PREVALENCE OF OCCUPATIONAL STRESS AMONG EMPLOYEES IN THE CIVIL SERVICE IN NAIROBI AND THEIR PERCEIVED COPING STYLES

BY

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DECLARATION

I, HILDA ACHIENG OJWANG, do hereby declare that this dissertation is my original work for fulfillment for the award of degree of Master of Science in Clinical Psychology, and that I have not presented it to any other university for an award of any degree.

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DEDICATION

This dissertation is dedicated to my beloved family for the inspiration they gave me in my early stages of development.

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ACRONYMS AND ABBREVIATIONS

COR: Code of Regulations

DP: Depersonalization

EE: Emotional Exhaustion

GHQ: General health questionnaires

JG: Job Group

MBI: Maslach Burnout Inventory

MSPS: Ministry of State for Public Service

NGO: Non Governmental Organization

NIOSH: National Institute for Occupational Safety and Health

PA: Personal Accomplishment

SPSS: Statistical Package for Social Sciences

ABSTRACT

Background: Psychological issues had posed a challenge in human resource management and development and most of the employees were constantly faced with challenges that relate to work and the challenges not only impact negatively on their psychological well being but also on their productivity and overall work performance. This was evident through many cases of indiscipline, chronic absenteeism, negligence, low motivation, alcohol and substance abuse, violence leading to traumatic experiences, HIV and AIDs, Government restructuring and staff rightsizing programmes, social and financial difficulties at the work place. These challenges had both physical and psychological impact on employees' performance necessitating the provision of professional counseling services in the Civil Service by the Government of Kenya which is the employer through the Ministry of State for Public Service.

General Objective: To determine prevalence of occupational stress among employees in the civil service in Nairobi and their perceived coping styles.

Specific Objectives: To compare the prevalence of occupational stress among the junior, middle and senior staff in the civil service; compare the prevalence of occupational stress among gender; find out employees' coping styles; find out awareness of occupational stress among employees at the workplace and find out the effectiveness of counseling services among employees.

Study design: The study design was cross sectional and descriptive.

Study setting: The study was conducted at the headquarters of 14 ministries in Nairobi County. These were ministries of Public Health and Sanitation, Forestry, Fisheries and Wildlife, Housing, Transport, Justice and National Cohesion, Education, Home Affairs, Youth Affairs and Sports, Development of Northern Kenya and other semi arid lands, Regional Development, Nairobi Metropolitan, East African Community and State for

Public Service. The total study population was 252 and in each ministry only 18 subjects from job groups A to R were sampled to form part of the study population.

Methodology: Three instruments were used to collect data. Social Demographic Questionnaire (SDQ) and interview schedule were developed by the researcher to collect personal particulars and factors related to work performance. Maslach Burnout Inventory for Human Services and General Survey was used to assess occupational stress among employees. Data was analyzed using a specialized computer package known as Statistical Package for Social Science version utilizing descriptive and inferential statistics. The results were presented in form of tables and narratives.

Result: The study found that employees in the civil service had burnout syndrome; 9.5% and 24.1% had high and average levels of emotional exhaustion respectively, depersonalization was high at 48.5% and personal accomplishment was low at 93.4%. The precipitating factors included workload (p=0.001); work relationships at the workplace with supervisors and other office workers (p=0.008); role confusion in the organization (p=0.001); changes in the organization (p=0.001) and lack of provision of resources (p=0.009). On comparison of burnout syndrome among the three levels of management, middle managers had high levels of burnout compared to junior and senior managers. Employees identified workplace stressors as too much workload; lack of working tools; poor remuneration and rewards and stress, among others. The employees reported that they had various coping styles they used at the workplace to counter stressful situations. Confiding to a fellow colleague at the workplace by the majority (76.6%) was preferred instead of seeking professional help from a counselor, revealing that there was need to address the stigma associated with counseling. Both the employees and supervisors agreed that the introduction of counseling services in the civil service had reduced some maladaptive behaviour at the work place.

Conclusion: The Maslach Burnout Inventory instrument used to assess prevalence of occupational stress revealed the existence of burnout among employees in the civil service and the contributing job stressors were also identified. Depersonalization was

found to be high among employees leading to low personal accomplishment. The employees had developed indifference and cynicism in their work in order to distance themselves from its exhausting demands. The lack of enthusiasm was a direct indicator of exhaustion. This reaction is dysfunctional because cynicism reduces the energy available for performing work and for developing creative solutions to the problems work presents. It also reduces the job's potential for building professional efficacy. Therefore, cynicism positively correlated with exhaustion and negatively correlated with personal accomplishment (Enzmann, Schaufeli and Girault, 1995). The study also established that burnout syndrome had not been known to the study population before and how it was influencing their work output and their personal levels of functioning.

Recommendations: that top management in the civil service should give more financial support to the counseling unit to collaborate with ministries to mount more programmes on sensitization on counseling services to help eradicate stigma about seeking counseling services. They should also demonstrate and encourage awareness, understanding and openness in relation to the issues of stress and mental health in the workplace.

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.0   Introduction

Occupational stress is a fact of life which affects one's performance in one way or another. When change occurs at the workplace, employees are expected to adapt to new roles and/or even acquire new skills (Lewin, 1952). In most cases, changes affect one's performance positively or negatively. Even changes in personal lives lead to shifts in social expectations and key developmental tasks (Buhler, 1968).

Occupational stress is one of the major health hazards of the modern workplace. It accounts for much of the physical illness, substance abuse and family problems experienced by millions of employees. Occupational stress, job descriptions and stressful working conditions have also been linked to low productivity, absenteeism and increased rates of accidents on and off the job. Work is a central part of human life and rewarding work is an important and positive part of any employee's live. Therefore, the work environment ought to be conducive to enable an employee achieve his maximum output which in turn is beneficial to the organization (Cartwright and Cooper, 1996).

The traditional response of management towards an employee has been to "blame the victim," when defining occupational stress as an individual or "personal" problem that an employee bring from home to work.   It is often the case that managers and supervisors confronted with a stressed employee cannot understand why others in their team are not also suffering from the same stress. The stress response is dependent upon what is described as cognitive appraisal. The reaction of an individual depends on how an employee interprets or appraises (consciously or unconsciously) the significance of a harmful, threatening or challenging event and whether they have the resources to cope with it. A whole range of different factors including past experiences, personality, coupled with a rigid job structure, among other challenges can influence the appraisal (Jordan, 2002).

With the introduction of new technologies, the job descriptions have become fragmented and job tasks narrowed leaving employees disconnected from knowing their contributions within the organization. Many of the sources of occupational stress, whether they are from increased workload, poor working conditions, travel, new technology, eyestrain from staring into computers, unpredictable disciplinary action by a supervisor or never being complimented about the quality of work, all these cause the 'fight or flight' response (Seyle, 1956).

However since employees' have gotten used to working in such stressful environments, they may not be aware of the body's reaction (Evoy, 1998). Yet even if they are unconscious of it, the demands of being in a constant 'on alert' state takes its toll on the employee's physical health and emotional well being (Cooper and Payne, 1988; Minter, 1999). Occupational stress leading to illness, injury and weakened organizational performance can come from many sources, both work and non-work. This has led to organizations world wide recognizing the value of provision of guidance and counseling for their employees on work related issues in an attempt to improve their physical, psychological and emotional well-being.

1.1   Background to the Study

The Civil Service was formed in 1963 after Kenya attained its independence, with a total of 14 ministries to carry out government functions. To-date it has a workforce of 218,548 employees deployed in various 40 government ministries and departments across the country. In Nairobi County alone, the number of employees is 56,358. The employees are graded into three categories or cadres comprised of junior staff, middle level staff and senior staff.

For a long time, challenges facing the employees were tackled by the human resource managaement officers and administrative officers, who dealt with them as per the laid down Code of Regulations (COR, 2006). The COR had a lot of limitations in as far as the psychological well-being of the employee was concerned. The COR which contains guidelines to guide supervisors in ministries/departments on how to deal with cases of

absenteeism, alcoholism, insubordination, negligence of duties among other offences, has been viewed by employees as being very punitive. Another challenge was that these officers are not specifically trained in counseling skills and therefore, could not adequately manage some complicated issues presented by some employees who required professional skills in guidance and counseling.

It is against this backdrop that in the year 2008, the Government of Kenya introduced guidance and counseling services in the public service as an integral component of Human Resource Management. A Guidance and Counseling Unit was established in the Ministry of State for Public Service (MSPS). The aim of this unit is to help employees in the Civil Service embrace and understand counseling at the workplace as a strategy to tackle stress and other maladaptive behaviours depicted at the workplace. This was after realization that psychological issues without proper interventions had posed a challenge in Human Resource Management and Development (MSPS, Counseling Policy, 2008).

Employees in the Civil Service, like other employees in private institutions, are constantly faced with many challenges including multicultural dynamics, family issues which spill into the work place, interpersonal conflicts, substance abuse, HIV and AIDS, increased stress and burnout, poor morale, poor financial and time management among others. These challenges had impacted negatively on their psychological well-being and on their performance at the workplace through the many cases of indiscipline, chronic absenteeism and negligence of duty, low motivation, alcohol and substance abuse among other anti social behaviours (Counselling Policy, 2008).

With the establishment of this new unit, the employer expects the employees will be able to access counseling services to enable them cope with difficult situations not only at the workplace but also in their private life, so as to maximize productivity for effective and efficient service delivery. Awareness of the devastating consequences of stress will also be brought to the attention of the employees so that they can take preventative measures to avoid burnout syndrome.

1.2 Definition of Terms

1.2.1 Occupational Stress

Occupational stress describes the physical, mental and emotional reactions of workers who perceive that their work demands exceed their abilities and/or their resources (such as time, help/support) to do the work (Cooper, 1986). It occurs when they perceive they are not coping in situations where it is important to them that they cope. An employee's response to stressors at work may be positive or negative for one's wellbeing, depending on a number of factors. In the vast majority of instances, people adjust to stressors and are able to continue to perform their normal work duties. While stress itself is not a disease, if it becomes excessive and long-lasting it can lead to mental and physical ill-health.

Stress is the body's reaction to a change that requires a physical, mental or emotional adjustment or response. Stress can come from any situation or thought that makes one feel frustrated, angry, nervous, or even anxious. Stress is caused by an existing stress-causing factor or "stressor."

Stressors most common to one's life involve the adaptation to change or the experience of daily hassles. Thomas Holmes and Richard Rahe (1967) found that the more significant changes a person had in his or her life, the greater the chance that he or she would contract some physical or psychological illness. Since they conceptualized stress as adapting to change, Holmes and Rahe viewed more change as equivalent to more stress and consequently, more illness and disease.

Lazarus (1984), in his studies, found that daily hassles a person experiences are more harmful to his or her health than are the significant life changes that concerned Holmes and Rahe. Lazarus (1984) believes these daily events are so damaging to health because of how frequently they occur, as compared to the major life events that Holmes and Rahe (1967) researched, which were usually encountered only rarely.

The Figure below depicts a typical stress model at workplace.

Figure I

A model of Occupational stress

Sources of Stress	**Individual Characteristics**	**Symptoms of Stress**
Factors intrinsic to the job	Poorly managed stress prone personality	**Individual** Physical ill health Psychological ill health Poor commitment
Role in the organization	Low Resilience	
Personality and coping Strategy	Negative past experience	
Relationships at work	Maladaptive coping resources	
Career Development		**Organizational** High absenteeism
Organizational culture and climate	Poor healthy lifestyle choices	High labour turnover Industrial relations difficulties
Home and Work interface	Work inefficiency	Poor quality control

Source: Cooper, C. L., Marshall, J. (1976), Occupational sources of stress

1.2.2 Employees in the Civil Service

The Civil Service has a total of 218,548 employees deployed in forty ministries and departments throughout the country. Out of this, 56,358 are deployed in Nairobi County and they are banded or graded as indicated:-

Job Group A - H	-	Junior Staff	-	30,879
Job Group J - L	-	Middle Level Staff	-	19,582
Job Group M – V	-	Senior Staff	-	5,802

The junior staff in job groups 'A' to 'H' comprises of clerical officers, secretarial assistants, accounts assistants, drivers, artisans and support staff among others.   The middle level staff in job groups 'J' to 'L' are mainly technical officers in their areas of specializations, for example, administrative officers, human resource officers, personal

secretaries, economists, supply chain management officers, accountants, information technology officers, information officers, agricultural officers, livestock officers, immigration officers among others.

Senior staff at Job Groups 'M' to 'R' is supervisors and heads of departments, divisions or units in their line of specialization. These are Senior Administrators, Deputy Directors, Assistant Directors, Principals and Chiefs. A ministry or a department can have more than five officers to head various departments or units depending on the size of the ministry. Officers from Job Groups 'S' and above are directors, technical secretaries and accounting officers in ministries and departments, (MSPS, Report, 2010).

1.2.3 Coping Styles

Coping is the process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce, or tolerate stress and conflict. In defining the ways of coping, Lazarus and Folkman (1984) identified two broad types of coping strategies, namely, problem-focused coping and emotion-focused coping. The primary aim of problem-focused coping is to confront the event, either by altering the situation (environment-directed) or by acquiring necessary information, skills or assistance (self-directed). In emotion focused coping the aim is to eliminate negative emotional reactions to the event through strategies such as suppression, wishful thinking or distraction.

Researchers have proposed that a third group of coping responses be identified, namely perception-focused coping (Pearlin & Schooler, 1978). This group include strategies such as positive re-appraisal, minimization or seeking meaning (Parry, 1990), and generally involve attempts to minimize the threat associated with a problem, redefining the problem or redirecting attention to a different aspect of the situation. The characteristic that appears to differentiate these strategies from emotion-focused and problem-focused coping is that they tend to focus on cognitions and perceptions rather than on emotions or behaviours (Holahan & Moos, 1983).

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While many of the methods of preventing job stress need to be developed and supported by the organization, there are coping psychological and physical resources that employees also use to counter the effects of occupational stress. According to Randall (2006), employees sometimes look for new jobs when they are not getting along with their supervisors; others turn to friends for advice; while others turn to heavy drinking, others join religious groups seeking for divine intervention while others simply do not recognize the warning signs of job stress and therefore, will seek medical intervention when they are already suffering ill health.

Nevertheless, there is some evidence that negative consequences are associated with the use of maladaptive coping strategies, namely drinking and smoking, avoidance and suppression (Sulsky and Smith, 1999).

1.3   Statement of the Problem

The Government of Kenya has continuously developed and successfully implemented policies geared towards enhancing the productivity and well-being of its employees. However, psychological issues had posed a challenge in human resource management and development and most of its employees were constantly faced with challenges that relate to work and that these challenges not only impact negatively on their psychological well being but also on their productivity and overall work performance.

This was evident through the many cases of indiscipline, chronic absenteeism, negligence, low motivation, alcohol and substance abuse, violence leading to traumatic experiences, HIV and AIDs, Government restructuring and staff rightsizing programmes, social and financial difficulties at the work place. These challenges have both physical and psychological impact on employees and have necessitated the provision of professional guidance and counseling services in the Public Service under the Ministry of State for Public Service (Counseling Policy, 2008).

However, with limited or no previous research done among employees in the Civil Service to determine occupational stress at the workplace, this study is therefore,

appropriate to investigate the prevalence of occupational stress among employees in the Civil Service and their perceived coping styles.

1.4 Significance of the Study

The Government of Kenya through the Ministry of State for Public Service has set up a counseling unit to provide professional counseling services to assist its employees deal or cope with the psychological issues at the work place.

The study on the prevalence of occupational stress among employees in the Civil Service and their perceived coping styles will assist the Civil Service and in particular, the Ministry of State for Public Service, in the following ways:-

- ➢ assist policy makers to use the recommendations of the study and improve counseling services at the unit;

- ➢ help the ministry in charge of counseling know if employees have benefited from counseling services at the recently established unit;

- ➢ help employees identify stressors at the workplace and therefore seek counseling services without referrals from their supervisors;

- ➢ know the coping styles employees use to counter occupational stressors and where possible intervene if the style is maladaptive;

- ➢ assist in identifying employees who are vulnerable to occupational stress;

- ➢ know if there is need for continuous sensitization to employees on occupational stress to prevent burnout and improve service delivery at the workplace.

1.5   Main Objective of the Study

The main objective of the study was to investigate the prevalence of occupational stress among employees in the Civil Service and their perceived coping styles.

Specific objectives were:-

(1) To determine the prevalence of occupational stress among employees in the Civil Service;

(2) To compare the occupational stress prevalence among the three levels of management in the Civil Service;

(3) To compare the prevalence of occupational stress among gender in the Civil Service;

(4) To find out the awareness of occupational stressors among employees in the Civil Service;

(5) To find out the coping styles or strategies employees use when faced with occupational stress at the workplace and;

(6) To find out the effectiveness of counseling services provided by the government.

1.5.1 Hypothesis Formulation

Null Hypothesis

There is no prevalence of occupational stress among employees in the Civil Service and there are no coping styles.

Alternative Hypothesis

There is prevalence of occupational stress among employees in the Civil Service and they have coping styles.

1.5.2 Research Questions

The research questions were as follows:-

- Was occupational stress prevalent among employees in the Civil Service?

- What was the comparison of occupational stress among the three levels of management?

- What was the comparison of occupational stress among gender in the Civil Service?

- Were employees able to identify occupational stressors at the workplace?

- Did employees have coping styles when faced with occupational stress at the workplace?

- Has counseling services been effective among employees in the Civil Service when faced with occupational stress?

