The Upstream Approach in the Employee Assistance Program Concept

1982

Raymond M. Thornton

University of Central Florida

Find similar works at: http://stars.library.ucf.edu/rtd

University of Central Florida Libraries http://library.ucf.edu

Part of the Clinical Psychology Commons

STARS Citation


http://stars.library.ucf.edu/rtd/661

This Masters Thesis (Open Access) is brought to you for free and open access by STARS. It has been accepted for inclusion in Retrospective Theses and Dissertations by an authorized administrator of STARS. For more information, please contact lee.dotson@ucf.edu.
THE UPSTREAM APPROACH IN THE EMPLOYEE ASSISTANCE PROGRAM CONCEPT

BY

RAYMOND MAURICE THORNTON, JR.
B.A., University of Alabama in Birmingham, 1979

RESEARCH REPORT

Submitted in partial fulfillment of the requirements for the Master of Science degree in Clinical Psychology in the Graduate Studies Program of the College of Arts and Sciences University of Central Florida
Orlando, Florida

Summer Term
1982
The employee assistance program (EAP) concept in industry is defined and examined in this paper. Stress is defined and its impact on the individual and the organization is examined. The development of a preventative model of an EAP which utilizes stress management techniques to prevent human suffering and lost company time is discussed. One of the main purposes of this research report is to propose that individuals with "Type A" behavior patterns who are taught stress management techniques will have significantly lower scores on physiological measures, stress measures, role conflict and role ambiguity measures than those Type A individuals who do not receive the stress management training.

It is proposed that data for 500 employees at all organizational levels be obtained at a local organization. All workers will complete the Jenkins Activity Survey (Form C) which is designed to identify individuals with the Type A behavior pattern. Individuals who are identified as Type A will be the subjects for this experiment. Each individual will complete the Coping Checklist, the Stressors Checklist and the role conflict and role ambiguity measure to establish dependent measures of perceived stress. Each individual will then have their heart rate measured, their blood pressure measured and the frontalis values of their EMG measured. The Type A individuals will be divided into two groups with one group receiving stress management training for three months while the other group is allowed to socialize. At the end of three months, both groups will be given the stress measures and the physiological measures.

It is expected that the Type A individuals who participate in stress management training will have lower scores on the measures of perceived stress and on the measures of physiological stress. It is hoped that the results will support evidence to indicate the need for preventative stress management techniques to be used by organizations in helping their employees learn to control their levels of stress and reduce the harmful consequences of prolonged stress.
## TABLE OF CONTENTS

INTRODUCTION .................................................................................................................. 1  
  Purpose............................................................................................................................... 1  
  The Employee Assistance Program Concept................................................................. 3  
  Stress and its Impact......................................................................................................... 23  
  Development of a Preventative Model of an EAP......................................................... 41  
  Recommendations........................................................................................................... 68  

METHOD.................................................................................................................................. 70  
  Sample................................................................................................................................. 70  
  Instrumentation.................................................................................................................. 71  
  Materials............................................................................................................................. 72  
  Procedure............................................................................................................................ 72  

RESULTS............................................................................................................................... 74  

DISCUSSION.......................................................................................................................... 75  

APPENDICES......................................................................................................................... 77  
  A. Facets of Job Stress
  B. The Social Readjustment Rating Scale
  C. Symptoms of Type A Behavior
  D. Stress Awareness Exercise
  E. The Coping Checklist
  F. Context Survey
  G. Stressor Checklist
  H. Workaholic Questionnaire
I. Neurological Meltdown Treatment/Prevention Plan

J. Social Support Questionnaire

K. Jenkins Activity Survey

L. Role Ambiguity and Role Conflict Questionnaire

REFERENCES ........................................................................................................ 101
INTRODUCTION

Purpose

This paper is intended to examine the effectiveness of the employee assistance program (EAP) concept in industry. It is believed that the key to an effective program is early identification and intervention with the troubled employee. However, most EAP's are set up so that management refers the employee after a noticeable decrease in job performance. This would indicate a "downstream" or treatment oriented approach with very little emphasis on prevention. The hypothesis of this paper is that the upstream approach using stress management and techniques to prevent staff burnout in the EAP could prevent much human suffering and lost company time.

Mattone (1980) found that Type A individuals were more susceptible to psychosomatic dysfunction than were Type B individuals. It is hypothesized that if Type A individuals are identified and placed into two groups, the control group and the experimental group, that the Type A individuals who receive stress management training will have significantly lower scores on physiological measures, stress measures, role conflict and role ambiguity measures than those Type A individuals who do not receive the stress management training.

This paper will define the employee assistance program concept in industry today. It will explain the justification of the EAP. The components of the EAP concept will be examined and some existing EAP's
will be identified. The clinical programs in the work setting will be explained. The need for primary prevention methods in the EAP concept will be discussed. Cost effectiveness and treatment effectiveness of the EAP concept will be examined. Stress will be defined, and burnout will be seen as a subset of stress reactions. The effects of stress and in particular the effects of job stress will be examined. The human service employees susceptibility to burnout will be discussed, and the signs and symptoms of burnout will be identified. The impact of stress on absenteeism will be discussed. Personality traits that influence an individual's ability to respond to stress will be pointed out. Women returning to the work force and what this means in terms of their ability to deal with stress will be discussed. How the differences in management and leadership can have an impact on the amount of perceived stress will be discussed. Role structure, role conflict, and role ambiguity will be discussed. What determines work as a satisfying experience will be examined. The definition of coping and how to assess the individual's level of coping will be examined. The rationale for teaching stress management techniques is discussed and several stress management programs are discussed. Helping individuals cope with change will be a part of the preventative model of an EAP. Looking at the particular needs of the manager will be examined. Relaxation, exercise, biofeedback, Transcendental Meditation and cognitive techniques will be examined as ways of reducing stress. Social support will be examined as a way of reducing stress. The preventative EAP's part in easing the stress of retirement will be discussed and recommendations will be
provided in developing an EAP. Finally, a research design will be developed to examine the effectiveness of stress management techniques with an identified population.

The Employee Assistance Program Concept

Shain and Groeneveld (1980) define the EAP in terms of policies and procedures adopted by employers in order to identify problem employees as manifested by deteriorating job performance. If an employee's job performance is deteriorating, he or she is often faced with cooperating with the EAP or facing the threat of job dismissal. Disciplinary action can result in grievances which can be time consuming, disruptive and expensive for the company. The EAP then is an alternative for the troubled employee to deal with his problems and improve his job performance without losing his job.

