The analysis was made in three levels. Firstly descriptive analyses computed to examine the level of stress, identify possible sources of stress, and explore the coping strategies repeatedly used by the MHPs. The levels of stress that the MHPs experienced were totally under considerable to high level of stress. In addition to measuring the level of stress the identified sources of stress during this study were the category 'role' as most repeatedly used coping

strategy and 'relation' was the second with other categories followed. The coping strategies of different categories were given order 'escape avoidance' as most repeatedly used coping strategies category to 'accepting responsibility' as least repeatedly used category of coping strategies with other categories in between the two categories. Secondly an attempt was made to see the existence and magnitude relation between level of stress and coping strategies. In this regard the result shows the existence of significant relation using pearson's correlation analyses. Finally regression was computed to identify the collective and individual contribution of the demographic variables. Result concerning the individual and collective contribution the demographic variables to level of stress and coping strategies shows the contribution of demographic variables were not significant.

#### **4.2.Conclusions**

On the basis of the findings of this study the following conclusions have been reached.

The result of this study showed the existence of work related stress among the MHPs working in central command referral hospital. The study also indicated that the level of stress that the majority of the MHPs expressed was at considerable level. Nearby 20% of the MHPs perceived high level of stress, with no member under low stress level. Beside this, none of the demographic variables have shown any significant difference on the level of stress as well as the coping strategies used by military health workers.

#### **Recommendations**

1. The MHPs needs to be devised with coping strategies that helps them to minimize the negative effects of work related stress. Also they should be provided self-care outlets by making available recreational activities to all MHPs.
2. Further studies are required to determine factors influencing work related stress in military health workers of central command referral hospital's military health workers.

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**Appendix A**

ADDIS ABABA UNIVERSITY  
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES  
SCOOLOF PSYCHOLOGY

The purpose of this questioner is to collect stress causing and personal information for the study “work related stress and exploited coping strategies” among military health professionals working at central command referral hospital shire.

**QUESTIONNAIRES TO BE COMPLITED BY MILITARY HEALTH WORKERS**

**General Direction:** Please Read these Instructions Carefully and note that this information will be kept strictly confidential. The findings of the investigation will be reported as aggregate findings of the group, and not as individual findings of any one participant. Please be honest. There is no right or wrong answer. It is a matter of your personal experience. Thank you. ABIY TELILA

**Thank you in advance!**

**Demographic Questions**

**Direction I:** Pleas make a thick (√) in the box near the information that shows your own situation.

**Gender**

Male  Female

**Age range**

20-30  31-40  > 40

**Marital Status**

Married  Single  widowed  Divorced

**Education**

High School  Diploma  Graduate  Post Graduate

**Work experience**

1-10 years  11-20 years  >= 21 years

**Type of Service**

Clinical  Administrative

**Directions II :** People do different things when they are very upset or bothered by a problem or situation. Indicate how often you did each of the following things when you experienced a serious problem or situation. Thich 1= “Never”, 2 = “Seldom”, 3 = “Often” and 4 = “Usually”, and 5 = “Always”.

<b>R.No</b>	<b>Stressful work -place situations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1	I disagree with the supervisor.					
2	My supervisor are demands contradictory.					
3	My boss frequently blames me.					
4	There is a conflict between my unit and other units.					
5	I avoid conflict with my supervisor(s).					
6	To do the tasks in my unit, I have to be in contact with other units.					
7	I have conflict with the members of my unit.					
8	I have conflict with the members of other units.					
9	I enjoy assistance and support of my colleagues.					
10	Making negative comments about colleagues are difficult for me.					
11	It is difficult for me to judge between colleagues.					
12	I avoid conflict with colleagues.					
13	It is difficult for me to comment negatively about my subordinates.					
14	It is difficult for me to judge the difference between my subordinates.					
15	I avoid conflict with my subordinates.					

**Directions II :** People do different things when they are very upset or bothered by a problem or situation. Indicate how often you did each of the following things when you experienced a serious problem or situation. Thick 1= “Never”, 2 = “Seldom”, 3 = “Often” and 4 = “Usually”, and 5 = “Always”.

<b>R.No</b>	<b>Stressful work -place situations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
16	My professional expertise contrasts with my organizational task.					
17	My organizational task is not related to my education.					
18	I feel pressured from my family because of long work hours and work on holidays.					
19	I feel pressured to do my task within the time schedule.					
20	I usually run out of time in performing my task because of heavy workload.					
21	I am worthy of something better than my current job.					
22	I feel I am not qualified for my job.					
23	Most people do not know much about the nature of my job.					
24	It is difficult for me to deal with aggressive people.					
25	It is difficult for me to deal with passive persons.					
26	Most of my time at work is spent on disputes and quarrels rather than wok.					
27	I am expected to do several things simultaneously.					
28	Often I am expected to leave my work unfinished for more important things.					
29	I do not trust the organization’s leadership.					

**Directions II :** People do different things when they are very upset or bothered by a problem or situation. Indicate how often you did each of the following things when you experienced a serious problem or situation. Thick 1= “Never”, 2 = “Seldom”, 3 = “Often” and 4 = “Usually”, and 5 = “Always”.