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

In physics, stress is a pressure exerted on a body. Sources of physical stress are found in tons of rock crushing the earth, in cars smashing one another, and in stretching rubber bands. Psychological stresses also "press," "push," and "pull." People can feel "crushed" by the need to make a life changing decision. They can feel "smashed" by a disaster, or "stretched" to the brink of "splitting" (Steber, 1998).

When most people talk about stress, it is usually in terms of pressure they are feeling from something happening around them or to them. Students talk about being under stress because of poor examination performance or an impending deadline for a major paper. Parents talk about the strain of raising teenagers and the financial burdens of running a household. Teachers talk about the pressure of maintaining professionalism while still managing to keep on top of duties connected with the classroom teaching. Doctors, nurses, lawyers, and therapists talk about meeting the endless demands of their patients and clients (Rice, 1992). Office workers talk about difficulties they face in the organizational structure and factors intrinsic to the job.

Occupational stress and workplace health have become issues of great concern over the last decade, both internationally and nationally. Given the value of work in the society, the amount of time spent at work and the current changes that are affecting the nature of work, it is not surprising that work stress appears to be increasing (Szymanski, 1999).

For instance, as a result of the rapidly changing global economy, organizations now operate in cultures of increased speed, efficiency and competition. Consequently, economic demands and the need to retain competitive advantage have resulted in restructuring and uncertainty. Workforces are constantly being downsized, small

organizations are merging or being subsumed by larger more competitive organizations and change is the only constant.

Many workers may suffer from occupational stress for some time without reporting it to their employers or claiming for occupational stress through the workers compensation system. A study conducted by McKenna (1996) showed that 42 percent of workers who participated in the study had taken leave from work during the past 12 months due to stress. Most leave was taken as sick leave and only five percent claimed workers' compensation.

Research has also uncovered the possibility that many workers do not report their 'injury' until the situation and the injury have become very serious and, therefore, difficult to treat and rectify. For instance, Douglas and Bain (1996) found that the prevalence of work stress did not equate with the frequency of claims for psychological injury. They associated this discrepancy with several factors, particularly highlighting organizational deterrents and access to information about entitlements.

Over the last decade occupational stress, regardless of whether a claim has been lodged or not, has become an issue of great concern. Where workplace matters once focused on the safety issues of physical working conditions (such as hazardous materials, noise, cleanliness, lighting and physical work overload), concern is now concentrated on the escalation of complaints relating to psychological pressures (Ivanevich and Matteson, 1990). Several studies have linked stress in the workplace to such factors as increased absenteeism (Cooper & Cartwright, 1994), poor work performance (Kohler & Kamp, 1992) health problems and staff turn-over.   A study by Quine (1998) examined the effects of stress on allied health professionals found that high levels of stress were associated with depression, anxiety and sick leave.

Several studies over the last fifteen years have provided support for the involvement of stress as a risk factor in the etiology of illness and disease (Cooper & Cartwright, 1994: Lazarus and Folkman, 1984; Quick, Quick, Nelson & Hurrell, 1997). Guyton (1981)

postulated that a person who experiences long term or chronic stress may potentially experience such debilitating illnesses as hypertension, coronary heart disease, stroke or peptic ulcer. Moreover, Humphrey (1998) in a recent review of the medical literature, found that prolonged and unyielding nervous tension developing from psychological stress, can result in psychosomatic disorders which can lead to serious diseases. These include cirrhosis of the liver, high blood pressure, cancer and heart disease.

Clearly, unresolved stressful situations keep a body in a constant state of activation and increase the likelihood of 'wear and tear' to biological systems. Fatigue results as a compromise in the body's ability to defend itself; and an increased risk of illness, injury and disease have all been found to escalate with stress (National Institute of Stress and Health - NISH, 1999). Stress is therefore held to be causally responsible for a vast and varied range of negative health outcomes that not only affect the individual, but also the employer and society in general. These outcomes contribute to the hidden costs of stress in the workplace that are difficult, if not impossible, to quantify.

2.2   Sources of Occupational Stress at Workplace

Among life situations, the workplace stands out as a potentially important source of stress purely because of the amount of time that is spent in this setting (Erkutlu & Chafra, 2006). Over the years, a large number of workplace stressors of varying degrees of gravity have been identified.   According to Cooper et al (1988) common organizational and individual stressors could be classified into the following groups:-

- Factors unique to the job (work load), working conditions, new technology, work shifts, risk and danger at workplace);
- Career development (practices (performance reward systems, supervisory practices, promotion opportunities);
- role in the organization (role ambiguity, role conflict workload,
- organizational culture/climate (employee value, personal growth, integrity);
- relationships at work (supervisors, colleagues, customers), and
- employee's personal characteristics (personality traits, family relationships, coping skills).

Burke (2003) grouped job stressors into the following six categories: physical environment, role stressors, organizational structure and job characteristics, relationships with others, career development, and work-family conflict, while Copper et al. (1988) and Lu et al., (2003) identified six sources of stress at work: factors intrinsic to the job, management role, relationship with others, career and achievement, organizational structure and climate, and home/work interface. According to Antoniou et al. (2006), specific conditions that make jobs stressful can be categorized either as exogenous (i.e. unfavorable occupational conditions, excessive workload, lack of collaboration, etc.) or endogenous pressures (i.e. individual personality characteristics, etc.).

Cooper and Marshall (1976) grouped occupational stress into two main groups: (1) job related stressors, with three major subgroups as environment specific, organization specific, and job specific stressors, and (2) individual-related stressors, which can be either a consequence of individual characteristics which include personality traits and demographic. Individual circumstances include work or life conflicts and family problems.

2.2.1 Factors Unique to the Job (Workload)

Everyone has a given capacity for work and if a person's capacity is exceeded the person may experience occupational stress. For office workers in most organizations or institution, work is always demanding and they have to meet deadlines. Some common work demands include:

- time pressure including inadequate time and resources to complete jobs satisfactorily, working too hard or too fast and difficult targets;
- high mental task demands such as work that requires high-level decision making or prolonged periods of concentration like in manipulation of figures;
- work that is monotonous and dull or does not utilize a worker's range of skills or previous training;

- high emotional task demands, including work that is emotionally disturbing or requires high emotional involvement;

- working long hours without breaks or working overtime, or taking work home;

- shift rosters that are unpredictable and/or affect amount and quality of sleep, or make it difficult to balance work and family life, (Work Psychology 1996).

2.2.2 Role in the Organization

When an employee's role in an organization is clearly defined and understood, and when expectations placed upon the individual are also clear and no-conflicting, stress can be kept to a minimum. However, this is normally not the case in many work places. The critical factors are role ambiguity; role conflict and the degree of responsibility for others are seen to be major sources of stress (Ivancevich and Matteson, 1990).

Role ambiguity arises when workers do not have clarity regarding their work objectives and key accountabilities, their co-workers' expectations of them and the overall scope and responsibilities of their job. A wide range of situations can create confusion, for instance beginning a new job or starting in a new organization, a transfer, a new supervisor or manager, or a change in the structure of a work unit (Cartwright and Cooper, 1997 and NIOSH, 2004).

Role conflict occurs when a worker is required to perform a role that conflicts with their values or when they are torn between incompatible job demands. The greater the role conflict, the higher the likelihood of a worker experiencing occupational stress. The risk of occupational stress can be reduced by ensuring workers understand their role within the organization and that any expectations placed on them do not cause conflict (NIOSH, 2004).

The risk factor of 'control' refers to how much influence a person has in how they meet their task demands and how they perform their work in general (also known as

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autonomy). Unnecessary levels of supervision and surveillance, excessive responsibility but little authority or decision making and little or no say in how work is done can all lead to a stress response. A person's tasks need to be meaningful, varied and allow for an appropriate degree of autonomy. It is possible for everyone in an organization (not just those in senior positions) to feel they have input into their work simply by the communication and consultation strategies that are utilized in the work team (Johnson & Johansson, 1991).

This important risk factor covers aspects such as whether workers feel they are given constructive feedback, whether they can talk to their supervisor and peers about work problems, whether their supervisor helps fix work problems, whether peers help out when things are tough and whether it is possible to talk to, and form relationships with work colleagues. The way workers are supported is key to reducing or moderating work-related stress. For instance, support may be provided through practical assistance in performing tasks or through the provision of information. It can also come in the form of emotional support, which refers to non-tangible assistance such as talking over a problem with a professional counselor, providing positive feedback/encouragement or informally congratulating a member of a team for a job well done, (Cooper et al 1993).

2.2.3 Career Development

Lack of job security, fear of redundancy, or retirement and numerous performance appraisals can cause pressure and strain. In addition, the frustration of having reached one's career ceiling or not being promoted can result in extreme stress. Ivancevich and Matteson (1980) suggested that employees suffering from career stress often show high job dissatisfaction, job mobility, burnout, poor work performance and less effective interpersonal relationships at work.

2.2.4 Relationships at workplace

According to France (2009), colleagues can be important sources of support but they can also be potential sources of stress. Relationships with bosses, peers and subordinates can positively or negatively affect the way a worker feels and it is likely

that wherever groups of people work together, some conflict will arise from time to time. This is normal and in some cases can provide room for innovation and growth. Conflict becomes a risk factor however, when it remains unresolved or becomes particularly intense. This may include prolonged friction and anger between colleagues, strained relationships or harassment and bullying. It is important that proactive steps be taken by the supervisors and employees to resolve conflicts early.

Rewarding workers' efforts and recognizing individual and team contributions and achievements within the organization is important when trying to minimize the risk of occupational stress. Appraisal and recognition can be achieved through tangible rewards or through feedback on task performance and providing opportunities for the development of skills. Employee recognition is a communication tool that reinforces and rewards the actions and behaviours that most people want to repeat. Providing employees' recognition by saying "thank you" encourages more of the same actions and thinking. Employees who feel appreciated are more positive about themselves and their ability to contribute at workplace is enormous (Lazarus and Folkman, 1984).

2.2.5 Organizational Structure and Climate

This risk factor refers to how organizational change (large or small) is managed and communicated in the organization. Change can be related to alterations in individual work conditions such as a change of role or shift roster or the introduction of new technology, or can be related to team work or organizational level changes such as mergers, acquisitions, restructures or downsizing. Poor management of this process can lead to workers feeling anxious and uncertain about aspects of their work or employment status. Communicating what the organization wants to achieve through change and involving and supporting workers throughout the process is crucial to survival and success of an organization (Buck, 1972).

2.2.6 Employee's Personal Characteristics

An employee's personal characteristics may affect the degree to which particular stressors are perceived as being stressful. There are variables that are likely to

contribute to the experience of stress. These factors are assumed to be associated with a greater likelihood that individuals will experience stress be unable to manage stressful demands, take longer to recover from the effects of stress or suffer negative outcomes as a consequence of stress (George, 1992). Sometimes such factors may even increase an individual's susceptibility to events that result in negative experiences or emotions. These factors include ingrained personality variables, cognitive distortions and negative thinking patterns, behavioural or negative affective response styles and psychological hardiness.

In contrast to negative affectivity and pessimism, psychological hardiness is a term given to a particular cluster of personality characteristics that have been identified among people who appear to cope well with stress (Kobasa, 1979). Hardy individuals believe they can influence their environment, are deeply involved in or committed to the activities of their life and view change as a challenge (Rosenweigh and Kast, 1984). The hardy individuals' characteristic is their capacity to perceive stressful situations as challenging instead of threatening or overwhelming. Research has found that this variable significantly moderates the stress-strain relationship as a coping strategy. It could seem, therefore, that hardy individuals seek ways to gain control and tend to view their situation more optimistically than non-hardy individuals and are therefore, less likely to perceive the existence of work-related stress. Sometimes, the individual's determination together with support and assistance from management can aid an individual take more control over their work events. This therefore, explains why some individuals will continue to work in stressful environments with no desire to change employers. Finally, organizations can assist employees by structuring reward and recognition for individual initiatives and performance to enhance productivity and personal achievement among employees (Kobasa, 1979).

2.3   Consequences of Occupational Stress

Stress produces a range of undesirable, expensive, and debilitating consequences (Ross, 2005), which affect both individuals and organizations. In any organizational

setting, stress is nowadays becoming a major contributor to health and performance problems of individuals, and unwanted occurrences and costs.

According to McHugh et el (1993), consequences of occupational stress can be grouped into those on individual and those on organizational level. On the individual level, there are three main sub-groups of strains:-

1) *Unwanted feelings and behaviors* – such as job dissatisfaction, lower motivation, low employee morale, less organizational commitment, lowered overall quality of work life, absenteeism, turnover, intention to leave the job, lower productivity, decreased quantity and quality of work, inability to make sound decisions, more theft, sabotage and work stoppage, occupational burnout, alienation, and increased smoking and alcohol intake.

2) *Physiological diseases (poor physical health)* – such as increased blood pressure and pulse rate, cardiovascular diseases, high cholesterol, high blood sugar, insomnia, headaches, infections, skin problems, suppressed immune system, injuries, and fatigue.

3) *Psychological diseases (poor emotional (mental) health)* – psychological distress, depression, anxiousness, passiveness/aggressiveness, boredom, lose of self-confidence and self-esteem, lose of concentration, feelings of futility, impulsiveness and disregarding of social norms and values, dissatisfaction with job and live, losing of contact with reality, and emotional fatigue.

According to Ross et al (2005), on the organizational level, consequences of occupational stress can be grouped into two major subgroups:-

1) *Organizational symptoms* – such as discontent and poor morale among the workforce, performance/productivity losses, low quality products and services, poorer relationships with clients, suppliers, partners and regulatory authorities, losing customers, bad publicity, damage to the corporate image and reputation, missed opportunities, disruption to production, high accident and mistakes rates, high labor

turnover, loss of valuable staff, increased sick-leave, permanent vacancies, premature retirement, diminished cooperation, poor internal communications, more internal conflicts, and dysfunctional workplace climate.

2) *Organizational costs* – such as costs of reduced performance/productivity (lack of added value to product and/or service), high replacement costs in connection with labor turnover (increase in recruitment, training and retraining costs), increased sick pay, increased health-care costs and disability payments, higher grievance and litigation/compensation costs, and costs of equipment damage.

According to Kessler and Frank (1997), workplace mental health is increasingly becoming a topic of interest among the media, NGOs, government agencies, researchers, employers and employees. This is because a large contributor to this estimate is the loss in work productivity. Absenteeism, presenteeism, increased turnover rates and short and long term disability all contribute to decreased productivity, which translates to lost dollars for employers. In addition, employers bear the economic costs of depression long after an employee experiences a depressive episode. Furthermore, a severe case of depression may be so debilitating that the employee is forced to take leave of absence to recuperate (McHugh, 1993).

2.4   Prevalence of Occupational Stress

Occupational stress has become a serious health issue, not just in terms of an individual's mental and physical well being, but also for employers and organizations who have begun to assess the financial consequences of stress at the workplace. Several studies have investigated the prevalence and its consequences of fatigue and burnout syndrome amongst employees using various inventories.

Van Heck et al (2003) studied fatigue among people working in different professions. They compared psychometric qualities of six fatigue questionnaires in order to assess validity and to answer the questions of mono or multidimensionality of fatigue. The study found that on average, 30% of the respondents' fatigue level was influenced by

work schedules, 40% of the respondents cited working conditions and unsupportive relationships at workplace as sources of their stress. The study found that amongst the workers who used machinery, 25% had been injured in an occupational accident during the period they felt they were experiencing stress. This supported the fact that fatigue can result to poor productivity, losses and accidents in an organization.

Hurbers et al (2003) investigated fatigue, burnout and chronic fatigue syndrome among employees on sick leave using the Maslach Burnout Inventory. He found that 40% of employees who had taken sick leave in one year had burnout related sicknesses and 27% exhibited emotional exhaustion symptoms prior to the sick leave.

Studies carried at a medical teaching University in Britain found 30% of the respondents had burnout which had emotional impact on the victims and their families. Among these respondents with burnout, 25% had depersonalization symptoms and 40% had exhibited negative personal evaluation on their job performance (Mitchell, et al 1980).

Bultmann et al (2002) studied fatigue and psychological distress in the working population among a cross section of employees in an organization. They found that fatigue was fairly well associated with psychological distress. Prevalence of fatigue was 22% and psychological distress was 23%. Again 43% of the employees had fatigue only while 57% had both fatigue and psychological distress. Chronically fatigued individuals develop psychological problems which in turn result in somatic disorders.

In another cross-sectional study of prevalence and degree of burnout reported by maternal health staff workers at a referral hospital in Malawi, in addition to individual and job characteristics that may be associated with burnout were examined. In terms of the three dimensions of burnout using the MBI, of the 101 participants, nearly three quarters (72%) reported emotional exhaustion, over one third (43%) reported depersonalization while almost three quarters (74%) experienced reduced personal accomplishment. Based on these findings, burnout appeared to be common among participating maternal health staff workers than their colleagues working in other

medical settings and therefore, the recommendation was need for intervention by the authorities, (Thorsen, et al 2011).

In a study carried out to identify factors associated with occupational stress among 1460 university employees in Botswana, an overwhelming majority of 81% reported substantial stress. Occupational stress was therefore, positively associated with indicators of burnout including emotional exhaustion, emotional hardness, fatigue and sleeplessness (Fako 2010).   This was consistent with the findings of a study of almost 160,000 members of the Association of University Teachers in the United Kingdom (Tytherleigh et al, 2005) which noted that 93% suffered occupational stress and 62% from excessive strain.   While in Nigeria, the level of stress among lecturers in universities was found to be significantly high with a mean of 75.8% (Ofoegbu & Nwadiani, 2006).