Two Types of EAP's

There are two major types of EAP's. There is the EAP with alcohol-only policies. This type of program focuses on the misuse of alcohol and its effects on the employees job performance. Recovered alcoholics are usually used as counselors to allow the employees to feel comfortable in dealing with the problems related to alcohol abuse. The other major type of EAP is referred to as the broad brush or troubled employee program. This type of EAP helps the troubled employee deal with many types of problems. The individual could be suffering from a mental problem, a family problem, a substance abuse problem or any number of other problems that might be effecting his job performance.
The problem may be within the individual or may be linked to environmental stressors. Shain and Groeneveld (1980) identify two models of EAP's. In the "individual model", the excessive use of alcohol is considered dysfunctional to the individual. The individual's own psychological makeup is linked to the cause of his or her alcoholism or problem. The treatment may include psychoanalysis, behavior therapy, case work, crisis intervention, and reality therapy with rehabilitation focusing on the individual's psychological makeup. In the "environmental model" the excessive use of alcohol is considered under certain conditions to be functional for the individual: relief from monotony, stress, or feelings of powerlessness. The cause of alcoholism may be linked with external factors such as the social context or the organizational context. The social context may include such variables as economic or political disadvantages which can lead to undue stress and alcoholism. The organizational context may involve the nature of some kinds of work such as assembly line work or the structure of some kinds of organization which lead to a high stress situation. The treatment may not focus on the individual but on the organization in which alcoholism is found. In the "environmental model" the EAP's goal is to change the organization of an industry so that it does not promote mental disorders.

Justification of the EAP

Social demands and the need for greater productivity aided the human relations movement in establishing its place in industry. Bartell (Shain & Groeneveld, 1980) points out that EAP's and other human
relations movements are a response by industry to deal with environmental pressure. Most important among these pressures are the following:

1. A broad social movement emphasizing the social responsibility of industry, and desire by industry to prevent government from legislating such responsibility.
2. Growth of psychological theory stressing higher human needs and the importance of them being fulfilled.
4. Increased size of organizations and resultant bureaucratization with greater spans of control.
5. Increased education of workers and higher worker expectations.
6. Increased specialization of workers and greater costs of training.
7. Growth of a specialized group in industry whose role was to negotiate between labor and management.
8. Recognition by industry that a happier worker is a more productive worker.
9. Growth of industrial relations schools in major universities, often subsidized by industry. (p. 16)

Industrial organizations must have a means of regulating their own internal problems. Warshaw (1979) suggests that EAP's can be justified on the basis of concern about absenteeism, turnover, lost productivity and declining job performance due to emotional and interpersonal difficulties. The EAP's can save industry money in terms of being an alternative to deal with the above problems.

Compensation laws have forced industry to take a closer look at its policies concerning mental health. Trice and Belasco (Shain & Groeneveld, 1980) note that in many states the courts have increasingly tended to make employers absolutely liable for employee disabilities to the point where mental health disorders are compensable under the workman's compensation acts. They feel that it is only a matter of time before alcoholism is a compensable disease. It has become
increasingly hard for employers to dismiss an individual unless certain criteria have been met. The evidence against the employee must be consistent among witnesses, disciplinary procedures of the kind in question must have been consistently applied against other employees and mitigating circumstances such as prior work record must have been taken into consideration. The trend in arbitration is one where dismissal will be upheld only where inability/unwillingness to change has been demonstrated by the employee. The EAP can monitor the individual's motivation, progress or failure to deal with his problems.

The Components of an EAP

The components of an EAP will differ depending on what population the program is designed to reach. Warshaw (1979) points out the Labor-Management Committee on the National Council of Alcoholism has compiled a list of eight essential elements for an effective EAP dealing with alcohol abuse. The eight key program elements include:

1. The company and union have a joint written policy dealing specifically with alcoholism alone - a policy which is known to all employees and which clearly delineates a positive procedure aimed at helping alcoholics to recover.

2. The company has developed specific procedures in regard to the handling and referral of employees experiencing performance problems, and line management accomplishes compliance with these procedures as a job responsibility of supervisors at all levels. Under a joint union/management program, the appropriate union representative will become involved when these performance problems arise.

3. The joint program has an effective referral system, i.e., procedures, qualified alcoholism diagnostic facilities, and personnel with the qualifications necessary to assure the alcoholics will be referred to the proper rehabilitative agencies.

4. The joint program has access to treatment facilities which are appropriate for the employed alcoholic and refers alcoholic employees to these facilities as needed.

5. The joint program has set in motion a program to train supervision and union representatives at all levels,
specifically in the procedures they will follow to implement the alcoholism policy, and the procedure for making referrals.

6. The joint program has an educational component designed to inform employees regarding modern approaches to alcoholism and one which includes a complete description of the company-union policy on alcoholism.

7. The joint program has an effective medical record keeping system which assures confidentiality to the individual employee, while furnishing evidence of program effectiveness through reports on numbers of alcoholics identified and successfully motivated to accept treatment. The data utilized in these reports should permit comparison with results of other operating programs, so as to obtain meaningful measures of relative program effectiveness. These records should also provide some acceptable measure of the program's cost effectiveness.

8. The company and union have provided for third-party payment for the treatment of alcoholic employees in their group health insurance policies or other compensatory benefits. (p. 101)

The following points have been discussed by Shain and Groeneveld (1980) as consistent with the "ideal model" as proposed by the National Council on Alcoholism. The EAP's goals and imperatives must be clearly stated in a written policy. The written policy should be jointly developed by management and union and should include the management of problem employees discussing the employer's rights and the employee's rights. The employee who demonstrates problems with job performance must be recognized as potentially suffering from a variety of mental, physical, behavioral or social problems. Early identification is a key component and problem employees should be identified and referred as soon as possible. The supervisors and union officials must be trained in skills of documentation, confrontation referral, and followup. Written guidelines must be developed which make identification of problem employees part of the identifier's job description. Legitimate signs of problem behaviors are only those related to work performance. The supervisor must be able to offer the EAP treatment alternative for
poor job performance or the employee risks disciplinary action. There
must be an open and publicized pathway to the EAP for the employee who
recognizes an impending job crisis. Treatment facilities must exist and
an agreement to admit referred employees from the EAP into treatment
must be secured. All employees should be eligible for and subject to
company policy coverage. All employees should be educated to the terms
and the benefits of the EAP's policies. The employee who enters
treatment must be protected and the records of treatment and background
to the problem must be kept confidential. Employee participation in the
EAP must not jeopardize the employee's career opportunities. The EAP
must monitor its own operation with progress reports and accountability
of responsible personnel. Followup is an important component to
treatment, and continued support by the EAP is necessary when the
individuals returns to work.

Foote and Erfurt (1977) describe the core service delivery
components of an EAP to include identification of employees needing
assistance, referral of these employees to the program, intake into the
program, evaluation of the employee's problem, counseling of the
employee by program staff, possible referral for treatment, and
professional diagnosis and prescribed treatment for employees referred
to a treatment agency. They describe a general problem model where
System A is the host organization, System B is the EAP and System C is
the outside treatment agency. System A, the organization, is
responsible for maintaining the work performance records of all
employees and for referring employees who want or need assistance to
System B. System B, the EAP, provides intake, counseling, problem evaluation, referral to a treatment agency if needed, followup activities with program clients and treatment agencies, monitoring clients return to work, and central coordination and record keeping. System C, the treatment agency, may provide inpatient care, outpatient care, social services, or self-help groups.