<b>R.No</b>	<b>Stressful work -place situations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
30	Supervisors do not consult me on decisions that are related to my task.					
31	Management does not understand the real needs of the organization.					
32	My personal needs conflict with organization’s requirements.					
33	Administrative practices impede the work to be done.					
34	Our organization does not use the facilities properly.					
35	The training courses I passed differ from those my close colleagues passed.					
36	Contradictory policies lead to failure.					

*Thank you for completing the Questionnaire!*



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SCHOOL OF PSYCHOLOGY

The purpose of this questioner is to collect information on cope with work-place stress causing situations for the study “work related stress and used coping strategies” among military health professionals working at central command referral hospital shire.

**Thank you in advance!**

**Direction III** People often react in different ways when they are faced with a difficult, challenging, or stressful issue in life. This questionnaire invites you to respond to how frequently you cope in the ways the statements suggest in terms of what you do or feel when you experience a stressful or challenging issue in your life. It is to be expected that the type of issue you face in a given situation may change the way you react so answer the following questions from the viewpoint of what you generally do or feel most of the time . Please respond to every item and report what is true or mostly true for you, not what you believe other people would do in a similar situation facing the same issue. Use the following scale and respond to each statement by placing a number in the blank space before each item.

**Never=1   Rarely=2   Sometimes=3   Often=4   Very Often=5**

\_\_\_ 01. I try to see the issue from several perspectives.

\_\_\_ 02. I try not to think about the issue.

\_\_\_ 03. I seek advice about the issue from people close to me.

\_\_\_ 04. I feel like I have to allow the issue to run its course.

\_\_\_ 05. I consider what resources I can access in order to meet the demands the issue requires of me.

\_\_\_ 06. I get upset and express my anger about the issue.

\_\_\_ 07. I spend time with nature (e.g. a walk, a picnic in a park) so I can have strength to cope with the issue.

\_\_\_ 08. I become involved in other things (work, hobbies, or intellectual pursuits) to distract myself from the issue.

\_\_\_ 09. I make jokes about the issue.

**Never=1   Rarely=2   Sometimes=3   Often=4   Very Often=5**

- \_\_\_ 10. When I think about the issue I tell myself things could be much worse.
- \_\_\_ 11. I postpone thinking about the issue.
- \_\_\_ 12. I talk with people I can trust about the issue.
- \_\_\_ 13. I just accept the issue and give up trying to do anything about it.
- \_\_\_ 14. I am unable to develop a plan to resolve the issue.
- \_\_\_ 15. I vent my emotions about my frustration with the issue.
- \_\_\_ 16. I seek comfort about the issue through meditation or prayer.
- \_\_\_ 17. I use alcohol or drugs to distance myself from the issue.
- \_\_\_ 18. I try to understand how I might grow as a result of the issue.
- \_\_\_ 19. I use daydreaming to avoid the issue.
- \_\_\_ 20. I get stuck when I try to think of ways to address the issue.
- \_\_\_ 21. I find myself just needing to talk to others about the issue in order to relieve some stress.
- \_\_\_ 22. I turn to a religious leader or spiritual advisor for guidance about the issue.
- \_\_\_ 23. I lose myself in activities that make it difficult for me to focus on the issue
- \_\_\_ 24. I find myself laughing about the issue.
- \_\_\_ 25. I confront the issue in ways I believe will make a difference.
- \_\_\_ 26. I try to be positive and look on the bright side of things in spite of the issue.
- \_\_\_ 27. I forget about the issue hoping it will resolve itself.
- \_\_\_ 28. Others generally don't know about the issues I have to deal with.
- \_\_\_ 29. I spend time evaluating my options for resolving the issue.
- \_\_\_ 30. I spend time doing things for others in order to take my mind off thinking about the issue.
- \_\_\_ 31. I am sarcastic about matters related to the issue.
- \_\_\_ 32. I seek to learn something about myself from the issue.