In a simple random sampling technique, Maslach Burnout Inventory was used to select 40 extension officers to examine the incidence of job burnout and coping strategies in North West Province, South Africa (Oladele and Mabe, 2010). The results revealed that extension officers experienced 29 out of the listed 44 job burnout symptoms, which included cynicism/negativism (1.87) agitation (1.85) accident proneness (1.75) and loss of patience (1.72). The most prominent coping strategies as indicated by extension officers were maintaining an active personal social life outside of work (2.50), maintaining healthy relationship with co-workers (2.47), development of structural and personal support system (2.45) and maintaining healthy relationship with superior officers (2.47). Significant determinants of job burnout were gender ($t = 2.46$), educational level ($t = -3.02$), studying for higher degree ($t = -2.30$) and number of farmers covered ($t = -2.20$). The study recommended that extension officers should be exposed to training and techniques to cope with job burnout.

In a cross sectional comparative study of burnout syndrome carried out by Olley (2003), using MBI, GHQ and the STAI, among 260 health care providers drawn from five main units, found that nurses reported higher scores on all means of burnout, compared to

other health providers (p<0.05). The nurses were also found to have higher scores on psychological distress (p<0.05).

In Kenya, there are five studies on burn out that have been done on compassion fatigue and burnout syndrome using Maslach Burnout Inventory (MBI). A study carried at Mathari Hospital using MBI revealed that 38% of the studied subjects had emotional exhaustion, 47% had high levels of depersonalization and 38.6% experienced low levels of personal accomplishment. The results showed that relationships at workplace, family and society contributed to the employee's burnout and recommended that there was need for increased awareness on how to recognize burnout and manage it individually, collectively and institutionally (Ndetei, et al 2009).

Maina (1991) using the Maslach Burnout Inventory and General Health Questionnaires found that 48% of the respondents experienced high levels of burnout while 19% experienced low levels. Again, female health workers suffered higher levels of stress than the male health workers at the Kenyatta National Hospital.

Kokonya (2004) using the Maslach Burnout Inventory found that the prevalence of compassion fatigue at the rate of 29.6% and 94.5% burnout syndrome among medical doctors was higher than those found in other countries of the world. In a study among medical workers at Kenyatta National Hospital, the findings indicated 33.1% of the nurses and 12.5% of medical practitioners were suffering from compassion fatigue while 96.7% medical practitioners and 94.7% of nurses had burnout syndrome.

Ng'ang'a (2008) focused on burnout among the accountants at the University of Nairobi. He used the Maslach Burnout Inventory – Human General Survey and the General Health Questionnaires for data collection where the prevalence rate for burnout syndrome was 72.6% having high burnout and 27.4% of respondents having low burnout.

Muriungi, (2008) using the Maslach Burnout Inventory - Human general survey and General Health Questionnaire found out that 65.1% of all academic lecturers at the Kenya Medical Training College had high burnout syndrome while 34.9% had average levels of burnout.

Several studies have shown that occupational stress can lead to various negative consequences for the individual and the workplace (Oginska-Bulik, 2006). Stress in the workplace can rob an employee of his passion for the job, resulting in impaired individual functioning, low motivation, decreased morale dampened initiative, reduced interest in work, high absenteeism rate, poor quality control, decline in productivity and low quality products and services (Vakola et al 2005). Occupational stress can also lead to loss of a sense of responsibility, poor relationships with colleagues and family irritability, indecisiveness and poor communication.

According to the Canadian Community Health Survey and Mental Health and Well-Being (2002), recent prevalence estimates in the United States increased from 13% to 36% with Canadians citing work pressure as their top stressor (Duxbury and Higgins, 2007). The Canadian Community Health Survey performed by Statistics Canada in 2003 found that 30.4% of the labor force reported being extremely stressed on their jobs. The Working Conditions Survey performed in 2000 by the European Foundation for the Improvement of Living and Working Conditions found that 28% of workers in the fifteen European Union member states experience work-related stress as a major health problem, making it the second most common health problem, second only to back pain. In addition, the European Union's Agency for Safety and Health at Work estimated in 2002 that 50%-60% of all lost working days are related to stress (Occupational Stress Statistics, 2003).

The Stress and Health at Work Survey performed in the United Kingdom in 2000 reported that 20% of workers rated their jobs as extremely stressful (Occupational Stress Statistics, 2003). Based on large population surveys of work related illness performed in 2001 and 2002, the British Health and Safety Executive estimates that

560,000 workers in the United Kingdom are actively suffering from work related stress, depression or anxiety, with an additional 80,000 reporting work related heart disease (Occupational Stress Statistics, 2003). British data from 2001 and 2002 provides estimates of the incidence of occupational stress – 265,000 persons per year report initial onset of work-related stress conditions.

In 2001 an estimated 13.4 million working days were lost in the United Kingdom due to work-related stress, depression or anxiety.   On average, each worker lost 29 days due to their occupational stresses at the workplace (Occupational Stress Statistics, 2003).

Many workers may suffer from occupational stress for some time without reporting it to their employers or claiming for occupational stress through the workers compensation system. A study conducted by Mckenna (1996) showed that 42% of employees who participated in the study had taken leave from work during the past 12 months due to stress.   Most leave was taken as sick leave and only 5% claimed workers' compensation. Lu et al (2003) estimated that occupational stress causes half of all absenteeism, 40% of turnover and that 5% of the total workforce accounts for the reduced productivity due to preventable stress.

Research has also uncovered the possibility that many workers do not report their 'injury' until the situation and the injury have become very serious and, therefore, difficult to treat and rectify. For instance, Douglas and Bain (1996) found that the prevalence of work stress did not equate with the frequency of claims for psychological injury. They associated this discrepancy with several factors, particularly organizational deterrents and access to information about entitlements.

According to Lamontagne et al (2007), short term responses to occupational stress such as elevated blood pressure, anxiety, and smoking as a form of coping can lead to long term adverse health outcomes of physiological (e.g. hypertension, coronary heart disease) psychological (e.g. depression and or behavioural (e.g. smoking, alcoholism) nature. The impact of occupational stress on mental health may be greater among

lower socio-economic groups. A higher prevalence of occupational stress was reported among lower status occupations (Gilmour and Patten, 2007). This means that employees do not relate their emotional exhaustion, depersonalization or reduced personal achievements symptoms with stress, fatigue or burnout making them not take any measures to deal with them.

Therefore, prevalence of occupational stress has become a common and costly problem, leaving few workers untouched. Learning how to deal with and manage stress is critical to maximizing job performance, staying safe on the job, and maintaining physical and mental health. This has led to organizations world wide recognizing the value of provision of guidance and counseling for their employees on work related issues in an attempt to improve their physical, psychological and emotional well-being (Cartwright and Cooper, 1997).

The studies carried out locally in Kenya have mainly focused on employees working in the state corporations in Kenya. Studies on occupational stress or burnout are yet to be carried out among employees working in the government ministries in Kenya and that is why this study was appropriate in view of the introduction of counseling services in the public service.

CHAPTER THREE

3.0   STUDY METHOD

3.1   Introduction

This chapter described the study design, sample and sampling methods and instruments used for data collection, procedure for data collection, ethical consideration as well as techniques for data analysis that was used for this study.

3.2   Study Design

The study design used was cross-sectional descriptive.

3.3   Study Site and Population

The study area consisted of fourteen (14) ministries in the Government of Kenya situated at their headquarters in Nairobi County. Nairobi is the capital and the largest city of Kenya.   It is a cosmopolitan and multicultural city, established as a hub for business, tourism and culture. The city and its surrounding area also form the Nairobi County.   The city lies on the Nairobi River, in the south of the nation, and has an elevation of 1795m above sea-level. The Nairobi province differs in several ways from other Kenyan regions. The province is the smallest in area and is entirely urban. It has only one local authority, Nairobi City Council. Nairobi Province was not divided into "districts" until 2007, when three districts were created. The province is further divided into "divisions" which are further divided into "locations". Nairobi Province has eight constituencies, which follow the same boundaries with administrative divisions (which is not the case on most districts in Kenya).

Nairobi is the most populous city in East Africa, with a current estimated population of about 3 million. According to the 2009 Census, in the administrative area of Nairobi, 3,138,295 inhabitants live within 696 km^2 (269 sq. m).   Nairobi is home to all government ministries headquarters and most state corporations.   The researcher's

study sites were fourteen (14) government ministries' headquarters based in Nairobi County.

The study population was employees in the Civil Service who were graded into three groups. The first category were junior employees in job groups 'D, E, F, G and H' who comprised support staff (messengers), junior supplies officers, artisans, clerical officers, junior secretaries, drivers among others. The second category comprised of middle level employees in job groups 'J', K and 'L'. These are administrators, accountants, human resource officers, economists; chain supplies officers, records management officers, senior secretaries, senior librarians among others.

The last category were senior employees from job groups 'M', 'N', 'P', 'Q' and 'R', who comprised technical officers who also double up as supervisors. These were senior administrators, deputy directors, senior assistant directors, assistant directors, principals and chiefs in their areas of specialization. Some of these senior officers at job groups 'Q' and 'R' are heads of department, division and unit depending on the size of the ministry.

The researcher used simple random sampling method to select 14 ministries out of a total of 40 ministries. 252 subjects from job group 'D' to job group 'R' from 14 ministries were also randomly sampled and used in the study. Subjects were stratified in such a way that the existing subgroups in the population formed a representative sample. The criteria for stratification were the grading structure and gender. The researcher ensured that the subgroups were as homogenous as possible.

In addition to officers from Job Group 'Q' to 'R' completing questionnaires, the researcher again administered one interview schedule to a subject on job group 'Q' or 'R'. This was because these officers at this level doubled as supervisors and had authority to refer an employee to seek counseling services at the counseling unit. The researcher tried to find out if these subjects who double as supervisors were able to identify stress symptoms depicted by employees that would warrant the need for

psychological help (Counseling Policy 2008). The supervisors comprised of Deputy Directors and Senior Assistant Directors.

3.4   Sample Size Calculation

The research used Cochran's sample size formula. According to Kotrlik and Higgins (2001), this formula addressed both continuous and categorical statistical data measures which were the outcome variable measures in the study and applied key risk factors the researcher was willing to accept at 95% confident level. These risk factors included: the error margin which the researcher was willing to accept as an acceptable risk that was within a true margin error, type I error also called Alpha, a value usually estimated at 0.05 (5%); relative risk called Power, a value estimated at 0.5 (95%). This was a statistical measure to detect a statistical significant difference between the test groups. There was the likelihood that the study would detect a deviation from the null hypothesis given that there exists a difference between the groups. Sample size for the study therefore was determined by the Cochran's sample size formula:

$$N = \frac{Z^2\, p(1-p)}{d^2}$$

Where: Z was the standard normal distribution set at 1.96 which corresponded to 95% confidence level;

p was the proportion in the population with characteristics (prevalence) under investigation set at 0.05% (0.5); and

d was the degree of accuracy desired or the error margin set at 5% (0.05).

The prevalence of workers who become unable to perform their duties has been shown to be 5% (Lu et al, 2003). Therefore N was calculated as follows:-

$$N \;=\; \frac{(1.96^2)\times 0.05(1-0.05)}{(0.05)^2} \;=\; 73$$

The sample size estimated was 73 per category being the minimum. This was raised by 10% because of anticipated uncompleted questionnaires which therefore, totaled to 84 per category giving a total of 252 subjects as indicated below:-

Table 1:   Target population

	Grading Levels	**No.**
1	Junior Staff (Job Groups D to H)	84
2	Middle Level Staff (Job Groups J to L)	84
3	Senior Staff (Job Groups M to R)	84
	TOTAL	**252**

3.5   Inclusion criteria

The researcher included all those subjects who voluntarily consented to participate in the study at the level of junior, middle and senior officers. The inclusion included junior staff in job groups D, E, F, G and H; middle level staff in job groups J, K and L; senior staff in job groups M, N, P, Q and R. In addition to employees on Job Groups 'Q' to 'R' completing the questionnaires, the researcher also administered an interview schedule to employees on Job groups 'Q' and 'R' because these employees also doubled as supervisors. They had been given authority under the counseling policy (2008) to refer an employee to the counseling unit once they identified symptoms that would warrant attention. The researcher needed to find out if these supervisors were able to identify maladaptive behaviour among employees at the workplace and the remedy used to address such problems.

3.6   Exclusion Criteria

The officers on super scale (Job Groups 'S' to 'V') in the Civil Service comprising of technical secretaries, directors and accounting officers were excluded because at this senior level, these officers rarely interact with the junior and middle level employees. Therefore, they would not be in a position to identify symptoms that would warrant an employee to be referred for counseling at the Counseling Unit at the Ministry of State for Public Service.

Another group that was excluded was employees on the lowest job groups, that is, job groups B and C. During the pre-testing period of the questionnaires, this group experienced difficulties in understanding some of the questionnaires due to their low levels of education. Employees who did not give their informed consent to participate in the research were also excluded.

3.7   Data Collection Instruments

The researcher used the social demographic profile questionnaires, interview schedule and Maslach Burnout Inventory – Human Services and General Survey to collect data from the subjects.

3.7.1 Social Demographic Profile

This was a questionnaire developed by the researcher and was divided into three sections. It had both closed and open ended questions which were used so as to allow in-depth responses.   Each item in the questionnaire was developed to address a specific objective or research question of the study. Section I, Part A sought information related to: grading level, age, gender, level of education and work experience. Part B sought information related to awareness of workplace stressors, counseling services and coping styles. The respondents filled the questionnaires by ticking YES or NO against some statements. They also agreed or disagreed with other statements. Part C

sought to find out the factors intrinsic to their workload and performance. The respondents would decide by ticking always, sometimes or never against the questions.

3.7.2 Interview Schedule

According to Koul (1984), an interview schedule is a device consisting of a set of questions which are asked and filled by an interviewer in a face to face situation with an interviewee. This instrument was also developed by the researcher and its purpose was to obtain the required data to meet the specific objectives of the study. The researcher personally administered this instrument to employees on Job Groups 'Q' to 'R' who were heads of department or divisions. The purpose for this interview schedule was a survey to explore if the supervisors were able to identify symptoms that would warrant counseling and also if they were able to refer an employee to seek counseling services, or alternatively, the support they gave to such an employee.

3.7.3 Maslach Burnout Inventory: Human Services and General Survey

The study used Maslach Burnout Inventory (MBI). The MBI is an invaluable tool for assessing professional burnout in human service, education, business, and government professions and assessing and validating the three-dimensional structure of burnout. It was developed by Christine Maslach and is a patented instrument. It can only be used by getting authority from its owner or its authorized representative. The researcher was given authority by the authorized representative to use it for data collection for this particular study.

This instrument was used to assess three aspects of burnout syndrome. The instrument addressed three general scales which included: *emotional exhaustion* which measured feelings of being emotionally exhausted by one's work; *depersonalization* which measured an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction and *personal accomplishment* which measured feelings of competence and successful achievement in one's work. It used a likert scale for scoring purposes of zero (0) to six (6). The questions sought to know how often the

respondents experienced the job related feelings which related to each subscale assessed using a six-point, fully anchored response format. Burnout was conceptualized as a continuous variable, ranging from low to moderate to high degrees of experienced feelings. It was not viewed as a single variable, which was either present or absent.

According to Maslach et al (1996), the scores for each subscale are considered separately and are not combined into a single total score. Thus, three scores are computed for each respondent.

3.8   Sampling Frame

The total sample was 252 subjects in 14 sampled ministries. There are forty ministries that form the Civil Service and out of these, the researcher sampled a third (1/3) of the ministries, that is, 14 ministries only for the study.

In each sampled ministry, the study targeted 18 subjects consisting of one male and two female. In every sampled ministry, the researcher requested for the ministry's staff roll for employees from Job Groups 'A' to 'R' who were based at the headquarters in Nairobi. The following details: employee's personal identification number, name, grade and gender were generated from the computer with the permission of the head of human resource management unit.

The researcher then gave numbers to every subject, starting from all those in the lowest job group which was 'D' and also indicating whether the subject was male or female. All the listed numbers were placed in a container and then an independent person picked any number at random, gave to the researcher for recording. The process continued from one job group up to the last job group which was 'R', and until the desired sample number was obtained from a ministry. This simple random sampling gave every employee an opportunity to participate in the study. In case a subject picked was absent from work, the researcher had to follow the same process and pick a different subject. Table 2 shows the 14 sampling frame and study locations.

Table 2:   Sampling frame and study locations.

S/No.	Ministry	Supervisors	Employees		Totals per ministry
		Job Groups Q or R	Job Groups D to R		
			Male	female	
1	Education	1	8	9	18
2	Housing	1	8	9	18
3	Fisheries	1	8	9	18
4	Public Service	1	8	9	18
5	Public Health	1	8	9	18
6	Northern Kenya	1	8	9	18
7	East African Community	1	8	9	18
8	Home Affairs	1	8	9	18
9	Nairobi Metropolitan	1	8	9	18
10	Transport	1	8	9	18
11	Forestry	1	8	9	18
12	Regional Development	1	8	9	18
13	Youth Affairs	1	8	9	18
14	Justice Affairs	1	8	9	18
	TOTAL	**14**	**112**	**126**	**252**

In addition to subjects at Job Groups 'Q' to 'R' in the same sampled ministries completing the questionnaires, the researcher also administered one interview schedule to a subject at job group 'Q' or 'R'. The employees at this level comprised of Senior Administrators, Deputy Directors and Senior Assistant Directors who were in charge of a department, division or unit and they also doubled as supervisors. They had authority to refer an employee to undergo counseling services at the unit in case an employee depicted maladaptive behaviour. Again, these were subjects who the researcher wanted to know whether they were able to identify psychological symptoms that would warrant referral of an employee for counseling services at the counseling unit in the Ministry of State for Public Service.

In this regard, therefore, the researcher used purposive sampling technique for these subjects (Job Group Q or R) because this enabled the researcher to use cases that had the required information with respect to the objective of the study.