The Historical Development of the EAP

Trice and Schombraum (1981) report that many milestones have occurred to aid in the development of the EAP concept. In the 1880's and 1890's, the Temperance Movement occurred. In 1900, the railroads required total abstinence both on and off the job. Employers were required to pay workman's compensation. In 1934, the birth of AA helped Dr. Lynch develop the first alcoholic assistance program at the New England Telephone Company. In the 1940's, companies such as Kaiser Shipbuilding, Dupont, Eastman Kodak, Con Edison, Bell Canada, New England Electric, Pacific Telephone and Telegraph, Standard Oil of New Jersey, Illinois Bell Telephone, North American Aviation, Hudson Department Store of New Jersey and Schlitz Brewery established EAP's. In 1945, the Caterpillar Tractor Company developed the first "broad-brush" EAP to include other mental health problems. In the late 1940's, the industrial physicians united to form the American Occupational Medical Association. In the 1950's, EAP's emerged at Dow Chemical, Bell Telephone, General Electric, Hood Milk, Raytheon, Allis Chalmers, First National Bank of Boston, Eastern Gas and Fuel, New England Electric, Foxboro Company, and Liberty Mutual. By 1966, five times more companies
have some form of EAP than in 1959. In the 1970's, the National Alcoholism Treatment Act established the National Institute of Alcohol Abuse and Alcoholism and the Labor-Management Administrators and Consultants on Alcoholism. In 1973, Title V, Section 504 of the Rehabilitation act ruled alcoholism as a "physical or mental impairment" thus guaranteeing equal protection under the law for alcoholics.

Reardon (1976) notes that in 1975 the Southern Connecticut Gas Company developed an EAP. Within the first two months, nine employees had enrolled in the counseling program, and a year later, eight were still on the payroll although each had been considered in a last chance category. Selby and Selby (1981) report at GM plants throughout North America, workers helped by counseling programs saved GM thirty-seven million dollars. Workers helped by counseling programs needed only one-third the sickness and accident benefits they required before treatment. Absenteeism and disciplinary problems were almost cut in half. In Chicago, Illinois Bell offered counseling to 750 employees with severe drinking problems. Of this total they reported that nearly 550 employees were able to return to work and the number of "good" job ratings in this group had gone up six hundred percent.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 1981) reports that the U.S. Office of Personnel Management (OPM) and the Michigan Office of Substance Abuse Services recently launched an EAP consortium to help federal employees in downtown Detroit who suffer from alcohol or other problems. Foote and Erfurt (1977) surveyed twenty-one EAP's, some of which included the American Natural Service Company,
Awrey Bakeries, Inc., Chrysler Corporation, City of Detroit, ConRail, Department of the Army, Detroit Edison Company, Detroit Fire Department, Detroit Free Press, Ford Motor Company, General Motors Corporation, Kelsey-Hayes Company, State of Michigan, United Airlines, United States Coast Guard, and the United States Postal Service. Finally, Warshaw (1979) reports that Equitable Life, 3M Company, B.F. Goodrich, Citibank's Staff Advisory Service, I.B.M., Gillette, General Mills, and J.C. Penney are other companies that have recently established EAP's.

Clinical Programs in the Work Setting

EAP's can be done on a consulting basis or with an in-house counselor. Warshaw (1979) points out that an EAP with an in-house clinical program can provide first aid, case finding, evaluation, treatment, referral, rehabilitation, screening and prevention. First aid is described as providing immediate contact with a professional who can respond by counseling or referring the employee to the appropriate agency. Case finding often involves the supervisor identifying individuals who have demonstrated increased absenteeism, unusual behavior or failing work performance. Once an individual is referred to a counselor, the counselor evaluates the severity of the problem and establishes an appropriate diagnosis. Treatment involves short term therapy due to the time limits placed on the counselor. Long term therapy could be conducted by an appropriate referral agency. The counselor would need to be knowledgeable of the availability, capability, quality, and cost of private practitioners, clinics, hospitals, and specialized programs and facilities in the area.
Rehabilitation involves aftercare when the employee returns to work. Screening is the periodic examination of employees to detect early indications of impending difficulty. Prevention includes education programs aimed at reducing stress. Warshaw (1979) points out the advantages of a clinical program in the work setting are numerous. The program and counselor are available with easy access. The counseling focuses on short-term goals and resolution of crises for individuals who might not be regarded as sick enough to justify appropriate attention by therapeutic resources in the community. The in-house counselor could emphasize the preservation of the troubled employee's job and reassure its prompt restoration after treatment. The in-house counselor has the opportunity to follow and reach out to individuals who may resist recognition of the nature of their difficulty.

Occupational doctors and nurses are often responsible for maintaining the EAP. Warshaw (1979) notes that the fundamental objective of the employee program is maintaining the health of the work force. According to Warshaw's recommendations, the program should place each worker in a job that he/she can perform without endangering himself/herself, co-workers or the public. The program should be responsible for monitoring job tasks and the work environment to identify materials and activities that might be harmful. The program should identify workers whose individual characteristics or prior work exposure make them especially susceptible to a particular occupational hazard and recommend appropriate action to protect them from its influence. The health of all workers should be monitored and potential
or developing indications of disease should be identified and dealt with as early as possible. The program may assist employees to maintain satisfactory records of attendance and productivity by identifying and correcting health-related factors responsible for absenteeism, impaired work performance, and poor work discipline. The program should recommend to management appropriate modifications in the organization of work, personnel relations, benefit program, and workplace changes that will enhance employee health and well-being. The program should provide educational and training programs to enable employees to recognize and copy with potential work hazards, and to encourage their acceptance of preventative health services and the adoption of healthful lifestyles. The program should enhance the accessibility, availability, and quality of community health care resources. Finally, the program should assist management to develop and implement policies and programs to support the health-related aspects of corporate social responsibility to its personnel, its customers, and the community.

Effectiveness of the EAP

Many factors need to be considered when evaluating the effectiveness of an EAP. Erfurt and Foote (1977) point out that the "penetration rate" of an EAP can be estimated by taking the number of employees identified in a given period of time and dividing this total by the estimated population of employees in the organization who have a substance abuse or mental health problem during that same period of time. Presnall (1966) suggested that up to twenty-five percent of the work force may have such a problem at any given point in time.
Therefore, the penetration rate would be the number of employees identified as having such a problem divided by one-fourth of the work force. Since most companies do not keep records of substance abuse and mental health problems, it is difficult to obtain an accurate estimate of the prevalence of such problems in a particular organization. Thus, it is easier to look at the prevalence of work performance problems in the work force as an indicator of more general emotional/adjustment problems. The true annual penetration rate of an occupational program is the number of employees entering the program because of work performance problems divided by the total number of employees in the work force having work performance problems. Shain and Groeneveld (1980) report on a study that was completed in industries in Ontario. Employees were asked to indicate whether in their knowledge there were alcohol or drug abusers not yet involved in their EAP's. Six percent believed that their program identified all the alcoholics. Nineteen percent did not know. Approximately seventy percent believed there were active alcoholics in their work forces not yet involved in any program. The main reason cited for this was that job performance is the last thing to suffer, and that intervention before job deterioration appears did not seem feasible.