**Never=1   Rarely=2   Sometimes=3   Often=4   Very Often=5**

- \_\_\_ 33. I just ignore the issue.
- \_\_\_ 34. I enlist the support of others to tackle the problems associated with issue.
- \_\_\_ 35. Even though I want to resolve the issue, I find myself doubting that anything can really be done about it.
- \_\_\_ 36. I struggle to find ways to handle the issue.
- \_\_\_ 37. I lash out as a way of dealing with the issue.
- \_\_\_ 38. I try to connect with a higher power or essence (e.g. Deity, God, Ala, Buddha, etc...)
- \_\_\_ 39. I find things to do to keep myself busy so I don't have to worry about the issue.
- \_\_\_ 40. I tell myself other people have bigger issues in their life than mine.
- \_\_\_ 41. I act as though the issue isn't affecting me even though it really is.
- \_\_\_ 42. I seek guidance from people who I believe can help me address the issue in a meaningful way.
- \_\_\_ 43. I wait and prepare myself for whatever outcome is going to happen.
- \_\_\_ 44. I press forward with an action plan that will change the way the issue will turn out.
- \_\_\_ 45. I make several efforts to address the issue in different ways.
- \_\_\_ 46. I feel so overwhelmed by the issue I break down and cry.
- \_\_\_ 47. I try to gain understanding about this issue from religious beliefs or faith.
- \_\_\_ 48. I watch television or movies instead of concentrating on the issue.
- \_\_\_ 49. I talk to myself in ways that help me see the issue less negatively.
- \_\_\_ 50. I pretend the issue isn't as serious as it really is so it doesn't seem quite as bad.
- \_\_\_ 51. People who know me well are not aware of the stressful issues in my life.
- \_\_\_ 52. I just learn to live with the issue.
- \_\_\_ 53. I develop strategies that will empower me to effectively deal with the issue.
- \_\_\_ 54. The issue causes me to be irritable (e.g. moody, raise my voice) with others.
- \_\_\_ 55. I place my trust in a divine power that is mindful of my struggles with this issue.

**Never=1   Rarely=2   Sometimes=3   Often=4   Very Often=5**

- \_\_\_ 56. I turn to food or eating as a way of forgetting about the issue.
- \_\_\_ 57. I poke fun at things related to issue.
- \_\_\_ 58. I'm good at finding productive ways to resolve the issue.
- \_\_\_ 59. I turn to recreational activities as a way to manage my feelings about the issue.
- \_\_\_ 60. I pretend the issue doesn't exist.
- \_\_\_ 61. I turn to others who have had similar issues for guidance and direction.
- \_\_\_ 62. I resign myself to accepting the issue the way it is.
- \_\_\_ 63. I talk to professional people for help with the issue (e.g. doctor, therapist, or attorney).
- \_\_\_ 64. I am aggressive in my approach to confronting the issue.
- \_\_\_ 65. I seek solitude and peace about the issue through sources that help me connect with my spirituality.
- \_\_\_ 66. I immerse myself in other things in order to take my mind off the issue.
- \_\_\_ 67. I find myself denying there is any "real" issue so I don't have to face it.
- \_\_\_ 68. I seek help from groups who are addressing similar issues.
- \_\_\_ 69. I spend time thinking about the best approach to addressing the issue.
- \_\_\_ 70. I make comments that reflect humor about the issue.
- \_\_\_ 71. I get so exhausted with the issue I just accept things the way they are.
- \_\_\_ 72. I procrastinate doing things that might make a difference with the issue because they seem hard to do.
- \_\_\_ 73. If the people who are close to me knew about the issues I have to deal with they would be surprised.

***Thank you for completing the Questionnaire!***



ADDIS ABABA UNIVERSITY  
COLLEGE OF EDUCATION AND BEHAVIOURAL STUDIES  
SCHOOL OF PSYCHOLOGY

The purpose of this questioner is to collect information on cope with work-place stress causing situations for the study “work related stress and used coping strategies” among military health professionals working at central command referral hospital shire.

**Interview questions**

1. Have you experienced stress in any situation in your role as a military health professional? If yes, what makes the situation difficult?
2. Did you anticipate any negative consequences or did you view the difficult situation as a challenge? Please expand upon your answer.
3. What emotions did you experience following this difficult situation?
4. How did you cope with this difficult situation?
5. Was your strategy effective for you in this difficult situation? If your strategy was not effective, what could you have done differently?
6. As a military health professional, what situations, in general, are sources of stress for you in your role?
7. What activities do you generally engage in to decrease stress?

Are there any other comments regarding this subject that you may want to add? Please elaborate.





**SS]Á G<Kf** : c< c=udÚ "ÁU %j' <Ó' c=ÁeÚ"n†< %4}KÁ; É[Ñ>„>” ÁđiTK<:: λ'f λ?Ç=I >Á'f

G<'@> c=ÁÓØU-f %4T>ÿ}K<f" uU" ÁIM ÉÓÓVi ÁđiTE†M; h†úÖ<f lØa< u> vK"< x> λβ β[f(v) βÉ'Ñ< 1 ,  
 Λ#uöi<U\$' 2,Λ#uØm-\$' 3,Λ#u}ÁÖÖT>\$' 4,Λ#w³—<" Ñ>2?>\$' 5,Λ#G<M Ñ>2?>\$