3.9 Data Collection Procedure

After obtaining an approval for research proposal from the Kenyatta National Hospital – Research and Ethics Committee (Appendix IV), the researcher proceeded and got a research permit (Appendix V) from the Ministry of Higher Education, Science and Technology. Thereafter, a pre-testing of the study was conducted to a part of the study population to assess the feasibility of the study, two weeks prior to the commencement of the actual study. This assisted the researcher to identify the obstacles and constraints that the study would face and therefore, prepared to address them in the course of the study. It also gave the researcher an opportunity to sensitize the heads of department of the intended study and its benefit to the Civil Service and the employees.

On the actual day of the study, the researcher would contact the head of the Human Resource Management Department through the telephone. After explaining the purpose of the intended visit and study, she secured an appointment to visit the sampled ministry on the same day or on an agreed date. On the day of the visit to the sampled ministry, the researcher presented a copy of the research permit to the head of the human resource management division, where the staff nominal roll was given to the researcher who sampled subjects to form part of the study.

With the arrangements of the heads of department, some of the sampled ministries provided a room where the researcher met the subjects and explained the purpose of the study, the risks and benefits. The researcher sought consent from individual respondents using the consent forms where those willing to participate in the study were requested to voluntarily sign the consent form and then fill the questionnaire. Those unwilling to participate in the study were told to feel free to leave the room. Numbers were used to protect the identity of the respondents and confidentiality was adhered to and questionnaires did not contain names of the respondents.

The researcher took approximately two days in one ministry and where a subject was unable to come to the room provided, the researcher visited a subject in his or her office

and introduced herself and briefed the respondents about the study. This was common among the senior officers in job groups 'P' and above. Where possible, the researcher waited and collected the completed questionnaires on the same day. However, where the researcher was unable to leave with the completed questionnaires, arrangements were made with the Head of Human Resource Management Division, who was the contact person in the ministry. This contact person collected the completed and sealed questionnaires and kept for the researcher to pick up the following day. All completed questionnaires were placed in a secured bag and kept in a lockable cabinet awaiting sorting, coding and data entry.

As the process of completing the questionnaires by the subjects was going on, the researcher was able to also administer the interview schedule on the supervisors of the same ministry, after obtaining their informed consent to participate in the study. In addition to the interview schedule that the researcher administered, the subjects on this job groups ('Q' or 'R') had also completed the questionnaires. This was the supervisor who had been granted authority through the counseling policy document (2008) to refer an employee for counseling services at the unit.

3.10 Ethical Consideration

The researcher was granted a research permit from the Ministry of Higher Education, Science and Technology (Appendix V) before embarking on data collection and the following are ethical considerations that were explained to the subjects before administering the questionnaires:-

- In case an employee felt intimidated of being victimized by a supervisor for completing the questionnaires, the researcher reassured the employee of confidentiality and the benefit of the study not only to the employer and but also to the employee.

- The researcher explained to the subjects that no names were required on the questionnaires and that high level of confidentiality was to be maintained through out the study. All data collected was for this study only and was not to be used anywhere else.

- Although there would be no physical danger during the data collection, some of the information sought in the questionnaire were confidential and could be emotionally involving to the subjects. The researcher therefore, reassured the respondents that if in the process of filling the questionnaires they felt emotional disturbed or they had any issues that needed counseling, they could get in touch with the researcher through the contacts given in the consent form.

- The respondents were informed about the importance of the study which would help determine whether they were suffering from burnout syndrome or fatigue as a result of their work. The study would also help them become aware of the existence of stressors at the workplace that sometimes contribute to ill health. This might help them take extra precautions in relations to their health.

- The researcher informed the subjects that the results of the study were to be forwarded to the Ministry of State for Public Service to provide a baseline data for policy making aimed at preventing occupational stress and burnout syndrome among employees in the Civil Service. This could also include putting strategies aimed at dealing with occupational stress and its adverse health effects in case it was in existence among employees.

3.11   Study period

Collection of data took approximately two and half (2½) months.

3.12   Data analysis management and presentation

Data was analyzed using frequency distribution, calculating the percentages and tabulating them appropriately. The data analysis was based on the objectives of the study. A computer package known as statistical package for social sciences (SPSS) was used to code and analyze the raw data into frequencies and percentages which were later converted into tables.

Results were presented in form of tables and narratives for qualitative data which was done manually.

3.13   Study Limitations

The researcher encountered subjects who withdrew from participating in the study. This, however, was acceptable under the ethics procedure because participation was voluntary. Another limitation was uncompleted questionnaires from the subjects. This was taken into consideration by raising the sample by 10% incase of uncompleted questionnaires.

The study was confined to employees in the ministries headquarters in Nairobi County only and therefore, the results may not be generalized to reflect the situation among employees in other counties in Kenya.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter describes the results obtained after administering 252 questionnaires to employees in fourteen government ministries across the Civil Service in Nairobi County. The study assessed the prevalence of occupational stress and the perceived coping styles of the employees.

4.2 Questionnaire response rate

A total of 252 questionnaires were administered to employees from job groups D to R in the headquarters of 14 ministries in Nairobi County. Two hundred and forty one (241) questionnaires were completed and returned, sorted out and entered in electronic software. Analysis was done and the response rate is presented in Table 3 below:-

Table 3: Response rate from study locations

S/No.	Ministry	Frequency	Percent
1	Development of Northern Kenya	18	7.5
2	East African Community	18	7.5
3	Education	17	7.1
4	Fisheries	15	6.2
5	Forestry and Wildlife	18	7.5
6	Home Affairs	18	7.5
7	Housing	18	7.5
8	Justice National Cohesion	16	6.6
9	Nairobi Metropolitan	17	7.1
10	Public Health and Sanitation	17	7.1
11	Regional Development	16	6.6
12	State for Public Service	17	7.1
13	Transport	18	7.5
14	Youth Affairs and Sport	18	7.5
	Total	**241**	**100**
	Response rate 95.6%		

4.3   Results from the Socio-demographic characteristics of the employees

Out of 241 respondents, 58.1% (n=140) were female compared to 41.9% male (n=101). There were more respondents who were 41 years and above (41.5%) (n=100) compared to 27% (n=65) who were 40 years and below as shown in Table 4.

On the level of education, 22.4% (n=54) had Master's degrees as their highest level of professional qualifications; 44% (n=106) of the employees had attained diploma certificates; 18.7% (n=45) had Bachelor's degrees and 14.9% (n=36) had certificates as their qualifications.

On the grading of employees, 34.9% (n=84) were junior staff on job groups D-H; 33.2% (n=80) were middle level managers on job groups J-L and 32% (n=77) were senior level managers on job groups M-R (Table 4).

In relation to work experience, 36.9% (n=89) of the employees had worked for over 20 years; while 27.8% (n=67) had worked for 1-5 years; 15.8% (n=38) had worked for 16-20 years; 12% (29) had worked for 11-15 years and 7.5% (n=18) had worked for 6-10 years as shown in Table 4.

Table 4: Socio-Demographic Characteristics

Variable	Frequency	Percentage (%)
Gender		
Male	101	41.9
Female	140	58.1
Age		
20-30	41	17
31-40	65	27
41-50	100	41
51-60	35	14
Level of education		
Masters Degree	54	22.4
Bachelors Degree	45	18.7
Diploma	106	44.1
Certificate	36	14.8
Grading of employees		
Junior Staff (Job Group D - H)	84	34.9
Middle Managers (Job Group J - L)	80	33.1
Senior Managers (Job Group M - R)	77	32
Work Experience		
1 - 5 years	67	27.8
6 - 10 years	18	7.5
11 - 15 years	29	12
16 - 20 years	38	15.8
Over 20 years	89	36.9

4.3.1 Stressors identified at workplace by employees

Out of 241 respondents, 25% (n=60) identified workload as a number one stressor at the workplace, followed by lack of working tools rated at 22% (n=52), poor remuneration and no rewards or motivation was rated at 17% (n=40); lack of team work was rated at 14% (n=33); poor working environment was rated at 10% (n=25). Others stressors like long working hours, stagnation and lack of clear work assignment or instructions were rated at 6 % (n=14). Table 5 below presents the stressors as identified by employees:-

Table 5: Stressors identified at workplace by employees

Stressor	Frequency	Percentage (%)
Too much workload	60	25
Lack of working tools	52	22
Poor remuneration and no rewards or motivation	40	17
Lack of teamwork	33	14
Poor working environment	25	10
Others (Lack of clear work assignment or instructions, stress, long working hours, stagnation)	14	6
Total	**241**	**96**

4.3.2 Employees' coping styles to counter stressful situations at work place

Employees used various ways to cope with stress at the workplace. Majority, 76.8%, (n=185) preferred sharing with a colleague and only 7.9% (n=19) shared with a counselor. Another 52.7% (n=127) shared with their supervisor, 32.4% (n=78) shared with a human resource management officer, while 49.4% (n=119) would confront the stressful situation by walking out of the office to vent their anger. Twenty-four percent (n=59) did some breathing exercises. It was worth noting that 99.2% (n=239) and 95.4% (n=230) would not go out for a drink or cigarette to counter stressors at the

workplace.   Table 6 depicts coping styles used by employees to counter stressful situations.

Table 6: Employees' coping styles

Coping Styles	Response	Frequency	Percentage (%)
Shared with my boss/supervisor	Yes No	114 127	52.7 47.3
Shared with a colleague	Yes No	185 56	76.8 23.2
Shared with a human resource officer	Yes No	78 163	32.4 67.6
Shared with a counselor	Yes No	19 222	92.1 7.9
Shared with a pastor	Yes No	27 214	11.2 88.8
Avoided the stressful situation by leaving the office	Yes No	40 201	16.6 83.4
Confronted the stressful situation	Yes No	119 122	49.4 50.6
Went out of the office to vent the anger	Yes No	30 211	12.4 87.6
Went out for a drink	Yes No	11 230	4.6 95.4
Went out for a cigarette	Yes No	2 239	0.8 99.2
Did some breathing exercises	Yes No	59 182	24.5 75.5

4.3.3 Employees' awareness of counseling services in the Civil Service

As depicted on Table 7, out of 241 respondents, 78% (n=188) were aware of the existence of counseling services for employees in the civil service but only 12% (n=29) had sought counseling services at the unit. On being interviewed by the researcher why they had not sought counseling services at the unit, the response was that they were not familiar with the counselors and they feared that their personal issues may be exposed to their supervisors or friends and this could jeopardize their work performance. Another reason was that they did not have confidence in the counsellors that they would solve their issues and again, they may be viewed as 'mental' cases if seen by colleagues visiting the counseling unit.

Others who had attended (51.7%) (n=15) were as a result of their own realization that they needed counseling, while others had been referred by their immediate supervisors (44.8%) (n=7) and others through influence by friends or colleagues (24.1%) as shown in Table 7.

Table 7: Awareness of counseling services in the Civil Service

Statement	Response	Frequency	Percentage (%)
Are you aware of the existence of counseling unit for employees in the civil service?	Yes No	188 53	78 22
Have you attended any counseling sessions at the Counseling Unit?	Yes No	29 212	12 88
Attendance as a result of referral by your immediate supervisor?	Yes No	13 16	44.8 55.2
Attendance as a result of referral by a friend/colleague?	Yes No	7 122	24.1 75.9
Attendance as a result of your realization that you need counseling?	Yes No	15 14	51.7 48.3

4.3.4 Indicators of effectiveness of counseling services in the Civil Service

On the effectiveness of counseling services, 48.1% (n=116) of the respondent reported that counseling had increased productivity and improved service delivery and that this was evident among a few of their colleagues. Also counseling had helped reduce chronic absenteeism. This was reported in 45.6% (n=110) of the respondents; built good working relationships among colleagues; 42.7% (n=103) reduced stress at the workplace and helped reduce alcoholism and drug abuse in 41.9% (n=101). The response is depicted in Table 8.

Table 8: Indicators of effectiveness of counseling services in the Civil Service

indicator	Strongly disagree	Disagree	Non Committal	Agree	Strongly Agree
Reduced alcoholism and drug abuse	12 (5.0)	28 (11.6)	65 (27.0)	101 (41.9)	35 (14.5)
Built good working relationships among colleagues	13 (5.4)	23 (9.5)	52 (21.6)	110 (45.6)	43 (17.8)
Reduced chronic absenteeism	11 (4.6)	28 (11.6)	67 (27.8)	116 (48.1)	19 (7.9)
Reduced stress at the workplace	19 (7.9)	25 (10.4)	59 (24.5)	103 (42.7)	35 (14.5)
Increased productivity and improved service delivery	13 (5.4)	23 (9.5)	61 (25.3)	116 (48.1)	28 (11.6)

4.3.5 Factors related to Workload and performance

Out of 241 respondents, 70% (n=170) rated their work as normal, 53.5% (n=129) reported that they were granted permission or leave, 66.8% (n=161) reported that working tools were sometimes provided; 55.2% (n=133) reported that their supervisors at times recognized their contribution towards the organization; 66.4%(n=160) reported that at times they faced role confusion at the workplace; 51.5% (n=124) reported that they had progressed in their careers. However, 66% (n=159) reported they would quit

their current jobs if they got an opportunity to change jobs. The response is depicted in table 9 below:-

Table 9: Factors related to work load and performance

Workload	Response	Frequency	Percentage (%)
	overworked	62	25.7
	underworked	9	3.7
	normal	170	70.5
Granted leave/permission	always	109	45.2
	sometimes	129	53.5
	never	3	1.2
Provision of resources, equipment and other working tools	always	76	31.5
	sometimes	161	66.8
	never	4	1.7
Recognition and appreciation by the supervisor	always	94	39
	sometimes	133	55.2
	never	14	5.8
Role confusion or ambiguity	always	21	8.7
	sometimes	160	66.4
	never	60	24.9
Relationship at workplace	always	134	55.6
	sometimes	105	43.6
	never	2	0.8
Promotion/ career progression	always	96	39.8
	sometimes	124	51.5
	never	21	8.7
Changing of employer	No	82	34
	Yes	159	66

4.4   Results from the Interview Schedule administered to Supervisors

Apart from the supervisors in Job Groups 'Q' and 'R' completing the questionnaires, the researcher administered fourteen interview schedules to supervisors in the 14 ministries (Appendix lll). The supervisors had authority to refer employees to the counseling units in case of symptoms manifested by employees that would warrant attention.

4.4.1   Symptoms that employee manifest as reported by supervisors

All the fourteen supervisors in the ministries identified symptoms manifested by employees and drunkenness was highly rated at 92.9% (n=13) which led to poor performance at work place (92.3%, n=12). Stress was rated at 71.4% (n=10). Drug abuse and family issues were rated at 57.1% n=8) while conflict at workplace was rated at 50% (n=7).   It was worth noting that all the supervisors were able to identify these symptoms at the work place and therefore, they were able to refer employees for counseling services at the Counseling Unit. Table 10 below depicts responses from the supervisors.

Table 10: Symptoms that employee manifest by as reported by supervisors

Symptoms		Frequency	Percentage (%)
Chronic Absenteeism	No	2	14.3
	Yes	12	85.7
	Total	14	100
Conflict at workplace	No	7	50
	Yes	7	50
	Total	14	100
Drunkenness	No	1	7.1
	Yes	13	92.9
	Total	14	100
Drug Abuse	No	6	42.9
	Yes	8	57.1
	Total	14	100
Poor performance at workplace	No	1	7.7
	Yes	12	92.3
	Total	13	100
Family issues	No	6	42.9
	Yes	8	57.1
	Total	14	100
Others (stress)	No	4	28.6
	Yes	10	71.4
	Total	14	100

4.4.2 Response on Coping Styles that Supervisors use on employees

Table 11 below depicts responses from the supervisors on coping styles they used to solve symptoms manifested by employees at the workplace. It was worth noting that 21.4% (n=3) refers the employees to the counseling unit. However, another 21.4% (n=3) talk to them, warn and finally as a last resort they are disciplined. Another 14.2% (n=2) talk to them through meetings and seminars and some are disciplined before being referred for counseling at the unit.

Table 11: Coping Styles Supervisors use on employees

Response	Frequency	Percentage (%)
Referral for counseling at the unit	3	21.4
Carry out one to one counseling	1	7.14
Talking to employees	2	14.2
Through meetings, seminars and talking to them	2	14.2
Talking to them, warning and finally disciplining	3	21.4
Talk to them and involve relatives	1	7.14
Discipline then refer for counseling at the unit	2	14.2
Total	**14**	**100**

4.5 Results from Association of Variables

4.5.1 Gender versus Workload

About 27.7 % ((n=28) male respondents rated their workload as being overworked compared to 24.3% (n=34) female respondents. 72.1% (n=101) of the female and 68.3% (n=69) of the male respondents rated their workload as normal. There was even distribution of workload among gender. There was no statistically significant difference between gender and workload (p=0.813) as shown in Table 12.

Table 12:   Gender versus Workload

Gender	Workload			
	Overworked	Underworked	Normal	Total
Male	28	4	69	101
	27.7%	4%	68.3%	100%
Female	34	5	101	140
	24.3%	3.6%	72.1%	100%
Total	62	9	170	241
	25.7%	3.7%	70.5%	100%
Chi-square test	x^2 =0.415, df=2 p=0.813			

4.5.2   Career Development versus Workload

About thirty five percent (35.5%) (n=22) of the respondents who described their workload as heavy had progressed in their career as well as those whose workload was normal (42.9%, n=73). Among the respondents whose workload was sometimes heavy and those whose who were under worked, 51.5% (n=124) and 8.7% (n=21) had also progressed in their careers. There was no statistically significant difference between career progression and workload (p=0.243) as shown in Table 13.