Foote and Erfurt (1977) use treatment success and changes in work performance as two outcome measures to evaluate the EAP success. Treatment is said to be successful if the client cooperated with the treatment process, completed the treatment program, and is judged to be successful by the primary therapist or agency staff member assigned to
the client. Success can be defined in terms of specific behavioral changes such as abstinence from drug abuse or reducing debts. Comparison of work performance measures before and after treatment of all clients can be used to evaluate the program. Work performance measures may include productiveness (units produced per period of time), attendance record, scrap production, record of on-the-job accidents, use of sickness and accident benefits, and number of grievances and disciplinary actions. Another evaluation of program success is to compare the work performance measures for the entire client group before and after treatment with that of the entire work force as a control comparison. For example, the absenteeism rate for program clients could be compared to that for all employees. Finally, the proportion of clients having each type of problem who successfully complete treatment and who are judged recovered can be used to evaluate overall program success. Baxter (1981) reports that a study completed for the U.S. Navy in 1972 by Cahalan and Cisin showed a confirmed rate of at least twelve percent of alcoholism among Navy personnel. He also mentions a study completed for the Federal Railway Administration (FRA) in 1972 by Mannello which showed that an overall nineteen percent of the employees on seven railroads could be categorized as problem drinkers. The definition of alcoholic or problem drinker was not clearly stated and the design or critical statistical information about how these figures were obtained was not made available. These employees cost the Navy and FRA money in terms of adverse impact on attendance, safety, performance, morale, administrative costs, grievances and medical expenses. In the
FRA study, excessive absenteeism was calculated to cost the seven railroads $3,100,000 in 1978 and lost productivity of $100,000,000. All together, losses totaled $108,941,000. In the FRA study, it was shown that grievance procedure costs alone in the case of each dismissed employee was $1,050, whereas the cost per rehabilitated employee was only $840. Baxter (1981) points out it has been generally agreed that properly run EAP's will reach one percent of the affected population each year. Effectiveness of treatment has been reported to be as low as forty percent and as high as ninety percent. When the loss reduction is compared to program costs, effectiveness ratios as high as twenty to one have been reported.

Treatment is cheaper than replacement. It increase productivity and saves an experienced employee. McGuirk (1980) points out that some EAP's have achieved an effectiveness rate of from fifty to seventy percent. Among the major components of these programs are labor and management cooperation in arriving at an acceptable policy, the training of supervisors in program methodology, the availability of treatment, adequate referral services and evaluation techniques. According to McGuirk (1980) the broadbrush program in which a wide range of employee troubles are death with seems to be the most effective. Some questions to consider before establishing an EAP are: Is there a need for the EAP, and what is its priority in relation to other programs the company supports? What is the capacity of the program given the size of the problem? Is the cure rate or proportion of the objectives achieved higher than that would have been attained without the program? Some
guidelines for evaluation procedures include: Defining the problems that might be encountered. Designing a training curriculum for program personnel. Drafting the objective in terms of the target population, the expected results, the time period, the activities that will lead to the accomplishment of the objectives. The client would write the most important goals to be attained during treatment. The defined goals then could be rated on a Likert type scale at various times during treatment and at followup.

Schlenger and Hayward (1975) point out that the cost of employee problem drinking fall into two categories—direct costs and indirect costs. Direct costs of employee drinking include absenteeism, medical expenses, disability payments, early pension payments and disciplinary time. Indirect costs of employee drinking include increased accidents of alcoholic workers, inefficiency of fellow workers, increased scrap and waste, deterioration of morale, added sick pay costs, costs of replacing trained workers, and half-men costs.

It is difficult to determine both the costs and the savings of the EAP because of the lack of reliable cost information. It is difficult to measure both the direct and indirect costs of employee alcoholism. Program costs for the Federal Civil Service are estimated at $5 per employed person which is about $15 million annually. This could lead to a cost saving estimated between $350 and $280 million annually (Schlenger and Hayward, 1975). Wrich (Schlenger & Hayward, 1975) estimates the first year costs of an EAP in the company with 1,000 employees at $67,220 and the long-term costs over a twenty-five year
period at $426,740. This estimate is based on a series of assumptions and estimates concerning problem prevalence, expected penetration rate, etc. The procedures used for the development of such estimates are not always specified.

Schlenger and Hayward (1975) point out that occupational program costs are generally not statistically derived, and therefore, the reliability of estimates are questionable. Occupational program costs usually represent estimates based on an individual's personnel experience, rather than hard data or mathematical derivation. The wide variability in estimates of various cost categories for occupational programs suggests that estimates may be of limited generality.

In order to evaluate the effectiveness of the EAP, Schlenger and Hayward (1975) suggest collecting data concerning the following: Program activity which includes the number of clients served and the number of supervisors trained, program outcome information which includes treatment outcomes and absenteeism rates, and organizational operational information which includes productivity and profitability.

According to the NIAAA, (Levins, 1976) EAP success is considered achieved when the participant maintains or reestablishes a good family life, work record, and respectable position in the community. Some programs cited by Levins report success in seventy to eighty percent of the cases. Factors directly related to success were the motivation and intelligence of the individual, the individual's determination to get well, the competence of the therapist, the availability of treatment facilities, and the strong support of family, employer and community.
Chafety, Blane and Hill (Levins, 1976) reviewed forty-six studies and concluded that reliable data in occupational programs regarding the improvement of alcoholics are not available. They pointed out that most of the studies were gross retrospective surveys, apparently substituting quantity for quality, and relying on unreliable and unvalidated superficial measures, with inadequate followup procedures. They were also concerned about the wide variations in settings and types of treatment offered.

The National Council on Alcoholism (Levins, 1976) cites the following unpublished recovery rates for occupational programs:

DuPont Co.: 627 out of 950 alcoholic employees rehabilitated, a success rate of 66%.

3M Co.: 80% of alcoholics in the program are recovered or showing improved work performance.

Seaboard Coastline Railroad: 281 out of 389 alcoholic employees (72%) rehabilitated.

American Cyanamid Co.: About 100 of 300 problem drinkers are still employed and still in the program. (p. 40)

Here again, there was no available information regarding what was meant by rehabilitation or improved work performance. There were also no indications of how these recovery rates were obtained.

Levins (1976) believes that alcoholism is a national problem with profound physiological, psychological, sociological and economic consequences. He describes it as a progressive, chronic and primary disease. He concludes that with early identification and appropriate, individualized treatment, high rehabilitation rates can be expected.
Employers can expect an acceptable return on their investment of resources in EAP's. Effective occupational alcoholism programs can achieve rehabilitation rates estimated at sixty to eighty percent at nominal cost relative to the potential loss from untreated problem drinkers. The cost-effectiveness of occupational programs is considerably enhanced if they are conducted within the context of a broadly based employee assistance program which is directed to assisting any troubled employee with impaired job performance.