†.ϕ	β"kf ðx] %e^ x>G<'@>	1	2	3	4	5
1	ÿ}qxx]~< Ò' >MÓwU					
2	%4}qxx]Á ðLÔf ðh'e u'c< ÁÓÝM					
3	>KnÁ u}ÁÖÖT> Á"iK—M					
4	uλ'@ jðM λ" uK?KA< jðKA< SGM Óβf >K					
5	ÿ}qxx]Á/-Š Ò' ÁK" Óβf >e"ÓÇKG<					
6	%4jðK?" e^ KTÿ"" ÿK?KA< jðKA< Ò' Ó"—<'f SðÖ' >Kw~					
7	ÿjðK? >vLf Ò' Óβf >Kw~					
8	ÿK?KA< jðKA< >vLf Ò' Óβf >Kw~					
9	%e^vMÁ[xŠ" λ'Ç>ðh" ÉÓö uÁe>ðhkuLKG<					
10	ue^vMÁ[xŠ LÁ >K<> e}Á%4f SeÖf ÁÿwÁ—M					
11	ue^vMÁ[xŠ S"ÿM M;f SðÖ' ÁÿwÁ—M					
12	ÿe^vMÁ[xŠ Ò' ÁK" Óβf >e"ÓÇKG<					
13	ue^ ÉÖö cÜ-Š LÁ >K<> e}Á%4f SeÖf ÁÿwÁ—M					
14	ue^ ÉÖö cÜ-Š S"ÿM M;f SðÖ' ÁÿwÁ—M					
15	ÿe^ ÉÖö cÜ-Š Ò' ÁK" Óβf >e"ÓÇKG<					

**SS]Á G<Kf** : c- c=udÚ "ÁU ¼] ' Ó' c=ÁeU"n†< ¼}KÁ₂ É[Ñ>," ÁđřTK<:; ħ'f ħ?Ç=1 ›Á'f G<'@> c=ÁÓØU-f

¼T>Ÿ]K<f" uU" ÁIM ÉÓÓVi ÁđřTE†M; ħ†řŌ<f lØa< u> vK< x> ʌp B[f(**V**) ,É'Ñ< 1 , ʌ#uøi<U\$' 2,ʌ#uØm-\$' 3,ʌ#u]ÁÓÒT>\$' 4,ʌ#w³—<" Ñ>2?\$' 5,ʌ#G<M Ñ>2?\$

†.đ	ß"kf đx] ¼e^ x>G<'@>	1	2	3	4	5
16	ÁK~ ¼S<Á wnf ŸSe]Á u?, }Óv' Ò' ÁÓÝM					
17	¼Se]Á u?, }Óv' ŸfUI', Ò' ›ÁH@ÉU					
18	K[ŪU c>f ħ" uu>Lf k" f Se^, Ÿu?}cu? Ý" ›UØ,w—M					
19	u"~< ¼Ñ>2? cK?Ç "eØ e^Á" TŸ"" Ý" đØaw—					
20	vKw~ ¼e^ Ý" Uj"Áf ›w³—< Ñ>2?Á ^Á" uSŸ"" ÁMóM					
21	›G<" ŸTŸ""<"> }Óv' ¼}gK ¼Se^f wnf ›K~					
22	KTŸ""<"> }Óv' ¼unG< ›ÁSeK^U					
23	w²< c"> eK@ħ'@ ¼e^ vl] ›Á"<LU					
24	ŸGĀK—/}“Çĭ Ÿj'< c"> Ò' SÓv>f ÁŸwĀ—M					
25	†Mj—/đx" "MJ'< c"> Ò' SÓv>f ÁŸwĀ—M					
26	›w³—< ¼e^ c, ¼T>ÁMđ"< uj'ĭ" ußpßp ʌ"í= ue^ ›ĀĀKU					
27	w²< }Óv^f" Ó" KÓ" ʌ"ÇŸ""<" ÁÖupw—M					
28	w²< Ñ>2? ¼ĚS'Ÿ<f" e^ fš uÓM ›"ÑwØu= KJ' Ñ<ÇĀ ʌH@ÇKG<					
29	¼Se]Áu?,› ›S^' ›LU""<U					

**SS]Á G<Kf** : c-< c=udÚ "ÁU ¼)" <Ó' c=ÁeÚ"n†"< ¼)KÁ; É[Ñ>„," ÁđíTK<:: Ì'f Ì?Ç=I ›Á'f G<'@>f-<

c=ÁÒØU-f ¼T>ÿ)K<f" uU" ÁIM ÉÓÓVi ÁđíTE†M; h†túÖ<f lØa; u,†< vK'< x,† ¼, ß[f(v) ,É'Ñ< 1 , Ì#uôi<U\$' 2, Ì#uØm-\$' 3, Ì#u}ÁÒÒT>\$' 4, Ì#>w³—<" Ñ>²?>\$' 5, Ì#G<M Ñ>²?>\$

R.No †.†	Stressful work -place situations ß"kf ðx] ¼e^ x,†G<'@>f-<	1	2	3	4	5
30	}qxx}- ÿ'@ }Óv' Ò' K}Ñ"- "d'@ Ì'@" ›ÁTj\U					
31	›e}ÇÁ\ eK }Úvß ¼Se]Á u?- ðLÔf ›Á[ÇU					
32	¼ÓM ðLÔ, ÿSe]Áu?, Seđ'f Ò' ÁÒÝM					
33	¼›e}ÇÁ\ }Óv' ¼T>c^<" e^ Á"<"M					
34	¼Ë— Se]Á u?f Ów„," u'Óvu< ›ÁÖkUU					
35	ÁKðÿ<uf ¼eMÖ" S'G Ów' K?KA; vMÁ[xš "Kñuf ÁKÁM					
36	°e u'c< ¼T>x[e ßK=c= K'<Ékf ÁÇ'ÒM					

ÁI" SÖÃp eKVK< ›ScÓ"KG<!