Table 13: Career Development versus workload

Workload	Have you progressed in your job?			
	always	sometimes	never	Total
overworked	22	35	5	62
	35.5%	56.5%	8.1%	100%
underworked	1	6	2	9
	11.1%	66.7%	22.2%	100%
normal	73	83	14	170
	42.9%	48.8%	8.2%	100%
Total	96	124	21	241
	39.8%	51.5%	8.7%	100%
Chi-square test	x^2 **=5.464, df=4 p=0.243**			

4.5.3   Satisfaction with current job versus workload

On job satisfaction, there was dissatisfaction among all the respondents. A total of 69.7% (n=168) who were overworked, underworked and had normal workload were sometimes satisfied with the current job compared to 15.4% (n=37) who were always satisfied and 14.9% (n=36) who were never satisfied. There was statistically significant difference between job satisfaction and workload (p=0.003) as shown in Table 14.

Table 14: Satisfaction with current job versus workload

Workload	Are you satisfied with your current job?			
	always	sometimes	never	Total
overworked	7	43	12	62
	11.3%	69.4%	19.4%	100%
underworked	0	4	5	9
	0%	44.4%	55.6%	100%
normal	30	121	19	170
	17.6%	71.2%	11.2%	100%
Total	37	168	36	241
	15.4%	69.7%	14.9%	100%
Chi-square test	x^2 **15.869, df= 4 p=0.003**			

Employees were dissatisfied with their current jobs.

4.5.4   Organizational changes at the workplace versus workload

Among the respondents who were overworked, underworked and those who had normal workload, 48.5% (n=117), all indicated that changes within their organizations were not always communicated to them compared to 44.8% (n=108) who received communication on changes in their organizations. There was statistically significant difference between organizational changes at workplace and workload (p=0.001) as shown in Table 15.

Table 15: Organizational changes at workplace versus workload

Workload	Are changes within your department communicated to you?			
	always	sometimes	never	Total
overworked	23	30	9	62
	37.1%	48.4%	14.5%	100%
underworked	0	8	1	9
	0%	88.9%	11.1%	100%
normal	85	79	6	170
	50%	46.5%	3.5%	100%
Total	108	117	16	241
	44.8%	48.5%	6.6%	100%
Chi-square test	x^2 **=17.588, df=4** **<p=0.001**			

Organizational changes were not always communicated to employees.

4.5.5 Relationships with supervisors and other office workers versus workload

Majority of the respondents reported that they enjoyed good working relationship with their supervisors and other office workers. 58.1% (n=36) of the respondents who described their workload as being overworked sometimes enjoyed good relationships at the workplace compared to 40.3% (n=25) who always enjoy good relationships. 64.1%(n=109) who described their workload as normal enjoys good working relationship at the workplace compared to 35.3%(n=60) who sometimes enjoy the good working relationships at the workplace. There was statistically significant difference between relationships with supervisors and other office workers and workload (p=0.001) as shown in Table 16.

Table 16: Relationships versus workload

Workload	Do you enjoy a good working relationship with your supervisor and other office workers?			
	always	sometimes	never	Total
overworked	25	36	1	62
	40.3%	58.1%	1.6%	100%
underworked	0	9	0	9
	0%	100%	0%	100%
normal	109	60	1	170
	64.1%	35.3%	0.6%	100%
Total	134	105	2	241
	55.6%	43.6%	0.8%	100%
Chi-square test	x^2 **=22.71, df=4 p=0.001**			

 Working relationships at the workplace was strained.

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4.5.6   Role in the organization versus workload

About 70% (n=119) of the respondents who had normal workload reported that they sometimes face role confusion in the course of carrying out their duties compared to 58.1% (n=36) who were overworked.   There was statistically significant difference between role in the organization and workload (p=0.004) as shown in Table 17.

Table 17: Role in the organization versus workload

Workload	Do you face role confusion in the course of carrying out your duties and responsibilities			
	always	sometimes	never	Total
overworked	10	36	16	62
	16.1%	58.1%	25.8%	100%
underworked	3	5	1	9
	33.3%	55.6%	11.1%	100%
normal	8	119	43	170
	4.7%	70%	25.3%	100%
Total	21	160	60	241
	8.7%	66.4%	24.9%	100%
Chi-square test	x^2 **=15.16, df=4, p=0.004**			

Employees faced role confusion in carrying out their duties.

4.5.7 Recognition and Appreciation versus workload

Among 62.9% (39) of the respondents who were overworked, reported that they were sometimes appreciated and recognized. 51.2% (87) whose workload was normal were also sometimes recognized and appreciated for their work contribution in the department. 45.3% (n=77) whose workload was normal were always appreciated compared to 25.8% (n=16) who were overworked. There was statistically significant difference between employee recognition and appreciation and workload (p=0.009) as shown in Table 18.

Table 18: Recognition and Appreciation versus workload

Workload	Does your supervisor appreciates and recognizes your contribution towards achievement of the department's goals?			
	always	sometimes	never	Total
overworked	16	39	7	62
	25.8%	62.9%	11.3%	100%
underworked	1	7	1	9
	11.1%	77.8%	11.1%	100%
normal	77	87	6	170
	45.3%	51.2%	3.5%	100%
Total	94	133	14	241
	39%	55.2%	5.8%	100%
Chi-square test	x^2 = 13.448, df=4 p=0.009			

There was no recognition and appreciation of the employee's contributions.

4.5.8 Provision of Resources versus workload

Majority of respondents who were overworked and had normal workload reported they were sometimes provided with resources to carry out their duties. A total of 66.8% (n=161) of overworked and those with normal workload reported that they were sometimes provided with resources to carry out their duties compared to 31.5% (n=67) who were always provided with resources. There was statistically significant difference between provision of resources and workload (p=0.001) as shown in Table 19.

Table 19: Provision of resources versus workload

Workload	Are you provided with the necessary resources to carry out your duties and responsibilities?			
	always	sometimes	never	Total
overworked	9	51	2	62
	14.5%	82.3%	3.2%	100%
underworked	0	9	0	9
	0%	100%	0%	100%
normal	67	101	2	170
	39.4%	59.4%	1.2%	100%
Total	76	161	4	241
	31.5%	66.8%	1.70%	100%
Chi-square test	x^2 =18.274, df=4, <p=0.001			

There was lack of resources to carry out duties and responsibilities.

4.5.9 Permission/leave versus Workload

Among the respondents who are overworked, underworked and those with normal work load are always granted permission or leave when need arises (45.2%, n=109) compared to 53.5% (129) who are sometimes granted permission or leave. There was no statistically significant difference between being granted permission or leave when a personal need arises and workload (p=0.336) as shown in Table 20.

Table 20: Permission versus workload

Workload	Are you granted permission or leave when a personal need arises?			
	always	sometimes	never	Total
overworked	21	40	1	62
	33.9%	64.5%	1.6%	100%
underworked	4	5	0	9
	44.4%	55.6%	0%	100%
normal	84	84	2	170
	49.4%	49.4%	1.2%	100%
Total	109	129	3	241
	45.2%	53.5%	1.2%	100%
Chi-square test	x^2 **=4.557, df=4, p=0.336**			

4.5.10 Grading of employees versus Level of Education

A large proportion of junior staff (54.9% (n=78) with low level of education in job groups 'D' – 'H' were certificate and diploma holders. Among the middle managers 32.4% (n=46) had college education while 34.3% (34) had university education.

The senior managers had the majority of 59.6% (n=59) attaining university degrees. There was statistically significance difference between grading of employees and level of education (p=0.001) as presented in Table 21.

Table 21: Grading of employees versus Level of Education

| Level of Education | Grading level | | | |
	Junior Staff (Job Group D - H)	Middle Managers (Job Group J - L)	Senior Managers (Job Group M - R)	Total
College	78	46	18	142
	54.9%	32.4%	12.7%	100%
University	6	34	59	99
	6.1%	34.3%	59.6%	100%
Total	84	80	77	241
	34.9%	33.2%	32%	100%
Chi-square test	x^2 **=80.227, df=2, <p=0.001**			

Majority of senior managers had university degrees.

4.5.11   Age versus Work Experience

Out of 241 respondents, 88.9% (n=120) in age range of 41 to 60 years had worked for 15 years and above compared to 93.4% (n=99) in the age range of 21 to 40 years who had worked for fourteen years and below. There was statistically significant difference between the ages of employees and work experience (p<=0.001) as presented in Table 22 below.

Table 22:   Age versus Work Experience

| | Work Experience | | |
Ages	1-14 years	15 years and above	Total
21-40 years	99	7	106
	93.4%	6.6%	100%
41-60 years	15	120	135
	11.1%	88.9%	100%
	114	127	241
Total	47.3%	52.7%	100%
Chi-square test	x^2 = 161.284, df =1, p<=0.001		

There were more older employees who were over 41 years and above and had worked for over 15 years.

4.5.12   Gender versus Age

The proportion of male respondents between age brackets 21–40 was 46.5% (n=47) compared to 42.1% (n=59) female respondents. Female respondents between ages 41-60 were 57.9% (n=81) compared to 53.5% (n=54) male. Gender and age range was evenly distributed with the majority being 41 years and above. However, there was no statistically significant difference between gender and age groups (p=0.498) as shown below in Table 23.

Table 23: Gender versus Age

Gender	Ages		Total
	21-40	**41-60**	
Male	47	54	101
	46.5%	53.5%	100%
Female	59	81	140
	42.1%	57.9%	100%
Total	106	135	241
	44%	56%	100%
Chi-square Test	x^2 =0.459, df=1, p=0.498		

4.5.13 Gender versus Education

Out of 241 respondents, 62.7% (n=89) female had attained college education compared to 37.5% (n=53) male respondents. 51.5% (n=51) of the female respondents had attained university education compared to 48.5% (n=48) male respondents. The study found that there were more female employees (58.1%) compared to male employees (41.9%). There was no statistically significant difference between education and (p=0.084) as shown in Table 24.

Table 24: Gender versus Education

Education level	Gender		Total
	Male	Female	
College	53	89	142
	37.3%	62.7%	100%
University	48	51	99
	48.5%	51.5%	100%
Total	101	140	241
	41.9%	58.1%	100%
Chi-square test	x^2 = 2.985, df =1, p=0.084		

4.5.14   Training versus Age

Out of 241 respondents, 63.6% (n=63) in the age brackets of 41-60 years were graduates compared to 36.4% (n=36) who were 40 years and below. Among the college graduates, 50.7% (n=72) were in the age brackets of 41-60 years compared to 49.3% (n=70) who were 40 years and below. The study found that training was accorded to all employees irrespective of age. There was statistically significant difference between training and ages (p=0.047) as shown in Table 25.

Table 25: Training versus Age

Education level	Ages		
	21-40 years	**41-60 years**	**Total**
College	70	72	142
	49.3%	50.7%	100%
University	36	63	99
	36.4%	63.6%	100%
	106	135	241
Total	44%	56%	100%
Chi-square test	x^2 = 3.960, df =1, p=0.047		

4.6 Results from the Maslach Burnout Inventory – Human Services and General Survey

4.6.1 MBI Scores and Burnout levels

The sub scales range on emotional exhaustion was forty seven (47), with a standard deviation of 8.098; depersonalization was thirty eight (38) with a standard deviation of 8.623 and personal accomplishment was eighty five (85) with a standard deviation of 15.327 as shown in Table 26.

Table 26: Sub Scales

	Mean	Media	Std. deviation	Range
Emotion exhaustion	14.64	12	8.098	47
Depersonalization	12.75	12	8.623	38
Personal accomplishment	61.85	65	15.327	85

The overall mean MBI scores on the sub scales of emotional exhaustion and depersonalization fell between average and high levels of burnout while the level for personal accomplishment was very low. Out of 241 respondents, 9.5% (n=23) and 24.1% (n=58) had high and average levels of emotional exhaustion respectively, 48.5% (n=117) had high levels of depersonalization and 93.4% (n=225) had low levels of personal accomplishments as shown in Table 27.

Table 27:   Burnout levels (%)

Emotion exhaustion	Frequency	Percent
<16 - Low	160	66.4
17-26 - Average	**58**	**24.1**
>27 - High	**23**	**9.5**
Total	241	100
Depersonalization		
<8 - Low	88	36.5
9-12 - Average	36	14.9
>13 - High	**117**	**48.5**
Total	241	100
Personal accomplishment		
<31 - High	11	4.6
32-38 - Average	5	2.1
>39 - Low	**225**	**93.4**
Total	241	100

4.6.2 Work Environment and Burnout Stress syndrome

On work environment, the results revealed that there was burnout syndrome distribution with depersonalization being as high as 48.5% (n=117) and personal accomplishment being as low as 93.4% (n=225) among all the respondents. Emotional exhaustion was high at the levels of 9.5% (n=23) and average at 24.1% (n=58).

4.6.3 Are your duties/responsibilities too little or too much?

The respondents who described their workload as normal and had experienced average levels of emotional exhaustion were 27.4% (n=17) and depersonalization was high at 79% (n=49). There was statistically significant difference between workload and emotional exhaustion (p=0.001) and depersonalization (p=0.001) among the employees. Personal accomplishment was low at 95.2%. There was no statistically significant difference between workload and personal accomplishment (p=0.34) as shown in Table 28.

Table 28: Workload versus EE, DP and PA

Too much Work load?	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Ave-rage	>13 – High	Total	<31 – High	32-38 Ave-rage	>39 – Low	Total
NO	129	41	9	179	76	35	68	179	10	3	166	179
	72.1%	22.9%	5%	100%	42.5%	19.6%	38%	100%	5.6%	1.7%	92.7%	100%
YES	31	17	14	62	12	1	49	62	1	2	59	62
	50%	27.4%	22.6%	100%	19.40 %	1.6%	79%	100%	1.6%	3.2%	95.2%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=18.634, df=2, <p=0.001				X^2=32.632, df=2, p=0.001				X^2=0.155, df=4, p=0.34			

There was negative correlation between workload and EE and DP.

4.6.4 Do you enjoy good working relationship with your supervisor and other office workers?

Among the respondents who enjoyed good working relationship with their supervisors and other office workers, 28% (n=30) had experienced average levels of emotional exhaustion while 15% (16) high levels. Depersonalization levels were high at 57.9% (n=62) and personal accomplishment was low at 96.3% (n=103). There was statistically significant difference between working relationships and emotional exhaustion (p=0.008), depersonalization (p=0.001) and personal accomplishment (p=0.045) as shown in Table 29.

Table 29: Work relationships Versus EE, DP and PA

Work Relationship	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 – Average	>39 – Low	Total
NO	99	28	7	134	65	14	55	134	10	2	122	134
	73.9%	20.9%	5.2%	100%	48.5%	10.4%	41%	100%	7.5%	1.5%	91%	100%
YES	61	30	16	107	23	22	62	107	1	3	103	107
	57%	28%	15%	100%	21.5%	20.6%	57.9%	100%	0.9%	2.8%	96.3%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	x^2=9.713, df=2, p=0.008				x^2=19.461, df=2, p=0.001				x^2=6.221, df=2, p=0.045			

There was negative correlation between work relationships and EE, DP and PA

4.6.5 Do you face role confusion in the course of carrying out your duties and responsibilities?

There were high levels of emotional exhaustion at 38.1% (n=15), 66.7% (n=14) had high levels of depersonalization and personal accomplishment was low at 90.5% (n=19). There was statistically significant difference between role confusion and emotional exhaustion (<p=0.001), depersonalization (<p=0.085) and personal accomplishment (p=0.027) as shown in Table 30.

Table 30: Role confusion Versus EE, DP and PA

Role confu-sion	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Ave-rage	>13 – High	Total	<31 – High	32-38 Ave-rage	>39 – Low	Total
NO	6	7	8	21	85	32	103	220	11	3	206	220
	28.6%	33.3%	6.8%	100%	38.6%	14.5%	46.8%	100%	5%	1.4%	93.6%	100%
YES	154	51	15	220	3	4	14	21	0	2	19	21
	70%	23.2%	38.1%	100%	14.3%	19%	66.7%	100%	0%	9.5%	90.5%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	x^2=25.427, df=2, p=0.001				x^2=4.929, df=2, p=0.085				x^2=7.223, df=2, p=0.027			

There was negative correlation between role confusion and EE, and PA.

4.6.6 Have you progressed in your job?

The respondents who had progressed in their jobs, 11.7% (n=17) had experienced high levels of emotional exhaustion and 24.1% (n=35) had experienced average levels of burnout. 53.8% (n=78) had experienced high levels of depersonalization while personal accomplishment was low at 91.7% (n=133). The respondents who had not progressed, 6.2% (n=6) had experienced high levels of emotional exhaustion and 24% (n=23) had average levels, while 40.6% (n=39) had experienced depersonalization. Personal accomplishment was low at 95.8% (n=92).

There was no statistically significant difference between career progression and emotional exhaustion (p=0.351), depersonalization (p=0.132) and personal accomplishment (p=0.438) as shown in Table 31. The study found that employees had progressed in their careers and that training opportunities were accorded equally to everyone in the organization.

Table 31: Career progression Versus EE, DP and PA

Career progression & promotion?	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
NO	67	23	6	96	40	17	39	96	3	1	92	96
	69.8%	24 %	6.2%	100%	41.7%	17.7%	40.6%	100%	3.1%	1%	95.8%	100%
YES	93	35	17	145	48	19	78	145	8	4	133	145
	64.1%	24.1%	11.7%	100%	33.1%	13.1%	53.8%	100%	5.5%	2.8%	91.7%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	x^2=2.092, df=2, p=0.351				x^2=4.043, df=2, p=0.132				x^2=1.649, df=2, p=0.438			

4.6.7   Is there provision of resources (working tools)?

The respondents who had high levels of emotional exhaustion and depersonalization, 54.9% (n=90) had indicated that resources were scarce. Their personal accomplishment was low at 93.3% (n=153).   There was statistically significant difference between provision of resources and depersonalization (p=0.009).   There was no statistically significant difference between provision of resources and emotional exhaustion ((p=0.154) and personal accomplishment (p=0195) as shown in Table 32.