Primary Prevention as Part of the EAP

Primary prevention is held increasingly to refer to methods of encouraging healthy personal development and growth so that individuals can learn to recognize and avoid being overwhelmed by their problems. At the present time, most EAP's are set up so that the troubled employee who demonstrates poor job performance is coerced into participating in the EAP. The problem with this procedure is twofold. There is a very fuzzy area between the point at which job performance is clearly affected and constructive coercion is warranted. Another point is that the employee who is coerced into treatment may be resentful and lack motivation to deal with his problems. Shain and Groeneveld (1980) believe that more effort should be put into the direction of self-referrals to EAP's. This would involve public health education for employees including life skills and health development, decision making, values clarification and information giving.

Shain and Groeneveld (1980) state the following:

Assuming that a common goal of all interested parties turns out to be (in one degree or another) the assistance of impaired employees in their attempts to recover their health
and economic status, it may become necessary to reconceptualize the current approach to the dissemination of EAP by shifting emphasis from managerial identification of problem employees to self-identification through education. EAP would not only save production costs but also would save workmen's compensations and arbitration costs. The cost of finding and retraining skilled employees could be contained. (p. 21)

Prevention includes education programs aimed at stress reduction. Warshaw (1979) discusses four areas of prevention. They include the following:

1. Establishment of work practices and an emotional climate throughout the organization that will enhance human well-being and performance.
2. Education and motivation of employees to maintain healthier work habits and personal life-styles.
3. Provision of special programs to assist employees, especially those identified as being "high risk", to deal more effectively with stress and obviate its potentially harmful effects.
4. Identification and appropriate modification of high-risk jobs and work situations. (p. 37)

Cowan and Eagan (1979) believe that we as a society have largely taken a downstream approach in dealing with mental health problems. Only about thirteen percent of federal funds allocated to mental health centers are earmarked for preventative programs. Eighty-seven percent of the federal money is used to treat the casualties of ill-functioning human systems. They believe that human development (HD) is a function of the interaction between people (P) and the human systems (S) in which they are involved, and of the interaction of these systems with one another. They use the formula HD = f (P→S) X (S←S) to describe the interaction between person and environment. They suggest preventative mental health programs be human development programs where necessary life skills are learned. Skills related to physical development include skills of physical fitness, skills of personal health care, athletic
skills, and esthetic use of the body and grooming. Skills relating to intellectual development include being able to translate knowledge into working knowledge and learning how to learn through problem solving. Self management skills include the ability to use a working theory of personality, being able to apply the basic principles of behavior to practical situations and being able to problem solve. Values clarification is important in goal setting and problem solving. The skills of interpersonal involvement include self presentation skills, responding skills, and challenging skills such as confrontation and immediacy. The skills of the small group involvement include clarifying the goals of the group, initiating in a group, using the resources of the group, and owning into group interaction. Finally, Cowan and Eagan suggest that individuals should develop the ability to assess the workplace as a personal system. People need to be aware of how the job setting functions as a social system and what impact it has on their lives. Shaul (Cowan & Egan, 1979), summarizes the people in systems model and the upstream approach as follows:

There is no such thing as a neutral educational process. Education either functions as an instrument which is used to facilitate the integration of the younger generation into the logic of the present system and bring about conformity to it, or it becomes "the practice of freedom", the mean by which men and women deal critically and creatively with reality and discover how to participate in the transformation of their world. The development of an educational methodology that facilitates this process will inevitably lead to tension and conflict within our society. But it could also contribute to the formation of a new man and mark the beginning of a new era. (p. 15)
Stress and its Impact

Definition of Stress

The preventative EAP should include ways of dealing with stress. Before an EAP that would deal with stress can be developed, one must thoroughly understand stress and its impact on the individual. Stress has been defined in numerous ways. Selye (1976) defined stress as the nonspecific response of the body to any demand. A stressor is considered an agent which produces stress at any time. Stress reactions cannot be avoided and they do not necessarily have to be harmful to the individual. If the stress reactions are insufficient, excessive, or inappropriate, then discomfort and disease may result. Love (Marshall & Cooper, 1979) defined stress in terms of physics. Stress is the internal force generated within a solid body by the action of any external force which tends to distort the body. Strain is the resulting distortion and the external force producing the distortion is called the load. Coffer and Appley (1980) define stress as the state of an organism where he perceived that his well-being is endangered and that he must divert all of his energies to its protection. Wolff (1968) points out that stress is a dynamic state within an organism in response to a demand for adaptation. Since life itself requires constant adaptation, living creatures are constantly in a state of more or less stress. Warshaw (1979) carries Wolff's statement one step further; he defines stress as the response to a stressor, a stimulus, or a set of circumstances that induces a change in the individual's ongoing physiological and/or psychological pattern of functioning. Stress is a
necessary and inevitable part of living without which there would be death. Stress presents difficulty when the response is inadequate, inappropriate or excessive. If the stress is prolonged, it may exhaust the individual's capacity to respond. Lazarus and Lanier (Cherniss, 1980) define stress as a situation in which environmental demands tax or exceed the resources of the person. A demand is such that if it is not met and neutralized somehow, there will be harmful consequences for the person. Demands can be external as when a worker faces possible loss of his or her job for failure to perform a required duty adequately. The demands can be internal which include desired goals, values, commitments, problems, or tasks built into the individual, social system, or physiological system. Caplan, Cobb, French, Harrison, and Pinneau (Cherniss, 1980) define stress as characteristic of the job environment which pose a threat to the individual. Any deviation from the normal responses in the individual is said to be strain. Dodge and Martin (1970) see stress as a product of specific socially structured situations inherent in the organization of modern technological societies. Stress is the nonspecific response of the body to any demand which if not met and neutralized somehow, may exhaust the individual's capacity to respond and may cause harmful effects. Stress may lead to burnout in the employee.

Definition of Burnout

Burnout has become a popular term for describing a condition of workers in professions with a high degree of people contact. Daley (1979) defined burnout as a reaction to job related stress that varies
with the intensity and duration of the stress itself. Burnout may be manifested in workers becoming detached from their jobs. That is, the burned out worker may become very rigid and do things strictly by the book viewing clients as cases rather than people. The burned out worker minimizes his or her involvement with clients by keeping physically distant from them or by shortening the time spent with the client.

Cherniss (1980) defined burnout as a psychological withdrawal from work in response to excessive stress or dissatisfaction. There is often a change in motivation within the burned out worker and he finds very little reward in his job. Maslach (1976) defines burnout as the loss of concern for the people with whom one is working in response to job related stress. Burnout in mental health workers is the tendency to treat clients in a detached, mechanical fashion. It is viewed as a syndrome of feelings and behaviors which are a response to chronic stress and the feeling of not having control over one’s work. Burnout components include exhaustion, low morale, loss of concern and feelings, cynicism, negative self concept, dehumanizing the clientele, low job performance, absenteeism and eventually leaving the job. Frudenberger (1974) defines burnout in terms of physiological responses, cognitive-affective responses and behavioral responses. The physiological responses of burnout include physical ailments, exhaustion, and sleeplessness. The cognitive-affective responses include cynicism, increased emotionalism, suspiciousness, overconfidence, depression and rigidity. The behavioral responses include low job performance, more time spent on the job, and drug use. Seligman (Cherniss, 1980) defines
burnout in terms of the individual's lack of control and the inability to predict important events. Helplessness is described as a situation in which the outcome occurs independently of all voluntary responses of the individual. Learned helplessness is the belief that one has no control over important rewards and punishments. Motivation is impaired and the individual may miss or deny information that may be useful in regaining control. The lack of control can disturb one's emotional balance causing depression, anger, and anxiety. Perlman and Hartman (1980) integrate burnout into a stress model. They suggest that burnout is best understood as one subset of stress reactions. They feel that it may be necessary to move from the limited writings on burnout to the most extensive and useful research on stress to understand and cope with the problems of burnout. Burnout is best understood as one subset of stress reactions. Burnout is manifested as responses to chronic emotional stress prevalent among workers in people contact occupations.