**አዲስ አበባ ዩኒቨርሲቲ**

**የትምህርትና ስነ ባህሪ ጥናት ኮሌጅ**

**ስነ ባህሪ ትምህርት ክፍል**

የዚህ መጠይቅ አገልግሎት በመክሰብ ዕዝ ሪፈራል ሆስፒታል ወስጥ የሚከተሉ ወታደር የህክምና ባለሙያዎች በስራ ቦታ ላይ የሚገኙትን ጭቀት ፈጣሪ ሁኔታዎችን እንደገና እንደሚቆጣጠሩ መረጃን ለመሰብሰብ የተዘጋጀ ነው፡፡

**በቅድሚያ አመላካች ለሆኑ**

**መሠሪያ ሦስት፡ -**

ብዙ ጊዜ ሰዎች አስቸጋሪ፣ አስጨቋኝ ወይም ጭንቀት ያለው ነገር በሂደታቸው ሲገኙ ጥምርታ በተለያዩ መንገድ ስሜታቸውን ያንጸባርቃሉ፡፡ ይህ መጠይቅ በሂደት ላይ አስቸጋሪ ወይም ጭንቀት የሚጠይቁ ነገሮች ሲያጋጥሙ ለእንደሚረግ ወይም ለእንደሚከተሉት በምን ያክል ጊዜም ምላሽ እንደሚሰጡ ሃሳቦች የሚጠቁሙትን መረጃ በመጽረግ ምላሽ እንዲሰጡ ይጋብዛል፡፡ በሆነ አጋጣሚ የገጠመው የጉዳይ አይነት ምናልባት ምላሽ የሚሰጡበትን መንገድ የለወጠ ለሆነ እንደሚቻልም ይጠበቃል፡፡ ስለዚህ የሚከተሉትን መጠይቆች ብዙ ጊዜ ምን እንደሚደርጉ ወይም እንደሚሰማዎት ጠቅለል ባለ እይታ በመጻፍ ምላሽ ይሰጡ፡፡ አባዘን ለእያንዳንዱ መጠይቅ ምላሽ ለመስጠት ሌሎች ሰዎች ለተመሳሳይ ጉዳይ ይሰጡ ብለው የሚገምገሙትን ሳይሆን ለርሰዎ እውነት ወይም ብዙ ጊዜ እውነት ነው ብለው ከሚገምገሙት አኳያ ቢሆን ይመረጣል፡፡ የሚከተሉትን ምጣኔዎች በመጠየቅ የሚሰጡትን የምጣኔ ቁጥር በተራቁጥሮቹ ፊት ለፊት በተሰጡት ክፍት ቦታዎች ላይ በመጻፍ ምላሽ ይሰጡ፡፡

በፍፁም = 1    በጣም አልፎ አልፎ = 2    አልፎ አልፎ = 3    በተደጋጋሚ = 4    በጣም በተደጋጋሚ = 5

- \_\_\_\_\_ 01. ጉዳዩን ከብዙ አቅጣጫ ለማይታይ እሞክራለሁ፡፡
- \_\_\_\_\_ 02. ስለጉዳዩ ምንም ነገር አለመክብብን እመርጣለሁ፡፡
- \_\_\_\_\_ 03. ስለጉዳዩ ከመቅረብ ሰዎች ምክር ለመቀበል እሻለሁ፡፡
- \_\_\_\_\_ 04. ጉዳዩ ተግባሩን እንዲቀጥል መቆየት እንዳለብኝ ይሰማኛል፡፡
- \_\_\_\_\_ 05. ለጉዳዩ የሚያስፈልገኝን ቁሳቁስ የማይሰጡትን ምንጭ አፈላልጋለሁ፡፡
- \_\_\_\_\_ 06. በጉዳዩ እናደግግለሁ፤ ስለጉዳዩ የገጠመኝን ንድፍንም እገልጻለሁ፡፡
- \_\_\_\_\_ 07. ጉዳዩን ለመቆየት አቅም እንዳላሰጥኝ ከተፈጥሮ ጋር ጊዜ አጠፋለሁ (ምሳሌ፡- የሰውነት እንቅስቃሴ ሽርሽር)፡፡
- \_\_\_\_\_ 08. ከጉዳዩ ለመቅ ስል ራሴን በልዩ ልዩ ጉዳዮች እጠማለሁ (ስራ፣ መዘናኛት፣ ምህራዊ ተሳትፎ)፡፡
- \_\_\_\_\_ 09. በጉዳዩ ዙሪያ ቀልዶችን አዘጋጃለሁ፡፡
- \_\_\_\_\_ 10. ስለጉዳዩ ሳስብ ነገሮች ሁሉ የበለጠ አስቸጋሪ እንደሚሆኑ ለራሴ እነግራለሁ፡፡
- \_\_\_\_\_ 11. ስለነገሩ ለማወቅ ቀጠሮ አበዛለሁ፡፡
- \_\_\_\_\_ 12. ስለጉዳዩ ከመሠረታቸው ሰዎች ጋር አወራለሁ፡፡
- \_\_\_\_\_ 13. ጉዳዩን ተቀብሮ ስለሱ ምንም ነገር ላለማጽረግ እወስናለሁ፡፡
- \_\_\_\_\_ 14. ስለጉዳዩ መፍትሄ ለማግኘት እቅድ ማውጣት አልቻልኩም፡፡
- \_\_\_\_\_ 15. በጉዳዩ የሚያስፈልገኝን ነገር ስሜቱን አወጣጥኛለሁ፡፡
- \_\_\_\_\_ 16. ስለጉዳዩ በህክምና ወይም በጸሎት መፍትሔ እሻለሁ፡፡