Table 32: Provision of resources Versus EE, DP and PA

Provision of resources?	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
NO	57	16	4	77	38	12	27	77	5	0	72	77
	74%	20.8%	5.2%	100%	49.4%	15.6%	35.1%	100%	6.5%	0%	93.5%	100%
YES	50	24	90	164	50	24	90	164	6	5	153	164
	30.5%	14.6%	54.9%	100%	30.5%	14.6%	54.9%	100%	3.7%	3%	93.3%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=3.744, df=2, p=0.154				X^2=9.374, df=2, p=0.009				X^2=3.270, df=2, p=0.195			

There was negative correlation between provision of resources and depersonalization.

4.6.8 Does your supervisor appreciates and recognizes your contribution towards achievement of your department's goals?

Twenty eight percent (27.9%, n=41) of the respondents who felt appreciated and recognized had average levels of emotional exhaustion and high levels of depersonalization (53.1%, n=78). Personal accomplishment was low at 95.2% (n=140). There was statistically significant difference between appreciation and recognition and depersonalization (<p=0.059). There was no statistically significant difference between appreciation and recognition and emotional exhaustion (p=0.211) and personal accomplishment (p=0.335) as shown in Table 33.

Table 33: Appreciation and Recognition Versus EE, DP and PA

Appre-ciation & recog-nition	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Ave-rage	>13 – High	Total	<31 – High	32-38 Ave-rage	>39 – Low	Total
NO	68	17	9	94	43	12	39	94	6	3	85	94
	72.3%	18.1%	9.6%	100%	45.7%	12.8%	41.5%	100%	6.4%	3.2%	90.4%	100%
YES	92	41	14	147	45	24	78	147	5	2	140	147
	62.6%	27.9%	9.5%	100%	30.6%	16.3%	53.1%	100%	3.4%	1.4%	95.2%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=3.113, df=2, p=0.211				X^2=5.664, df=2, p=0.059				X^2=2.185, df=2, p=0.335			

There was negative correlation between appreciation and recognition and DP.

4.6.9 If you get an opportunity to change jobs, would you quit current job?

Among the respondents who had said they would quit their current jobs, 11.9% (n=23) and 26.4% (n=42) had high and average levels of emotional exhaustion respectively. Depersonalization was high at 54.7% (n=87). There was statistically significant difference between quitting current jobs and depersonalization (p=0.003). Personal accomplishment was low at 93.7% among the respondents who would wish to quit their jobs and it was also low at 92.7% among the respondents who would not wish to quit their current jobs. There was no statistically significant difference between quitting current jobs, emotional exhaustion ((p=0.064) and personal accomplishment (p=0.945) as shown in Table 34.

Table 34: Quitting your current job Versus EE, DP and PA

Quitting current job?	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
NO	62	16	4	82	42	10	30	82	4	2	76	82
	75.6%	19.5%	4.9%	100%	51.2%	12.2%	36.6%	100%	4.9%	2.4%	92.7%	100%
YES	98	42	19	159	46	26	87	159	7	3	149	159
	61.6%	26.4	11.9%	100%	28.9%	16.4%	54.7%	100%	4.4%	1.9%	93.7%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=5.497, df=2, p=0.064				X^2=11.650, df=2, p=0.003				X^2=0.112, df=2, p=0.945			

There was negative correlation between quitting current job and depersonalization.

4.6.10   GRADING OF EMPLOYEES versus EE, DP and PA

Two hundred and forty one (241) respondents from the three grading levels had experienced various levels of emotional exhaustion, depersonalization and personal accomplishments. On comparing the three grading levels, middle managers had experienced average levels of emotional exhaustion at 30% (n=24), depersonalization was high at 43.8% (n=35) and personal accomplishment was low at 97.5% (n=78). Among the senior managers, 20.8% (n=16) had experienced average levels of emotional exhaustion, 57.1% (n=44) had experienced depersonalization and personal accomplishment was low at 94.8% (n=73). Likewise, the junior staff experienced average levels of emotional exhaustion at 21.4% (n=18), depersonalization was high at 45.2% (n=38) and personal accomplishment was low at 88.1% (n=74).

In comparison among the junior staff, middle managers and senior managers, there was no statistically significant difference in emotional exhaustion (p=0.525), depersonalization (p=0.281) and personal accomplishment (p=0.170) as shown in Table 35.

Table 35:   Grading of Employees versus EE, DP and PA

Grading levels (Job Groups)	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Ave-rage	>13 – High	Total	<31 – High	32-38 Ave-rage	>39 – Low	Total
Junior Staff (D-H)	59	18	7	84	35	11	38	84	7	3	74	84
	70.2%	21.4%	8.3%	100%	41.7%	13.1%	45.2%	100%	8.3%	3.6%	88.1%	100%
Middle Staff (J-L)	47	24	9	80	29	16	35	80	1	1	78	80
	58.8%	30%	11.2%	100%	36.2%	20%	43.8%	100%	1.2%	1.2%	97.5%	100%
Senior Staff (R-M)	54	16	7	77	24	9	44	77	3	1	73	77
	70.1%	20.8%	9.1%	100%	31.2%	11.7%	57.1%	100%	3.9%	1.3%	94.8%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=3.20, df=4, p=0.525				X^2=5.063, df=4, p=0.281				X^2=6.421, df=4, p=0.170			

4.6.11   GENDER versus EE, DP and PA

In gender comparison among the respondents, male respondents had experienced average levels of emotional exhaustion at 26.7% (n=27), 51.5% (n=52) had experienced high levels of depersonalization and personal accomplishment was low at 93.1% (94). The female respondents had experienced average levels of emotional exhaustion at 22.1% (n=31), depersonalization was high at 46.4%(n=65) and personal accomplishment was low at 93.6% (n=131).

There was no statistical significant difference between gender and emotional exhaustion (p=0.531), depersonalization (p=0.575) and personal accomplishment (p=0.666) as shown in Table 36.

Table 36: Gender versus EE, DP and PA

Gender	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
Male	63	27	11	101	33	16	52	101	4	3	94	101
	62.4%	26.7%	10.9%	100%	32.7%	15.8%	51.5%	100%	4%	3%	93.1%	100%
Female	97	31	12	140	55	20	65	140	7	2	131	140
	69.3%	22.1%	8.6%	100%	39.3%	14.3%	46.4%	100%	5%	1.4%	93.6%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4%	2.1%	93.4%	100%
Test	X^2=1.266, df=2, p=0.531				X^2=1.107, df=2, p=0.575				X^2=0.813, df=2, p=0.666			

4.6.12   AGE GROUPS versus EE, DP and PA

Among the age groups, respondents who were between 41 and 60 years reported high levels of emotional exhaustion at 9.6% (13); average levels of emotional exhaustion at 24.1% (n=58), 54.1% (n=73) reported high levels of depersonalization and personal accomplishment was reported low at 94.% (n=128).   The respondents in the age brackets of 21 to 40 also reported high levels of emotional exhaustion at 9.4% (n=10); average levels of emotional exhaustion at 23.6% (n=25), depersonalization was high at 41.5% (n=44) and personal accomplishment was low at 91.5% (n=97). There was no statistically significant difference in emotional exhaustion and the ages of the respondents (p=0.985).

All age groups had experienced high levels of depersonalization. Ages 41 to 60 years experienced high levels of depersonalization at a rate of 54.5% (n=73) and ages 21 to 40 at 41.5% (n=44). There was statistically significant difference between the age brackets and depersonalization (p=0.0075) as shown in Table 37.

Personal accomplishment was low among all the age groups at 94.8% (n=128) being 41 years and above while 40 years and below indicated personal accomplishment at 91.5% (n=97).   There was no statistically significant difference in personal accomplishment and age brackets (p=0.58) as shown in Table 37.

Table 37: Age Groups versus EE, DP and PA

Ages	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Aver-age	>13 – High	Total	<31 – High	32-38 Ave-rage	>39 – Low	Total
21-40	71	25	10	106	41	21	44	106	6	3	97	106
	67%	23.6%	9.4%	100%	38.7%	19.8%	41.5%	100%	5.7%	2.8%	91.5%	100%
41-60	89	33	13	133	47	15	73	135	5	2	128	135
	65.9%	24.4%	9.6%	100%	38.5%	11.1%	54.1%	100%	3.7%	1.5%	94.8%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.40 %	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=.03, df=2, p=0.985				X^2=5.183, df=2, p=0.0075				X^2=1.088, df=2, p=0.58			

There was negative correlation between age groups and DP.

4.6.13 LEVEL OF EDUCATION versus EE, DP and PA

The respondents who were graduates had experienced high levels of emotional exhaustion at 6% (n=6), average levels at 25.3% n=25), depersonalization was high at 51.5% (n=51) and personal accomplishment was low at 97% (n=96). Respondents who were college graduates had experienced high levels of emotional exhaustion at 12% (n=17), average levels at 23.2% (n=33); depersonalization was high at 46.5% (n=66) and personal accomplishment was low at 90.8%.

There was no statistical significant difference in emotional exhaustion (p=0.306), depersonalization (p=0.679) and personal accomplishment (p=0.171) and the level of education of employees as shown in Table 38.

Table 38: level of Education versus EE, DP and PA

Level of education	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
College	92	33	17	142	55	21	66	142	9	4	129	142
	64.8%	23.2%	12%	100%	38.7%	14.8%	46.5%	100%	6.3%	2.8%	90.8%	100%
University	68	25	6	99	33	15	51	99	2	1	96	99
	68.7%	25.3%	6.1%	100%	33.3%	15.2%	51.5%	100%	2%	1%	97%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=2.367, df=2, p=0.306				X^2=0.776, df=2, p=0.679				X^2=3.535, df=2, p=0.171			

4.6.14 WORK EXPERIENCE versus EE, DP and PA

The respondents who had worked for 15 years and below had experienced average levels of emotional exhaustion at 25.4%(n=29) and high levels at 9.6% (n=11); depersonalization was high at 43.9% (n=50) while personal accomplishment was low at 91.2% (n=104).   Respondents who had worked for 16 years and above had also experienced average levels of emotional exhaustion at 22.8%(n=29), high levels at 9.4%(n=12); depersonalization was high at 52.8%(n=67)   and low personal accomplishment at 95.3% (n=121).

There was no statistically significant difference between emotional exhaustion (p=0.577), depersonalization (p=361) and personal accomplishment (p=0.657) respectively, and the number of years worked as shown in Table 39.

Table 39: Work Experience versus EE, DP and PA

Work experience	Emotional Exhaustion				Depersonalization				Personal Accomplishment			
	<16 – Low	17-26 – Average	>27 – High	Total	<8 – Low	9-12 – Average	>13 – High	Total	<31 – High	32-38 Average	>39 – Low	Total
1 - 15 years	74	29	11	114	42	22	50	114	6	4	104	114
	64.9%	25.4%	9.6%	100%	36.8%	19.3%	43.9%	100%	5.3%	3.5%	91.2%	100%
16 + years	86	29	12	127	46	14	67	127	5	1	121	127
	67.7%	22.8%	9.4%	100%	36.2%	11%	52.8%	100%	3.9%	0.8%	95.3%	100%
Total	160	58	23	241	88	36	117	241	11	5	225	241
	66.4%	24.1%	9.5%	100%	36.5%	14.9%	48.5%	100%	4.6%	2.1%	93.4%	100%
Test	X^2=0.243, df=2, p=0.886				X^2=3.739, df=2, p=0.154				X^2=2.481, df=2, p=0.289			

4.7 Summary of the findings in relation to the study objectives.

The study had used the Maslach Burnout Inventory (MBI) to assess occupational stress among employees in the Civil Service. The MBI instrument assessed the three aspects of burnout which included emotional exhaustion, depersonalization and lack of personal accomplishment. The following were the findings in relation to the study objectives:-

- Burnout was prevalent with the levels ranging from low to high. Emotional exhaustion levels were between 9.4% and 24.1%, depersonalization was 48.5% and personal accomplishment was low at 93.5% (Tables 26 and 27).

- As a result of using the MBI, the study found that depersonalization was very high among employees resulting in low personal accomplishment (Table 27).

- The respondents cited causes of stress at the workplace as poor working relationships with supervisors and other office workers (Table 16) and role in the organization (Table 17). Lack of recognition and appreciation (Tables 18) and lack of resources (Table 19) were other causes of burnout.

- On comparing the three grading levels, middle managers had experienced average levels of emotional exhaustion at 30%, depersonalization was high at 43.8% and personal accomplishment was low at 97.5% (Table 35).

- There was no statistically significant difference between gender and emotional exhaustion (p=0.531), depersonalization (p=0.575) and personal accomplishment (p=0.666) (Table 36).

- Employees and supervisors identified some of the causes of occupational stressors at the workplace in the Civil Service (Table 5). The study found that workload was not an isolated source of work stress but tended to be combined with other factors in the prediction of stress. There were statistically significant findings between workload and the following factors intrinsic to the job:-

- role in the organization (p=0.004)

- relationships with supervisors and other office workers (p=0.001)

- changes in the organization (p=0.001)

- provision of resources (p=0.001)

- recognition and appreciation (p=0.009)

- satisfaction with the current job (p=0.003)

- Employees had coping styles and the supervisors were also able to use some of these styles to help employees cope when faced with occupational stress at the workplace (Table 6 and Table 11).

- Employees responded that they were aware of existence of counseling services and its effectiveness in the Civil Service (Tables 7 and 8).

- In comparing grading of employees; gender; education, work experience with burnout, the study found no statistically significant differences in any of these variables.

4.7.1 Correlations and psychopathology

There was negative correlation between workload and Depersonalization and emotional exhaustion. The employees identified stressors at workplace that led to depersonalization and exhaustion as shown in Table 40 indicating burnout syndrome.

Table 40: Correlations between Workload and MBI Scores

		Correlations
Depersonalization	Pearson Correlation	**-.343****
	Sig. (2-tailed)	**0**
	N	**241**
Emotion exhaustion	Pearson Correlation	**-.299****
	Sig. (2-tailed)	**0**
	N	**241**
Personal accomplishment	Pearson Correlation	**-0.053**
	Sig. (2-tailed)	**0.41**
	N	**241**

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

There was no correlation between socio demographics and psychopathology as shown in Table 41.

Table 41: Correlations between socio-demographics and MBI scores

		Gender	Age	Specify your grade or level	Level of education	Work Experience
Emotion exhaustion	Pearson Correlation	-.069	-.038	.008	.066	-.036
	Sig. (2-tailed)	.286	.557	.903	.307	.574
	N	241	241	241	241	241
Personal accomplishment	Pearson Correlation	-.006	.045	.107	-.125	.081
	Sig. (2-tailed)	.925	.486	.097	.053	.209
	N	241	241	241	241	241
Depersonalization	Pearson Correlation	-.063	.065	.099	-.100	.031
	Sig. (2-tailed)	.330	.313	.125	.123	.633
	N	241	241	241	241	241

*. Correlation is significant at the 0.05 level (2-tailed). No correlations found

CHAPTER FIVE

5.1   Discussion

The study found that majority of respondents had high and average levels of burnout syndrome. Out of 241 respondents, 9.5% (n=23) and 24.1% (n=58) had experienced high and average levels of emotional exhaustion respectively. Depersonalization was high at 48.5% (n=117) and personal accomplishment was low at 93.4% (n=225). These results are comparable to the findings of Schuler et al (1986) who reported the emergence of depersonalization symptoms such as cynical attitude towards one's work and low or poor performance at the workplace.   Cynicism towards one work is a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform work in general.   Another study by Nganga (2008) reported prevalence of depersonalization and reduced personal accomplishment giving credence to the existence of negative attitudes toward the job.

The high degree of burnout was reflected in high scores on depersonalization and low scores on personal accomplishment. This finding was supported by indifference and distant attitude towards work by employees. The employees developed indifference and cynicism about their work in order to gain distance from its exhausting demands. The lack of enthusiasm was direct indicators of exhaustion.   This reaction is dysfunctional because cynicism reduces the energy available for performing work and for developing creative solutions to the problems work presents. It also reduces the job's potential for building professional efficacy.   Therefore, cynicism positively correlates with exhaustion and negatively correlates with personal accomplishment (Enzmann, Schaufeli and Girault, 1995).

Among the respondents who said they would quit their current jobs, 11.9% (n=23) and 26.4% (n=42) had high and average levels of emotional exhaustion respectively. Depersonalization was high at 54.7% (n=87) and there was statistically significant difference between quitting the current job and depersonalization (p=0.003) (Table 34). Personal accomplishment was low at 93.7% (n=149) among those who would quit their

jobs. These findings are comparable to Maslach's findings (1976) where it was predicted that burnout would be related to job dissatisfaction and the desire to leave one's job.

Although some of the employees had expressed the desire to quit their jobs, most of them had spent several years in professional training and had worked at the same place for several years and that is why, according to the study, the total percentage of those who had worked for fifteen years and above was very high (Table 22).   Again, due to job security in the government, many employees in the Civil Service prefer not to change employers because most of them are on permanent and pensionable terms of employment and they would therefore, not wish to quit their current employment taking into consideration that they have financial obligations towards their nuclear and extended families.