**Signs and Symptoms of Job Stress**

There are various signs and symptoms of job stress. One of the primary indications of stress within an organization is the rate of sick absenteeism. Warshaw (1979) relates that a particular pattern of work stressors will produce varying types of sick behavior among different subsets of the employee population. For example, while sick, the individual is not expected to perform all of his or her normal activities. The individual usually does improve, but after a time or when the levels of stress recur, the pattern recycles. Argyris (1975) points out that stress can overwhelm the individual, and if there is
little chance of psychological success there is an increased chance of apathy.

Stress can exacerbate a mental condition and cause excessive reactions or responses in individuals. Levinson (1964) identifies three major signs of emotional distress when a person's ordinary means of warding off excessive or prolonged anxiety are not adequate. The person's usual manner may be overemphasized. A quiet person may be even more withdrawn. A well-ordered person may be over concerned with details. An individual may increase his pace until he is described as jet-propelled. A person may be unable to concentrate. He may become tense and jittery, prespire freely, and feel as though he is losing control. A radical change in behavior may indicate severe stress. The orderly, controlled person may become alcoholic. The quite person may become loud and aggressive. House (Marshall & Cooper, 1979) points out that stress can cause excessive physiological responses. High activation levels can ultimately result in physical symptoms. These physical symptoms can have undesirable effects such as coronary heart disease, peptic ulcers, rheumatoid arthritis and diabetes.

The individual may deal with stress in many different fashions. Selye (1976) postulated the general adaptation syndrome which proposes a three stage stress reaction. The first state is the alarm reaction in which an initial shock phase of lowered resistance is followed by counter-shock during which the individual's defense mechanisms become active. The second stage is the resistance stage. This is the stage of maximum adaptation and, hopefully, successful return to equilibrium for
the individual. If the stressor continues or defenses do not work, the individual will move to the third state called exhaustion. An example of the general adaptation syndrome in an industrial setting could be an individual who has received a final warning for absenteeism and faces termination if he does not improve. At first, the employee might feel overwhelmed, anxious and depressed about the thought of losing his job. He might try to justify his absenteeism by coming up with as many excuses as he can for his behavior. He might make a commitment to improve his behavior. This positive thinking might lower his anxiety and level of stress. The employee may however, feel trapped and constantly worry that if he cannot improve his absenteeism he will lose his job. The individual may eventually be unable to work and appear exhausted.

Types of Job Stress

There are many different types of job stress. Beehr and Newman (1978) believe that job stress has been a relatively neglected area of research among industrial psychologists. There are several reasons for the problems in research in this area. There is confusion in the use of terminology regarding the elements of job stress. The lack of interdisciplinary approaches and the relatively weak methodologies in specific studies is a source of concern. Beehr and Newman identify seven facets involved in studying job stress. They are environmental, personal, process, human consequences, organizational consequences, time and employee health (see Appendix A).
Margolis, Kroes, and Quinn (Marshall & Cooper, 1979) found on a representative national sample of 1,496 employed persons age sixteen or older that overload was significantly related to escapist drinking, absenteeism from work, low motivation to work, lowered self-esteem and an absence of suggestions to employers. French and Caplan (Marshall & Cooper, 1979) report that both qualitative and quantitative overload produce at least nine different symptoms of psychological and physical strain. These symptoms are job-dissatisfaction, job-tension, lower self-esteem, threat, embarrassment, high cholesterol levels, increased heart rate, skin resistance and increased smoking. Warshaw (1979) identifies five stressors in the work setting. The first stressor is the job content and the environment in which it is performed. Inadequate lighting and glare are well-know stressors. Intense noise may be a stressor. Commuting to and from the work place may be a stressor. Quantitative overload where long hours without adequate rest periods are the norm may cause stress. Qualitative overload where continuous concentration and rapid, meaningful decisions may also be a source of stress. Underload where boredom, lack of stimulation, the lack of opportunity to use acquired skills and abilities, and the repetitive performance of seemingly meaningless tasks are required may also be a stressor. The second major area of stressors is the way the work is structured. The assembly line is the best example of stress in the work structures as it involves simultaneously exposing the worker to both overload and underload. The third area of stress is the individual's role at work. The fourth source of stress at work is
interpersonal relationships. Poor interpersonal relationships can lead to a lack of acceptance by co-workers or feelings of being discriminated against by supervisors. The last source of stress recognized by Warshaw is change. The readjustment to any change in policy or personnel may be perceived as stressful.

Shift work can be a source of stress. Levi (Warshaw, 1979) did a questionnaire study of several hundred shift workers in which he found they had higher frequencies of sleep, mood, digestive, and social disturbances than workers on the day shift. There were no empirical data presented to validate the results of this study. Warshaw (1979) sees shift work as a source of stress because the worker is out of step with the rest of the community. Shift workers often have difficulty sleeping and fitting family, social, and recreational activities into their schedules. Some organizations have made special arrangements to make up for unsatisfactory public transportations, shopping services, and special recreational programs. Some managers make a particular point of scheduling regular visits to the workplace during evening and night shifts to convey by their presence their awareness that the shift workers are no less an important part of the organization than those they encounter during the normal work hours.

Organizational conflicts can be a major source of stress for the individual. Munter (Warshaw, 1979) identifies five major sources of organizational conflicts. The more frequent source of organizational conflict is inadequate or defective communication. Defective management style is a source of organizational conflict. When the management
styles are inconsistent, uncertain, unsuited to the nature and environment of the organization, or inflexible and maladaptive, then problems can occur. Unrealistic expectations on the part of the management with respect to its employees or on the part of employees with respect to management may lead to conflict, frustration, and anger. Inhuman working conditions which hamper individual's ability to lead reasonable lives on the job and away from it can be a source of organizational conflict. When the personal problems of key individuals are sufficiently intense, they can effect the function and integration of the entire organization.

Individuals who work in human services are susceptible to stress and burnout. Coping with stress depletes psychological energy. Cherniss (1980) points out that the burned out helper is less effective with empathetic and caring skills. Burnout can have a significant impact on the staff members morale and psychological well being. Traux (1966) found that the effectiveness of psychotherapy and counseling is strongly influenced by the degree to which the helper expresses authenticity, positive regard and empathy toward clients. Burned out helpers would be less effective as they demonstrate lower levels of these skills. He completed a study aimed at cross-validating previous research suggesting that the levels of the therapist's accurate empathy, warmth, and genuineness were casually related to the degree of patient improvement or deterioration. An equal number of good or poor therapy prospects were randomly assigned to four resident psychiatrists (ten patients each) for four months of psychotherapy. On the overall measure
for all patients, therapists providing high therapeutic conditions had ninety percent patient improvement while those providing lower conditions had only fifty percent improvement. There are limitations in the interpretations of these results and caution should be used in interpreting the significant difference between high versus low conditions on the therapist statement of global improvement measure. It is possible that the therapists high in accurate empathy and genuineness might tend to see greater improvement than do therapists who are lower on these conditions. Although there is no evidence that this is actually the case, the possibility cannot be excluded.