በፍፁም = 1    በጣም አልፎ አልፎ = 2    አልፎ አልፎ = 3    በተደጋጋሚ = 4    በጣም በተደጋጋሚ = 5

- \_\_\_\_\_ 17. ራሴን ከጉዳዩ ሃሳብ ለማረቅ አልኮል ወይም መድሃኒት እጠቀማለሁ፡፡

- \_\_\_\_\_ 18. በጉዳዩ ላይ ምን ያክል ራሴን እንዳዳበርኩ ለማወቅ ጥረት አደረጋለሁ፡፡
  - \_\_\_\_\_ 19. ስለጉዳዩ በሚጠበቀው በቀን ህልም እዋጣለሁ፡፡
  - \_\_\_\_\_ 20. ስለጉዳዩ ማቆራረጥ ሳፈላልግ የሚገባኝን አንዳች ነገር አለ፡፡
  - \_\_\_\_\_ 21. ራሴን ከጉዳዩ ተፅዕኖ ነፃ ለማድረግ ስለጉዳዩ ከሰዎች ጋር መወያየት እንደማይገባኝ ገብቶኛል፡፡
  - \_\_\_\_\_ 22. ስለጉዳዩ መመኪያ እንዲሰጠኝ ፊቴን ወደ ሃይማኖታዊ ማህበራዊ ወይም ማህበራዊ አማካሪ አዘጋጅኩለሁ፡፡
  - \_\_\_\_\_ 23. በጉዳዩ ላይ እንዳላተኮር በማድረግ ስራዎች ላይ ጊዜዬን አጥፍጃቸዋለሁ፡፡
  - \_\_\_\_\_ 24. በለጉዳዩ ላይ እየተሳለቁ እንዳለሁ አወቃለሁ፡፡
  - \_\_\_\_\_ 25. ጉዳዩን ባመንኩበት ማንገድ ከተጋፈጥኩት ለወጥ አመጣለሁ፡፡
  - \_\_\_\_\_ 26. ነገሮችን በአወንታዊ ሃሳብ እመለከታለሁ የጉዳዩ ተፅዕኖ እንዳለም ቢሆን፡፡
  - \_\_\_\_\_ 27. ጉዳዩ በራሱ ጊዜ ማቆራረጥ ያመጣል ስለምል ስለሱ ማጠቃለያ አቁማለሁ፡፡
  - \_\_\_\_\_ 28. ስለጉዳዩ ማንገር ብፈልግም ሌሎች ግንዛቤ የላቸዋል፡፡
  - \_\_\_\_\_ 29. ስለጉዳዩ ማቆራረጥ ያለኝን አሜሪካ ለመገምገም ጊዜ እሰጣለሁ፡፡
  - \_\_\_\_\_ 30. ስለጉዳዩ ያለኝን አስተሳሰብ ለሌሎች እንዲጋሩ ለማድረግ ጊዜ ሰጥቼ አንዳንድ ነገሮችን እሰራለሁ፡፡
  - \_\_\_\_\_ 31. ከጉዳዩ ጋር ተያያዥኩት ስላላቸው ነገሮች በጎ አመለካከት የለኝም፡፡
  - \_\_\_\_\_ 32. ከጉዳዩ ስለራሴ አንድ የሆነ ነገር መሞር እፈልጋለሁ፡፡
  - \_\_\_\_\_ 33. ስለጉዳዩ ምንም ደንታ የለኝም፡፡
  - \_\_\_\_\_ 34. ከጉዳዩ ጋር የተያያዙ ችግሮችን ለመቀቀም በማድረግ የሌሎች ሰዎች ድጋፎች እተባበራለሁ፡፡
  - \_\_\_\_\_ 35. ጉዳዩ ማቆራረጥ እንዲያገኝ ብፈልግም በጉዳዩ ላይ አንዳች ለወጥ አይመጣም ብዬ እጠራለሁ፡፡
  - \_\_\_\_\_ 36. ጉዳዩን ለመቆጣጠር የማቆራረጥ አቅጣጫ ለማግኘት እታገላለሁ፡፡
  - \_\_\_\_\_ 37. ስለጉዳዩ ስነ-ምግባር ሰዎችን አስቆጣለሁ፡፡
  - \_\_\_\_\_ 38. ጉዳዩን ከከፍተኛ ሃይል ጋር ለማያያዝ እጥብቃለሁ (ምሳሌ፡- ከጣኦት፣ ከእግዚአብሔር፣ አላህ፣ ቡድሃ፣ ...)፡፡
  - \_\_\_\_\_ 39. ስለነገሩ ላለሚጠበቀው ስል ራሴን በስራ አጠናኝነት አደገኝ፡፡
  - \_\_\_\_\_ 40. ሌሎች ሰዎች ከኔ ጉዳይ የበለጠ የሂወት ጉዳይ እንዳላቸው ራሴን አሳምኛለሁ፡፡
  - \_\_\_\_\_ 41. ጉዳዩ እራሴን እየሳደኝ እያለ ያልሳደኝ ለመመዘን እጥብቃለሁ፡፡
  - \_\_\_\_\_ 42. ጉዳዩን በሚገባኝ ማንገድ ለያስረዳኝ ከሚችሉ ሰዎች ምክር እሻለሁ፡፡
  - \_\_\_\_\_ 43. ምንም ነገር ቢመጣ ራሴን ዝግጁ አድርጌ እኖራለሁ፡፡
  - \_\_\_\_\_ 44. በጉዳዩ ላይ ለወጥ ሊያመጣ የሚችል የተግባር እቅድ አወጣቼ እሰራለሁ፡፡
  - \_\_\_\_\_ 45. በጉዳዩ ላይ ተደራሽ የሚሆኑ የተለያዩ ጥረቶችን አደርጋለሁ፡፡
  - \_\_\_\_\_ 46. በጉዳዩ ስሜት እጂጉን ስለሚሰጥ በጣም አለቅሳለሁ፡፡
  - \_\_\_\_\_ 47. ጉዳዩን ከሃይማኖት ወይም አምላካዊ አካል ለመረዳት እጥብቃለሁ፡፡
  - \_\_\_\_\_ 48. በጉዳዩ ላይ ከማተኮር ይልቅ ቴሌቪዥን ወይም ፊልም አያለሁ፡፡
  - \_\_\_\_\_ 49. ጉዳዩን በአሉታዊ ማንገድ ከመመኪያ ከሚጠበቀው ነገሮች ለራሴ እነግራለሁ፡፡
- በፍፁም = 1    በጣም አልፎ አልፎ = 2    አልፎ አልፎ = 3    በተደጋጋሚ = 4    በጣም በተደጋጋሚ = 5**
- \_\_\_\_\_ 50. ጉዳዩ እንደእሱነታዎቼ ከባድ እንዳልሆነ ለማሳወቅ እጥብቃለሁ፡፡
  - \_\_\_\_\_ 51. በሚገባ የሚቀርብ ሰዎች ጉዳዩ በሂወቴ ላይ ያደረሰብኝን ተፅዕኖ አይረዳልኝም፡፡