From this study, there were certain work place factors respondents rated as causes of stress at the workplace.   The most common cause was found to be: poor working relationships with supervisors and other office workers, where there was statistically significant difference between working relationships and emotional exhaustion, depersonalization and personal accomplishment (Table 29). The employees had poor working relationships with their supervisors and this may be a common feature in the Civil Service where employees are grouped into different job groups to differentiate the junior staff from the senior staff. The chain of command is rigid and the hierarchy of seniority has to be followed when it comes to consultation and decision making (Despatch of Government Business, 1996). The officers on super scales (accounting officers, technical secretaries and directors of administration) hardly interact with middle and junior staff and that is why the researcher excluded the super scale employees in her study.

Relationships with bosses, peers and subordinates can either positively or negatively affect the way an employee feels and it is likely that wherever groups of people work together, some conflict will arise from time to time. According to France (2009) colleagues can be important sources of support but they can also be potential sources of stress. Conflicts among office workers become a risk factor however, when it remains unresolved

or becomes particularly intense. It may cause strained relationships and therefore, proactive steps should be taken by the supervisors and employees to resolve conflicts early.

Majority of the respondents described their workload as normal but there was negative correlation between workload and emotional exhaustion (p=0.001) and depersonalization (p=0.001), leading to low personal accomplishment (Table 28). Work overload or an employee being under worked is a significant contributor to workplace stress. The study found that workload was not an isolated source of work stress but tended to be combined with other factors in the prediction of stress. Therefore, workload and hours spent at work may not be considered to be stressful if the work is associated with sufficient rewards, such as appreciation and recognition, autonomy and resources which the employees rated as lacking or insufficient in carrying out their duties and responsibilities at the workplace.

Another factor of burnout syndrome was role in the organization where there were high levels of emotional exhaustion, high levels of depersonalization and low levels of personal accomplishment (Table 30). There was statistically significant difference between role confusion and emotional exhaustion, depersonalization and personal accomplishment (Table 30). Role ambiguity, role conflicts and unclear work roles contribute to high levels of occupational stress (Cooper et al 1993). This is common in the Civil Service where the creation of additional ministries have led to duplication of duties where some employees are not appropriately deployed (Organization of Government, 2008).

An employee's role in the organization is critical because it leads to participation in decision making on issues that affects the workplace so that there is clarity regarding work objectives and accountabilities. It is possible for everyone in the organization (not just those in senior positions) to feel that they have input into their work simply by communication and consultation strategies that are utilized among work teams. This helps reduce role conflicts and ambiguities among employees. When employee's role is not clearly defined and understood, this can lead to stress because he will not know what is

expected of him in the organization. The employee's role in an organization should be clearly defined and understood and when expectations placed upon the individual are clear and where there are no conflicting work procedures and processes, stress is kept to a minimum.

On provision of resources (office equipment and working tools), there was a statistically significant difference on depersonalization and personal accomplishment was low (Table 32). The high level of depersonalization ($p=0.009$) indicated the employee's indifference towards one's work and lack of enthusiasm due to lack of resources and facilitation by the organization. Therefore, this could result to employees' inability to meet the departmental targets and objectives of the set by the supervisors. This was a risk factor in the development of occupational stress.

According to Cooper, et al 1993, support may be provided through provision of resources or through practical assistance in performing tasks or through provision of information by supervisors. This leads to forming relationships with work colleagues and also reduces or moderates work related stress. However, this was lacking among employees in the civil service, resulting in high levels of depersonalization.

There was also a statistically significant difference between appreciation and recognition and depersonalization (Table 33) and personal accomplishment was low. Employee recognition is a communication tool that reinforces and rewards the actions and behaviours that most people want to repeat. Providing employees' recognition by saying "thank you" encourages more of the same actions and thinking. Employees who feel appreciated are more positive about themselves and their ability to contribute and participate in decision making is enhanced (Lazarus and Folkman, 1984). However, the civil service recognizes collective work from a ministry or department but does not recognize or appreciate individual innovation. Therefore, talents and innovations among employees are not given prominence. This leads to lack of creativity and lethargy towards one's work and as a result, depersonalization and low levels of personal achievements, whose levels were found to be high among employees in this study. The top management

should assist employees by structuring rewards and recognition for individual initiatives and performances in order to help them take more control over their work events.

On age groups and burnout, respondents who were 41 years and above had experienced high levels of depersonalization (p=0.0075) and personal accomplishment was low (Table 37). Employees who had worked for a longer time had a wide range of experience and expertise which the organization utilized through additional work involving decision making, formulation of policies and supervision of junior workers (Table 22). These were risk factors in the development of stress.

On comparing the grading of employees, the study found that the middle managers had high levels of emotional exhaustion, depersonalization and low personal accomplishment compared to the senior managers and the junior staff (Table 35). The middle managers, who were technical personnel, were professionals in their areas of specializations in the ministries. They were assigned more work compared to the senior managers and junior staff. They formed the bulk of employees in the ministries and their workload was involving because they carried out researches and came up with summarized reports for decision making by their supervisors. They had work overload and they were also aspiring to progress in their careers. These were risk factors for developing stress among the cadre.

5.1.1 Coping Styles used by employees and supervisors

The current study found that existence of burnout syndrome predisposed one to develop some coping mechanism. The results indicate that employees used different coping styles to counter stressful situations at the work place. The most commonly cited factor that assisted respondents in coping with workplace stress was support from their colleagues (Table 6); that they would rather confide to a colleague and not a professional counselor assigned to them by the employer. This explains that counseling services is yet to be embraced as an alternative approach in addressing maladaptive behaviour at the work place in the Civil Service.

Most respondents indicated that they would not go out for a drink or smoke a cigarette to counter a stressful situation (Table 6). This was an indication that employees are aware of the negative effects of substances abuse, including alcohol, can cause to the human body. The supervisors also used some coping styles to help employees who experienced stressing situations at the workplace by talking to them through meetings, seminars and sometimes involving relatives to sort out their issues (Table 11). In instances where an employee depicted maladaptive behaviour, the supervisor referred such an employee to the counseling unit for professional support (Counseling Policy 2008). Therefore, the supervisors were able to identify these symptoms at the workplace (Table 10).

Randall (2006), in his research found out that workers, in an attempt to cope in stressful environments will look for new jobs when they were not getting along with their supervisors; others turned to friends for advice; while others turned to large consumption of alcohol, while others simply did not recognize the warning signs of job stress till ill-health set in.

According to Kobasa (1979), another way of coping is through psychological hardiness, a term given to a particular cluster of personality characteristics that have been identified among people who appear to cope well with stress. Hardy individuals, who believe they can influence their environment, are deeply involved in or committed to the activities of their life and view stress as a challenge. The hardy individuals' characteristic is their capacity to perceive stressful situations as challenging instead of threatening or overwhelming. Research by Rosenweigh and Kast, (1984) has found that this variable significantly moderates the stress-strain relationship as a coping strategy. It could seem, therefore, that hardy individuals seek ways to gain control and tend to view their situation more optimistically than non-hardy individuals and are therefore, less likely to perceive the existence of work-related stress. Sometimes, the individual's determination together with assistance from social support network can aid an individual take more control over their work events. This therefore, explains why some of the employees had continued to work in stressful environments for over twenty years (36%) with no desire to change employers (Table 4).

On the awareness of counseling services in the Civil Service, most respondents were aware of the existence of this unit. However, majority (88%) (Table 7) had not visited or attended any counseling sessions at the unit from its inception in 2008. Nevertheless, about half responded that counseling had reduced chronic absenteeism and another half responded that counseling had improved productivity and service delivery in the civil service (Table 8). About 40% of the respondents agreed that counseling had reduced alcoholism and drug abuse among employees and another 42.7% responded that counseling had reduced stress.

The other notable thing was that 44.8% of the respondents had attended counseling as a result of referral by their immediate supervisor and 48.3% as a result of realization that they needed counseling. The researcher, therefore, observed that workplace counseling services was slowly being accepted by employees.

On focused group discussions with counsellors, from the Civil Service counseling unit, they did confirm that they give counseling services to about 10% of employees from ministries and departments. Among them, some are referred by their supervisors as a result of maladaptive behaviour at the workplace; others as a result of referral by colleagues and others on their own realization that they needed counseling services. These employees would attend one session and would not continue with other sessions, making follow up difficult for the counselors.

Some of the challenges the counselors cited was the culture element in the Kenyan society where employees felt comfortable confiding to their fellow colleagues who they were familiar with than a counselor whom they hardly knew. The other stigma employees portrayed was the fear of being seen by fellow colleagues stepping out of the counseling unit because they will be branded *'mental'* cases. The other problem was 'duo relationships' between employers and counselors where the supervisors may gain access to the confidential reports maintained by the counseling unit, especially in instances where a supervisor had referred an employee to seek assistance at the counseling unit and may wish to know the outcome for purposes of decision making. With these challenges, there

is urgent need for the Ministry of State for Public Service to empower the counseling unit with more financial and human resources.   This will help the counseling unit mount more sensitization programmes at the workplace for ministries/departments with concentration on preventive and curative measures, and also help reduce stigmatization about seeking counseling services.

5.2   Conclusion

This is the first study of its kind among employees in the Civil Service in the Government of Kenya and therefore, the study population and the top management may not be aware of the existence of this burnout which results in low or poor job performance.

The general objective of the study was to establish the prevalence of occupational stress among employees in the Civil Service and their perceived coping styles. The study using the MBI instrument which assessed the three aspects of burnout syndrome, established the existence of burnout syndrome as a result of high levels of depersonalization among employees. There was negative correlation between workload and Depersonalization and emotional exhaustion (Table 40). Depersonalization was high because the employees distanced themselves from their work as a way of coping with the workload's exhausting demands. The employees had developed indifference and cynicism about their work in order to psychologically gain distance from it leading to low accomplishment at the workplace.

The highlights of the findings are as follows:-

1. The study found that employees in the civil service had burnout syndrome; 9.5% and 24.1% had high and average levels of emotional exhaustion respectively, depersonalization was high at 48.5% and personal accomplishment was low at 93.4%.

2. Different factors were found to precipitate the respondents to the development of burnout syndrome. These were:

a. Poor working relationship at the workplace with supervisors and other office workers (p=0.008, p=0.001 and p=0.045)

b. Role in the organization (p=0.001 and p=0.027)

c. Workload (p=0.001)

d. Lack of provision of resources (p=0.009)

e. Lack of recognition and appreciation (p=0.059)

f. Difference in age groups (p=0.008)

The findings of this study indicate that there is urgent need for the Government of Kenya to give support to every ministry in the civil service to put in place interventions that would address the employees' emotional, psychological and physical needs at the work place. With support from MSPS, the counseling unit should invest in educating employees on need for counseling and setting policies in place to support awareness programmes.

5.3   Recommendations

From the research findings, the following are the researcher's recommendations:

1. Initiate psycho education on the importance of good mental health at the workplace to promote well-being and to enhance mental health seeking behaviour through:-
   (i)   seminars;
   (ii)   pamphlets;
   (iii)   in-house training and
   (iv)   health talks so as to minimize stigma which is a barrier to mental health seeking behaviour.

2. Increase availability and access of counseling services down to departmental levels in every ministry and county to meet the increased demand through:-
   (i)   training of more professional and peer counselors (to enhance social support system) on the relationship between mental health and work and

(ii) creating conducive facilities for counseling sessions that ensures confidentiality.

3. Identify and address barriers to constructive and effective horizontal and vertical communication channels between the supervisors and employees in the Civil Service.

4. Supervisors should address the issue of workload which was a risk factor in the development of stress at the workplace as identified by the employees.

5. Empower MSPS which is in charge of the counseling unit with adequate resources to address the above three recommendations.

6. More research on stress and burnout among employees in the civil service should be explored.

References

Antoniou, A.S., Polychroni, F., Vlachakis, A.N. (2006). Gender and age differences in occupational stress and professional burnout between primary and high school teachers in Gree. *Journal of Managerial Psychology, 21(7): 682-690.*

Arnold John, Fiona Patteson, Joanne Silvester, Cary Cooper, Ray Randall, Ivan Robertson (1998): Work Psychology: Understanding Human Behaviour at Workplace.

Blake, C.G. Saleh, S.D. Whorms, H.H. (1996). Stress and satisfaction as a function of technology and supervision type. *International Journal of Operations & Production Management, 16(5): 64-73.*

Buck, V. (1972). Working under Pressure, London: Staple Press.

Buhler C. (1968). Course of Human Life: A Study of Goals in the Humanistic Perspective, (pp:330-350) New York: Springer.

Burke, R.J. (2003). Work Stress and Coping in Organizations, Progress and prospects.

In: Freedenberg E, Beyond Coping: Meeting goals, visions and challenges: Oxford University Press, (pp:83-106).

Bultmann, E., Kant K., Kasi S., BeurskenA. Kasi S. & Van Brandt P. Fatigue and psychological distress in working population. *Psychosomatic Research Journal 2002: 52(6)445-53.*

Cartwright, S. and Cooper, C.L. (1997). Managing Workplace Stress, London: Sage Pub.

Comish, R. & Swindle, B. (1994). Managing Stress at the Workplace. *The National Public Accountant, Vol.39, No.9.*

Cochran, W.G. (1977). Sampling techniques (3rd ed.) New Work: Wiley p.205.

Chusmir & Franks 1988. Stress and the Woman Manager. *Training & Development Journal, 42(10): 66-70.*

Cooper, C.L. (1993). Proceedings of the *National Institute of Occupational Safety & Health Conference – Stress in the 90s: A Changing Workforce in a Changing Workplace.* NIOSH.

Cooper, C.L. and Payne, R. (1988). Causes, Coping and Consequences of Stress at Work. New York: Wiley.

Cooper, C.L. (1986). Job Distress: Recent Research and the Emerging Role of the Clinical Occupational Psychologist. *Bulletin of the British Psychological Society.*

Cooper, C.L. and Marshall, J. (1976): Occupational Sources of Stress: A review of the literature relating to coronary heart diseases and mental health. *Journal of Occupational Psychology, 49, 11-28.*

Cooper, C.L. and Cartwright, S. (1994). Healthy mind, healthy organization: A proactive approach to occupational stress, *Human Relations*, 47, 455-470.

Douglas, M and Bain, C Organizational Strategies for the prevention and management of occupational stress in the public sector: The Queensland public sector occupational stress initiative. In the proceedings of the National Occupational Stress Conference: Australian Psychological Society (1996).

Duxbury L, Higgins C. Work-life conflict in Canada in the new millennium: A status report, 3 December 2007.

Enzmann, D. Schaufeli, W.B., Girault, N.(1995). Consistency of the burnout construct across occupations. *Anxiety, Stress and Coping, Vol.9, pp.229-243.*

Erkutlu, H.V. and Chafra, J. 2006. Relationship between leadership power base and job stress of subordinates: *Management Research News, 29(5) 285-297.*

Fako, T.T., (2010). Predictors of knowledge about HIV/AIDS among young people: Lessons from Botswana. *Journal of AIDS and HIV Research Vol. 2(6), pp. 116-130.*

Evoy, K. (1998). The Doctor is in: A chronic Stress Audit. *C.A. Magazine, 131 (5)30-32.*

France, Sue. (2009): The Definitive Personal Assistant and Secretarial Handbook: KOGAN: London and Philadelphia.

George, J.M. (1992). The role of personality in organizational life: Issues and evidence. *Journal of Management, 18, 185-213.*

Gilmour H. & Patten SB. Depression and work impairment. *Health Reports.2007:18(1):9-22.*

Guyton, A. C. (1981). A Textbook of Medical Physiology, (6th : ed.), Philadelphia W.B.

Holmes Thomas and Rahe Richard (1967): The Social Readjustment Rating Scale. *JPsychosom Res11(2):2-8.*

Holahan, C.J., and Moos, R. (1983). The quality of social support: Measures of family and work relationships. *British Journal of Clinical Psychology, 22, 157-162.*

Hurbers M.J.H., Beurksens, A.J. and Pens J.B: Fatigue, burnout and chronic fatigue syndrome among employees on sick leave: Do attributions make the difference? Occupational environ. Med. 2003; 60: 26-31.

Ivancevich, J.M. and Matteson, M.T. (1980). Stress and Work: Glenview, IL:Scott, Foresman and Co.

Ivancevich, J.M. and Matteson, M.T. (1990): Worksite Stress Management Interventions: American Psychologist, Vol.45, pp.252-62.

Johnson, J. V., and Johansson, G. E. (1991). The Psychosocial Work Environment: Work Organization, Democratization and Health.

Jackson, S.E., Maslach, C., (1992): After Effects of Job-related Stress: Families as Victims. *Journal of Occupational Behaviour 3: 63-77.*

Jordan, J. (2002): 'Let the survey take the strain,' (Safety & Health Practitioner). *Research Report No.132.*

Kessler R.C., Frank R.G. The impact of psychiatric disorders on work loss days. *Psychological Medicine.*1997:27:861-73.

Kobasa, S.C. (1979). Stressful life events, personality and health. *Journal of Personality and Social Psychology, 37, 1-11.*

Kohler Stacy and John Kamp (1992): American Workers under Pressure Technical Report. St. Paul Minnesota: St. Paul Fire and Marine Insurance Company.

Kokonya, D.A. (2004). Compassion Fatigue and Burnout Syndrome among Medical workers at Kenyatta National Hospital. *Dissertation.* UON.

Koul, H.K. (1984). Perspectives on Distance Education: Towards a Culture of Quality. *Commonwealth of Learning: Vancouver.*

Kotrlik J.W. Higgins, C.C. Bartlett J.E. (2001). Organizational Research: Determining appropriate sample size in Survey Research. *Information Technology, Learning and Performance Journal; 19(1):43-51.*

Lamontagne AD, Keegel T, Vallance D. (2007). Protecting and promoting mental health in the workplace: developing a systems approach to job stress. *Health Promotion Journal of Australia: Dec:18(3):221-8.*

Lazarus R.S and Folkman S. (1984). Stress, Appraisal and Coping. New Work: Springer Publication Company.