Schwartz and Will (Cherniss, 1980) found that as the staff of a mental hospital become more burned out, the patients were neglected and soon regressed becoming more anxious, depressed, suicidal, and violent. Stotland and Kobler (Cherniss, 1980) studied the records of a mental hospital covering a period of several years. Their results indicated that during periods of administrative dislocation and increased staff burnout there were higher incidences of patient suicide attempts. Mendel (Cherniss, 1980) suggested that job stress and burnout in human services leads to more meetings with increasing rules and regulations. There seem to be more bureaucratic control and more intergroup conflict over job related issues when burnout is high. There was a lack of critical information regarding the validity of the above studies. Part of the problem with this research is the lack of consistent definitions and operational terms.
There are specific signs and symptoms that have been identified with worker burnout in human services. Cherniss (1980) lists 28 symptoms of stress and worker burnout.

1. High resistance to going to work every day
2. Sense of failure
3. Guilt and blame
4. Discouragement and indifference
5. Negativism
6. Isolation and withdrawal
7. Feeling tired and exhausted all day
8. Frequent clock watching
9. Great fatigue after work
10. Loss of positive feelings toward clients
11. Postponing client contacts; resisting client phone calls and office visits
12. Stereotyping clients
13. Inability to concentrate on or listen to what client is saying
14. Feeling immobilized
15. Cynicism regarding clients; a blaming attitude
16. Increasingly "going by the book"
17. Sleep disorders
18. Avoiding discussion of work with colleagues
19. Self-preoccupation
20. More approving of behavior-control measures such as tranquilizers
21. Frequent colds and flus
22. Frequent headaches and gastrointestinal disturbances
23. Rigiditiy in thinking and resistance to change
24. Suspicion and paranoia
25. Excessive use of drugs
26. Marital and family conflict
27. High absenteeism

Stress can have an impact on the absenteeism rate of an organization. Rhodes (1978) proposed a model to explain the various influences on employee attendance behavior. It is suggested that an employee's motivation to attend and an employee's ability to attend are two important variables. Attendance motivation is largely influenced by satisfaction with the job situation and various internal and external
pressures to attend. The job situation involves such factors as job scope, job level, role stress, work group size, leader style, co-worker relations, and opportunity for advancement. The factors related to the employee's ability to attend include illness and accidents, family responsibilities, and transportation problems. Factors pressuring an employee to attend work are economic/market, incentive/reward, work group norms, personal work ethics and organizational/commitment. Porter and Lawler (1965) suggest that increased work group size may lead to lower group cohesiveness, higher task specialization, and poorer communication. They concluded that the larger the work group size the more absenteeism would result. This finding is limited to absence rates among employees at the blue-collar level since the only study that separately looked at white-collar workers' absences found no relationship between subunit size and absence rates. Hedges (1973) used the Current Population Survey to try and pinpoint some of the problem areas of absences and to assess the influence of various factors cited as the cause of absenteeism. In 1972, operatives, laborers, and service workers had the highest rates of part-week absence. High rates of absence on the assembly lines are sometime attributed to mandatory overtime, poor working conditions and boredom on the job. Hedges (1973) concluded that the data are not sufficient to determine the causes of high or increased rates of absences.

Personality Traits

Cherniss (1980) suggested five personality traits that have been found to influence an individual's response to stress. The five
personality traits are neurotic anxiety, the "Type A" syndrome, locus of control, flexibility, and introversion. Neurotic anxiety is best described as when individuals set extremely high goals for themselves and then punish themselves severely if they fail to achieve those goals. The individual is emotionally unstable and demonstrates inadequate coping mechanisms. Friedman and Rosenman (1974) labeled the "Type A" personality as an individual with an excessive competitive drive, aggressiveness, impatience, and a harrying sense of time urgency. Individuals displaying this pattern seem to be engaged in a chronic, and often fruitless struggle with themselves, with others, with circumstances, with time, and sometimes with life itself. Rotter (Cherniss, 1980) developed the concept of the locus of control. He believed that individuals differ in the degree to which they believe they control important sources of reinforcement in their lives. Internals believe that they control their lives whereas externals believe they are at the mercy of fate or powers beyond their control. Seligman (1975) suggested that externals are more likely to believe that they are helpless and have no control over a situation. They will tend to give up and withdraw in the face of stress. Kahn, Quinn, Snoek, and Rosenthal (1964) found that flexible individuals were more likely to experience role conflict in work organizations. They react to stress with more manifest anxiety, tension, and worry than rigid individuals. Kahn et al. (1964) found that introverts experienced more tension in high role conflicts and were more likely to withdraw from their co-workers in the face of conflict and stress.
As women return to the work force, they have special problems dealing with stress. One of the most common sources of stress for working women is guilt. Littleton and Panyard (1981) identify nine beliefs held about women that can cause stress.

1. A woman's place is in the home.
2. Women aren't seriously attached to the labor force; they work only for pocket money.
3. Women are out ill more than male co-workers; they cost the company more.
4. Women don't work as long or as regularly as their male co-workers; their training is costly and largely wasted.
5. Married women take jobs away from men — in fact they ought to quit the jobs they now hold.
6. Women should stick to women's jobs and shouldn't compete for men's jobs.
7. The employment of mothers leads to juvenile delinquency.
8. Women don't want the responsibility of the job; they don't want promotions or job changes that add to their load.
9. Men don't like to work for women supervisors. (p. 12)

Milio (1982) points out that women's death rates from heart and respiratory diseases are expected to be higher than in the mid-1970's. In the future women will die more often from liver cirrhosis at a pace almost equal to that of men. Women face the same work environment risks as men: asbestos, toxic chemicals, coal, noise, heavy workloads, and rotating workshifts. Women who work and have a family to care for have on the average six fewer hours of free-time per week for recreation than their male counterpart. Thus, as women return to the work force, they will be faced with many of the same stressors facing men in the work force and many stressors unique to their sex. Women will be expected to have many of the same stress reactions and will need special attention to help them overcome these stressors.
Leadership Style