- \_\_\_\_\_ 52. ከጉዳዩ ጋር ተስማሞቹ መኖርን ተምራህለሁ፡፡
- \_\_\_\_\_ 53. በጉዳዩ ዙሪያ በአግባቡ ሊያወያዩኝ የሚችሉ መርሆዎችን አዳብራለሁ፡፡
- \_\_\_\_\_ 54. ጉዳዩ ከሰዎች ጋር እንዳልግባባ ያደርገኛል (ምሳሌ፡- የፀባይ መቆያየር፣ መጫጫ፣ ወዘተ...)፡፡
- \_\_\_\_\_ 55. በጉዳዩ ላይ የሚደርገውን ትግል ለሚዳልኝ ሃይል እምነቴን እጥላለሁ፡፡
- \_\_\_\_\_ 56. ጉዳዩን ለመርሳት ስል አቅጣጫን ወደ ምግብ ወይም መባላት አዘራለሁ፡፡
- \_\_\_\_\_ 57. በጉዳዩ ዙሪያ አስቂኝ ነገሮችን እቀስቅሳለሁ፡፡
- \_\_\_\_\_ 58. ለጉዳዩ መፍትሄ የሚሆኑ ወጠቃማ ነገሮችን የማግኘት አቅም አለኝ፡፡
- \_\_\_\_\_ 59. ስለጉዳዩ ያለኝን ስሜት ለመቆጣጠር ስል ወደ መዘናኛ ነገሮች አተኩራለሁ፡፡
- \_\_\_\_\_ 60. ጉዳዩ ያልተከሰተ ነገር እንደሆነ አድርጌ ለማህበረሰብ እሞክራለሁ፡፡
- \_\_\_\_\_ 61. ተመሳሳይ አመራርና አቅጣጫ ወዳላቸው ሌሎች ሰዎች ፊቴን አዘራለሁ፡፡
- \_\_\_\_\_ 62. ጉዳዩን እንዳለ አድርጌ ከመቀበል ራሴን አቅባለሁ፡፡
- \_\_\_\_\_ 63. በጉዳዩ ዙሪያ ለረዳኝ ከሚችሉ ምሁራን ጋር እነጋገራለሁ፡፡
- \_\_\_\_\_ 64. ጉዳዩን በመከላከል ዙሪያ ያለኝ አቀራረብ በቁጣ የተሞላ ነው፡፡
- \_\_\_\_\_ 65. ከሃይማኖቱ ጋር የሚያዘዙ ምንጮች ስለጉዳዩ ነፃነትና ሰላም እንዳገኝ ይረዳኝ ዘንድ እሻለሁ፡፡
- \_\_\_\_\_ 66. ሃሳቤን ከጉዳዩ ዙሪያ ለማውጣት ስል ራሴን አንዳንድ ነገሮች ወስጥ እዘፍቃለሁ፡፡
- \_\_\_\_\_ 67. አንድ እወነታ እንዳለ ባለማንም ጉዳዩን ላለመጠፈጥ እሞክራለሁ፡፡
- \_\_\_\_\_ 68. በጉዳዩ ላይ በተመሳሳይ ሁኔታ ከሚኖሩ በድኖች ድጋፍ ማግኘት እፈልጋለሁ፡፡
- \_\_\_\_\_ 69. ለጉዳዩ መፍትሄ በጣም የተሻለውን መንገድ ለመፈለግ ጊዜ ወስጄ አስብብታለሁ፡፡
- \_\_\_\_\_ 70. በጉዳዩ ዙሪያ በሚቆሩ አስቂኝ ቀልዶች ላይ አስተያየት እሰጣለሁ፡፡
- \_\_\_\_\_ 71. ስለጉዳዩ የሚጠላከቱ ነገሮችን እንዳሉ መቀበል በጣም ሰልጥኛኛል፡፡
- \_\_\_\_\_ 72. ለጉዳዩ መፍትሔ የሚሆኑ ነገሮች ለአፈፃፀም ከብደው ስለሚታዩኝ በቀጠሮ አልፋቸዋለሁ፡፡
- \_\_\_\_\_ 73. የሚቆሩ ሰዎች ስለሚያደባቸው ጉዳዮች የሚወቁ ከሆነ በጣም ይገረማሉ፡፡