Lewin Kurt, (1952). Group decision and social change. *Readings in Social Psychology, 459-473.*

Lu, L., Cooper, C.L., Kao, S.F. Zhou, Y. (2003). Work Stress, control beliefs and well-being in Greater China – An exploration of sub-cultural: *Journal of Managerial Psychology, 18(6):479-510.*

Makin, P. Cooper, C.L, and Cox, C. (1996). Managing the Boss, Leadership and Organizational Development. *Journal Vol.19, no.5 pp.28-32.*

Maina E. (1991). Stress at Work and mental health status among hospital workers at Kenyatta National Hospital. *Dissertation*, UON.

Maslach, C. & Schaufeli, W.B. (1996). Historical and conceptual development of burnout.

Maslach, C. Schaufeli, W.B & Leirer, M.P. (2000). Job Burnout. *Annual Review of Psychology Vo.52:397-422.*

Maslach, C. (1976) Maslach, C. (1976). 'Burned-out', *Human Behavior, 5(9), 16-22.*

Mckenna, P. (1996). Control Stress; Stop worrying and feel good now. Amazon Publishers, co.uk.

Mclean, A. (1979). Work Stress. Boston, MA; Addison-Wesley.

McHugh, M. (1993). Stress at Work: Do managers really count the costs? *Employee Relations 15(1):18-32.*

Minter, S.G. (1999). Too much stress?: *Occupational Hazards: 61(5), 49-52.*

Mitchell J, Gary S. and Mcdonald J. Incidence of Burnout among Mental Health Professionals. Oxford Journals, 1980; Vol.99 No.3, 161-169.

Muriungi Susan K. (2008). Prevalence of Burnout Syndrome and its Health Effects among Academic Staff at the Kenya Medical Training College, Nairobi Campus. *Dissertation. UON.*

Ndetei D.M., Pizzo, M., Maru J.H., Ongecha F.A., Khasakhala L., Mutiso V., Kokonya, D.A.. Burnout in staff working at the Mathari Psychiatric Hospital: *African Journal of Psychiatry. (2008) 11(3):199-203.*

Nganga S, (2008) Prevalence of Burnout among Accountants at the University of Nairobi. *Dissertation*, UON.

Ofoegbu, F. and Nwadiani, M. (2006). Level of perceived stress among lecturers in Nigerian Universities. Journal of Industrial Psychology, 33(1):66-75

Oginska-Bulik, N. (2006). Occupational stress and its consequences in healthcare professional: the role of type D personality. *International Journal of Occupational Medicine and Environmental Health, 19(2): 113-122.*

Olley, B.O. A comparative study of burnout syndrome among health professionals in a Nigerial teaching hospital. *African Journal Medical Science. 2003 September: 32 (3) 297-302.*

Oladele O. I. and Mabe L. K.. Job burnout and coping strategies among extension officers in North west province, South Africa. *African Journal of Agricultural Research Vol. 5(17), 4 September, 2010 pp. 2321-2325.*

Quine, L. (1998). Effects of Stress in an NHS trust: Nursing Standard. 13, 3, 36-41.

Quick, J.C., Quick, J.D., Nelson, D.L. and Hurrell, J.J.(1997). Preventative Stress Management in Organizations.

Parry, G. (1990). Coping with Crises. London: BPS Books and Routledge.

Pearlin, L., and Schooler, C. (1978). The Structure of Coping. *Journal of Health and Social Behaviour, 19, 2-21.*

Randall, H. (2006), "Managing Job Stress: 10 Strategies for Coping and Thriving," *Quintessential Careers QuintZine*, 6 (12).

Rice, R. E. (1992). Towards a broader conception of scholarship: the American context, in: Research and higher education: the United Kingdom and the United States (Buckingham, Open University Press), 117-129.

Rosenweig, J.E. and Kast, F.E. (1984) Managing Work-related Stress. Chicago: Science Research Associate, Inc.

Ross, G.F. (2005). Tourism Industry: Employee Work Stress. *Journal of Travel and Tourism Marketing, 19(2-3) pp.133-147.*

Schular, R.S, Schwab, R.L, Jackson, S.E; (1986). *Toward an Understanding of Burnout Phenomenon. Journal of Applied Psychology. 71: 630-640.*

Seyle, H.(1956). The Stress of Life. Philadelphia, PA: J.B. Lippincott.

Shuttleworth, A. (2004). Managing Workplace Stress: How training can help in Industrial and Commercial Training.

Steber, W. R. (1998). Occupational Stress among Frontline Corrections Workers. *Dissertation:* University of Wisconsin-stout.

Sulsky, L. & Smith, C.S. Examination of the correlates of maladaptive work stress coping behaviours. In Proceedings of *Work, Stress, and Health 99: Organization of Work in a Global Economic:* (1999). National Institute for Occupational Safety and Health.

Szymanski, E.M. Disability, Job Stress, the changing nature of careers and the career resilience portfolio. *Rehabilitation Counseling Bulletin,42, 279-284* (1999).*.*

Tytherleigh, M.Y., Webb, C. Cooper, C.L. & Ricketts, C. (2005). Occupational Stress in UK higher education institutions: a comparative study of all staff categories. *Higher Education Research and Development*, 24(1): 41.61.

Vakola, M. Nikolaou, I. (2005). Attitudes towards organizational change – What is the role of employees' stress and commitment. *Employee Relations, 27(2):160-174.*

Van Heck, G.L. & Michlelsen H.J.: Assessment of fatigue among working people: A comparison of six questionnaires. *Occupational Environ. Med.*2003: 60:10-15

Thorsen, C.V, Teten, Tharp, A.L.T, & Meguid, T. *High rates of burnout among Maternal health staff at a referral hospital in Malawi .*BMC Nursing (2011), 10:9

Internet

www.dpm.go.ke

European Agency for Safety and Health at work. **Working on Stress: Prevention of psychosocial risks and stress at work in practice.** Luxembourg, 2002. http://agency.osha.eu.int/publications/reports/203/en/stress.pdf

Health and Safety Executive of the United Kingdom: http://www.hse.gov.uk/stress/index.htm

Job Stress Network Web Site: (2004). http://www.workhealth.org/

National Institute for Occupational Safety and Health (NIOSH). (1986 and 2004). http://www.cdc.gov/niosh/topics/stress/

European Foundation for the Improvement of Living and Working Conditions. Third European survey of working conditions. Luxembourg, 2001. http://www.eurofound.ie/publications/EF0121.htm (2004)

National Institute for Occupational Safety and Health (NIOSH). 1999.: http://www.cdc.gov/niosh/pdfs/stress.pdf

Occupational Stress Statistics (2002/2003).

Publications of the Ministry of State for Public Service:

Code of Regulations (2006)

Counseling Policy (2008):

Dispatch of Government Business, 1996:

Organization of Government Circular No.1/2008 and 1996.

APPENDICES

INFORMED CONSENT EXPLANATION

A STUDY TO DETERMINE THE PREVALENCE OF OCCUPATIONAL STRESS AMONG EMPLOYEES IN THE CIVIL SERVICE IN NAIROBI AND THEIR PERCEIVED COPING STYLES

My name is Hilda Ojwang, a Master of Science in Clinical Psychology student at the Department of Psychiatry, University of Nairobi. I am carrying out a study to determine the prevalence of occupational stress among employees in the civil service in Nairobi and their perceived coping mechanisms. This will be part fulfillment for the degree award. I am being supervised by:-

1. Prof. David Ndetei, (Tel.0722860485)
    Professor of Psychiatry
    Department of Psychiatry,
    University of Nairobi

2. Dr. L. Khasakala (Tel.0722
    Honorary Lecturer
    Department of Psychiatry
    University of Nairobi

I am requesting you to participate in this study by completing a set of questionnaires. The questions are in two sections and the first part asks you about your socio-demographic data and factors related to your work. The second section measures your general health. The second section of the questionnaire is an instrument that has been used in various parts of the world. The required time for participation will be 20-30 minutes. In case emotions rise, counseling services can be arranged for any employee willing to be assisted. Confidentiality will be maintained and no names will be required on the filled questionnaires and all completed forms will be kept under key and lock.

Participation is voluntary and if you decide not to participate there will not be any negative consequences. You may also withdraw at any time in the course of completing the questionnaire.

The researcher will seek approval from the Kenyatta National Hospital Research and Ethical Committee and will also get a research permit from the Ministry of Higher Education, Science and Technology.

 If you accept to participate, please sign below:

Name of Research subject:………………………………Signature……………………….

Contact: 0722485438/0202226622

STUDY INSTRUMENTS

The following questions are designed to be filled by the employees for a survey to determine the prevalence of occupational stress and coping mechanisms that are used by employees.

Please note that all answers given will be treated with the strictest confidence and you do not need to disclose your identity. The information will be used for this assignment only.

Please tick or fill as appropriate.

SECTION I: Socio Demographic Data

PART A

Ministry of ……………………. …………Study No………Date:…………..

1.   **Specify your grade or Level**

Junior Staff   (Job Group A – H)   ( )
Middle Managers   (Job Group J - L)   ( )
Senior Managers   (Job Group M - R)   ( )

2.   Gender: Male ( )   Female ( )

3.   Age: 20-30 ( )   31-40   ( )   41-50 ( )   51-60   ( )

4.   **Level of education**
Masters Degree   ( )
Bachelors Degree   ( )
Diploma   ( )
Certificate   ( )
Others (specify)……………………………………………………

5.   **Work Experience**
1 – 5 years   ( )   16 – 20 years   ( )
6 – 10 years   ( )   Over 20 years   ( )
11 - 15 years   ( )

PART B – These are data related to awareness of stressors and counseling services and coping styles.

1. List five most stressful issues you have experienced at your workplace.

   a)……………………………………………………………………………

   b)……………………………………………………………………………

   c)……………………………………………………………………………

   d)……………………………………………………………………………

   e)……………………………………………………………………………

2. Tick appropriately how you dealt with these stressful issues.

STATEMENTS	YES	NO
Shared with my boss/supervisor		
Shared with a colleague		
Shared with a human resource officer		
Shared with a counselor		
Shared with a pastor		
Avoided the stressful situation by leaving the office		
Confronted the stressful situation		
Went out of the office to vent the anger		
Went out for a drink		
Went out for a cigarette		
Did some breathing exercises		
Others		

3. Are you aware of the existence of counseling unit for employees in the civil service?

   YES( )   NO( )

4. Have you attended any counseling sessions at the Counseling Unit?

   YES ( )   NO ( )

5. If yes to the above question, was the attendance as a result of (tick appropriately):-

    a) Referral by your immediate supervisor   YES ( )   NO ( )

    b) Referral by a friend/colleague   YES ( )   NO ( )

    c) Your realization that you need counseling   YES ( )   NO ( )

6. The following statements are indicators of the awareness of counseling services in the Civil Service. (Please indicate the extent to which you agree or disagree with the following as they apply to you).

Statement	1 Strongly disagree	2 Disagree	3 Non Committal	4 Agree	5 Strongly Agree
Counselling services have helped to reduce alcoholism and drug abuse					
Counselling services have helped to build good working relationships among colleagues					
Counselling services have helped to reduce chronic absenteeism					
Counseling services have helped to reduce stress at the workplace					
Counselling services have resulted in increased productivity and improved service delivery					

PART C – THESE ARE FACTORS RELATED TO YOUR WORK

7.   Are your duties/responsibilities too much or too little?
        (a) overworked   (b) underworked   (c) normal

8.   Are you granted permission or leave when a personal need arises?
        (a) always   (b) sometimes   (c) never

9.   Are you provided with the necessary resources to carry out your duties and responsibilities?
        (a) always   (b) sometimes   (c) never

10.   Does your supervisor appreciates and recognizes your contribution towards achievement of the department's goals?
        (a) always   (b) sometimes   (c) never

11.   Do you face role confusion in the course of carrying out your duties and responsibilities?
        (a) always   (b) sometimes   (c) never

12.   Do you enjoy a good working relationship with your supervisor and other office workers?
        (a) always   (b) sometimes   (c) never

13.   Are changes within your department communicated to you?
        (a) always   (b) sometimes   (c) never

14.   Are you satisfied with your current job?
        (a) very satisfied   (b) satisfied   (c) not satisfied

15.   Have you progressed in your job?
        (a) always   (b) sometimes   (c) never

16.   If you get an opportunity to change jobs, would you quit your current job?
        (a) YES   (b) NO

SECTION II

Maslach Burnout Inventory (MBI): Human Services and General Survey

The purpose of this survey is to discover how employees in the civil service view their jobs and the other workers they work with closely. Employees in the civil service are deployed in various ministries and departments in Kenya and the survey will be done on employees working in Nairobi only. The word client/recipient here refers to the persons who is your immediate junior or the person for whom you provide your services to – for example, e.g. your supervisor, internal and external customers, student or patient.

On the following page there are 35 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, write a "0" (zero) before the statement. If you have had this feeling, indicate how often you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

Example:

0	1	2	3	4	5	6
Never	A few times in a year	Once a month or less	A few times in a month	Once a week	A few times in a week	Every day

If you have never felt depressed at work, you would write the number "0" (Zero) under the heading "How often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1" If your feelings of depression are fairly frequent (a few times a week, but not daily) you would write a "5"

MBI Human Services Survey

No.	HOW OFTEN (rate your feelings)	STATEMENTS
1		I feel emotionally drained from my work.
2		I feel used up at the end of the workday.
3		I feel fatigued when I get up in the morning and have to face another day on the same job.
4		I can easily understand how my recipients feel about things.
5		I feel I treat some recipients as if they were impersonal objects.
6		Working with people all day is really a strain for me.
7		I deal very effectively with the problems of my recipients.
8		I feel burned out from my work
9		I feel I'm positively influencing other people's lives through my work.

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10		I've become more callous toward people since I took this job.
11		I worry that this job is hardening me emotionally.
12		I feel very energetic.
13		I feel frustrated by my job.
14		I feel I'm working too hard on my job.
15		I don't really care what happens to some recipients.
16		Working with people directly puts too much stress on me.
17		I can easily create a relaxed atmosphere with my recipients.
18		I feel exhilarated after working closely with my recipients.
19		I have accomplished many worthwhile things in this job.
20		I feel like I'm at the end of my rope.
21		In my work, I deal with emotional problems very calmly.
22		I feel recipients blame me for some of their problems.
23		Working all day is really a strain for me.
24		I can effectively solve the problems that arise in my work.
25		I feel burned out from work.
26		I feel I am making an effective contribution to what this organization does.
27		I have become less interested in my work since I started this job.
28		I have become less enthusiastic about my work.
29		In my opinion, I am good at my job.
30		I feel exhilarated when I accomplish something at work.
31		I have accomplished many worthwhile things in this job.
32		I just want to do my job and not be bothered.
33		I have become more cynical about whether my work contributes anything.
34		I doubt the significance of my work.
35		At my work, I feel confident that I am effective at getting things done.

INTERVIEW SCHEDULE FOR SUPERVISORS (JOB GROUPS Q-R)

The survey is to determine the extent of sensitization of counseling services in the ministries and whether the supervisors have been able to identify and refer employees for counseling.

Ministry of……………………………………Study No………….Date…………………..

1. Have you been sensitized on the existence of counseling unit in the Civil Service?
    YES ( )   NO ( )

2. Have you organized a counseling sensitization for your employees?
    YES ( )   NO ( )

3. If No, what could be the reason?

    ……………………………………………………………………………

4. Do some of your employees manifest the following symptoms? (Please tick as appropriate).

Chronic absenteeism	YES ( )	NO ( )
Conflict at workplace	YES ( )	NO ( )
Drunkenness	YES ( )	NO ( )
Drug Abuse	YES ( )	NO ( )
Poor performance at work	YES ( )	NO ( )
Family issues	YES ( )	NO ( )
Lack of interest at work	YES ( )	NO ( )

5. How do you help them resolve any of the issues above?

    …………………………………………………………………………………….

6. Would you recommend the need for a counselor in your ministry?
    YES ( )   NO ( )

7. What else can be done to enhance counseling services in the civil service?
    ……………………………………………………………………………………………
    ……………………………………………………………………………………

BUDGET

Proposal Preparation   **Amount Ksh.**

Proposal printing and binding	10,000
Photocopying	8,000
4GB flashdisk	<u>4,500</u>
Total	**22,000**

Questionnaires

Printing and photocopying	10,000

Support Staff

Biostatistician	30,000
Typing	<u>10,000</u>
Total	**40,000**
Communication	8,000

Data Processing and Book Binding

Typing results	5,000
Photocopies	10,000
Final Draft typing	3,000
Printing and Binding final report	5,000
Research fees	2,000
Binding of 10 copies	<u>5,000</u>
Total	30,000

Contingency 10%   10,000

GRAND TOTAL   <u>**118,000**</u>

RESEARCH SCHEDULE

S/No.	Activity	Period
1	Presentation of the research topic and preparation of research concept	January - February 2011
2	Writing of the research proposal	March – June 2011
3	Presentation of the Proposal	29th July 2011
4	Presentation of proposal to Kenyatta National Hospital's Ethics Committee	August 2011
5	Collection of Data	September – November 2011
6	Data Analysis	November - December 2011
7	Writing of Report	January – April, 2012
8	Presentation of results to the Psychiatric Department	May 2012
9	Presentation of the final copy to the examiners	August 2012
10	Printing and binding of the dissertation after amendments and presentation of the final copy to the University of Nairobi	October 2012