“ÄI” SÖÄp eKVK< ;ScÓ“KG<!



አዲስ አበባ ዩኒቨርሲቲ

የትምህርትና ስነ ባህሪ ጥናት ኮሌጅ

ስነ ባህሪ ትምህርት ክፍል

የዚህ መጠይቅ አገልግሎት በመከተለ ዕዝ ሪፈራል ሆስፒታል ወስጥ የሚገኙ ወታደር የህክምና ባለሙያዎች በስራ ቦታ ላይ የሚገኙትን ጭንቀት ፈጣሪ ሁኔታዎችን እና የግል ሁኔታን የሚገልጹ መረጃዎችን በ #ከስራ ጋር የተያያዘ ጭንቀት እና እሱን ለመቋቋም የሚጠቀሙትን ዘዴዎች በሚሉ ርዕስ ላይ ለማድረግ ጥናት መረጃን ለመስጠት ነው፡፡

ገጽ 1 | የጥናት ማሳሰቢያ

መረጃ : - እባክዎን ማሳሰቢያውን ይጻፉ፡፡

የጥናት ማሳሰቢያ

1. እንደ ወታደር የጤና ባለሙያነትዎ በቅረብ ወቅት በማንኛውም ሁኔታ ጭንቀት ተሰምቶት ያውቃል? መልስ አዎን ከሆነ ሁኔታውን አስቸጋሪ ያደረገው ምኑ ነው?
2. ምላሹ መጥፎ ይሆናል ብለው አሰቡ ወይስ አስቸጋሪውን ሁኔታ እንደ ፈተና ቆጠሩት?
3. ከአስቸጋሪው ሁኔታ በኋላ ምን አይነት ስሜት ተሰማዎት?
4. እንዲህ አይነት አስቸጋሪ ሁኔታን በምን የቋቋሙታል?
5. አስቸጋሪ ሁኔታውን ለመቋቋም የተጠቀሙበት ዘዴ ምን ያህል ወጤታማ ነው? የተጠቀሙት ዘዴ ውጤታማ ካልሆነ የተለየ ምን ማድረግ ይችላሉ?
6. በአጠቃላይ እንደ ወታደር የጤና ባለሙያነትዎ ከእርስዎ ሚና ጋር በተያያዘ የጭንቀት ምንጭ የሆኑት ምን አይነት ሁኔታዎች ናቸው?
7. በአጠቃላይ ምን አይነት ተግባራትን በመከወን ጭንቀትዎን ይቀንሳሉ?
8. የቀሩ የሚሏቸውና ከላይ ካለው ሃሳብ ጋር ተያያዥነት ያላቸው ሀሳቦች አሉ? እባክዎን ያብራሯቸው፡፡



## **Declaration**

I, here by confirm that this thesis is my original work and has not been presented for a degree in any other University and that all resources of the material used for this thesis have been duly acknowledged.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of submission \_\_\_\_\_

This thesis has been submitted for examination with my approval as University advisor.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of submission \_\_\_\_\_