Differences in leadership styles and management can have an impact on the amount of perceived stress. Buck (1972) looked at the attitude and relationship of workers and managers to their immediate boss using Fleishman’s leadership questionnaire. He found that those workers who felt that their boss was low on consideration reported feeling more job pressure. These workers reported that their supervisors always ruled with an iron hand and rarely tried out new ideas or allowed participation in decision-making. A more decentralized democratic or participative leader style has been shown to reduce absenteeism (Bragg and Andrews, 1973; Argyle, Gardner, and Ciaffe, 1958). Bragg and Andrews (1973) introduced participative decision-making into a hospital subsystem. Over an eighteen month period of study, attitudes improved, absence rates declined and productivity increased. Absence and productivity rates in the comparison group did not change during the study period. Because of the long duration of the study and because more substantial performance improvements were not realized in the early month of the participative decision-making program, it seems highly improbable that the reported results can be explained in terms of the Hawthorne effort. Argyle et al. (1958) did an investigation of ninety foremen in eight British factories. The aim was to discover the influence of five human relations dimensions of foremanship. These dimensions were general in supervision, exert low pressure, be employee centered, democratic and non-punitive. Only democratic style showed any significant impact on absenteeism. Low democratic style was related to democratic supervision at the P<.05 significance for all departments.
Lippitt and White (Yalom, 1975) suggested that the democratic leader who allowed the group to make many of the important decisions were important determiners of motivation and performance. Hall and Schneider (1973) found that supervisors who give a high degree of support but do not reduce the subordinate's autonomy help prevent stress and burnout. Aiken and Hage (1966) found that staff alienation in sixteen social welfare agencies was associated with the degree to which members at lower levels participated in decision-making and the degree to which work was standardized. The staff member's lack of participation in agency decision-making was strongly related to job alienation with a \( r = -0.59 \) correlation. It was shown that a highly formalized and highly centralized organizational structure was characterized by greater work alienation and greater alienation from expressive relations. Perlin (Cherniss, 1980) found in a study of nurses that alienation increased as the positional distance between superior and subordinates increased. The lower a nurse's status in the organization and the greater the number of layers between a nurse and the organizational leadership, the greater the alienation. Leadership styles which allow workers to participate in decision-making appear to be more effective in lowering absenteeism, alienation, poor work performance and stress in workers than leadership styles which are seen as inconsiderate and dictatorial.

**Role Structure and Role Ambiguity**

Role structure can be a source of stress for the employee. Cherniss (1980) identifies role structure as the way tasks and duties
are allocated among specific roles in a setting. Role conflict, role ambiguity and the amount of challenge, variety, and autonomy available in the role contribute to job stress and strain. Kahn et al. (1964) suggest that role ambiguity exists when an individual is uncertain about his job responsibilities, about the objectives of the organizational, and about co-workers' expectation of what will be accomplished. Role conflict exists when the individual is torn by conflicting job demands, by differences of opinions with superiors, or by having to do things that go against his values. Role ambiguity and role conflict can exist when the role player lacks the information necessary for adequate performance of the role. There could be a lack of information concerning the scope and responsibilities of a job, a lack of information about co-workers' expectations, a lack of information required to perform the job adequately, a lack of information about opportunity for advancement, a lack of information about supervisor's evaluations, and a lack of information about what is happening in the organization.

Miles (1977) asked professional level employees representing five organizational roles in nine governmental research and development organizations to participate in a survey. The role sampling included integrators occupying both intra and interorganizational boundary roles and four internal organizational roles of division manager, group leaders, applied scientist and engineers. The results of the survey suggested that the nature and intensity of role conflict experienced was a function of the type of role a person occupies in a complex
organization. Persons occupying internal organizational roles, especially the highly buffered role of basic scientists, seem to be more sensitive or reactive to changes in boundary relevance than persons occupying roles at or near the organizational boundary.

Job Success

Work can be a satisfying and successful experience for some employees. Warshaw (1979) points out that work can fulfill a number of basic human needs. Individuals earn money to buy the material goods essential for survival. Work provides individuals with some kind of regular purposeful physical or mental activity. Work can provide social contact and a feeling of belonging. The individual's self-esteem may be enhanced as he is recognized for having a skill in the work place. Work can help individuals develop a sense of satisfaction that comes from developing competence and mastery. It can help individuals self-actualize with the realization of one's own potential.

Psychological success plays an important part in reducing job stress. Lewin (Hall, 1976) defined psychological success to involve the individual defining a goal that is central to the individual's self concept, and the person works independently to achieve the goal. He believed that successful performance of a valued task leads to enhanced self-esteem, a desire to set higher goals, greater commitment and increased motivation. Hackman and Oldham (1975) relate that when work lacks variety and challenge the worker's motivation suffers. The individual's task identity or his understanding of how his role contributes to the total organizational effort contributes meaning and
stimulation to the job. Mendell (1978) suggested that those groups whose goals were to develop better techniques, to write papers and books, and to receive grants and professional recognition seem to have a lower incidence of staff burnout. Sarata and Jeppesen (1977) did a study on job satisfaction in child care setting. They found learning, variety, and information were three job design factors most strongly correlated with job satisfaction. The correlation between job satisfaction and variety was \( r = .17 \). The correlation between job satisfaction and learning was \( r = .18 \) and the correlation between job satisfaction and information was \( r = .02 \). Cherniss and Egantios (1978) surveyed 164 human service employees regarding job satisfaction. Data came from a questionnaire asking for information related to training, duties, working conditions, and attitudes about various aspects of one's work. The data suggested that community mental health staff were considerably less satisfied with their work than comparable groups of American workers. Their data indicated that the largest single correlation was between the perceived social value of the work and work satisfaction \( r = .46 \). Also high were the correlations for sense of accomplishment \( r = .44 \) and the extent to which one felt the agency's goals were worthwhile \( r = .43 \).

**Development of a Preventative Model of an EAP**

In order to develop a preventative model of the EAP concept, it is necessary to pull from the available resources. Many organizations have tried different techniques to deal with stress. However, there seems to be a lack of coordination between these efforts and generating self
referrals into the EAP. The preventative model of the EAP must include ways of assessing employee stress. The preventative model of the EAP should include educational programs with emphasis on techniques to help individuals cope with and reduce stress. The preventative model of the EAP should include techniques for management to provide social support to reduce stress in their employees. The preventative model of the EAP should emphasize that it is both the individual's responsibility and the organization's responsibility to develop and utilize techniques to reduce stress.

Definition of Coping

The preventative model of the EAP concept should help the individual learn to cope with stress. Cherniss (1980) defines coping in terms of the individual's efforts to manage demands and conflicts. It may involve the individual trying to modify the person-environment relationship so that the demand is lessened or the resources increased. Coping may also involve lowering emotional distress by modification of perception, attitudes, and goals. Burke and Weir (1976) define coping as a process in which individual attempt to deal with stressful situations. The person feels he must do something about the stress, but it taxes or exceeds his existing adaptation response patterns. Coping then is preventing, reducing, or resolving the stress and its consequences. McGrath (Marshall & Cooper, 1979) relates that coping with stress can take place before and during the stress experience. Coping can be anticipatory or preventative in nature. Lazarus and Lanier (Cherniss, 1980) suggest four modes of coping: the individual
may search for information to help him deal with the stress; second, the individual may take direct action in an attempt to cope; third, the individual may avoid the situation that is causing him stress; finally, the individual may use intrapsychic defenses to modify his perceptions and attitudes to cope with stress.

Assessment of Stress

The preventative model of the EAP concept should include assessment procedures to identify individuals who are having difficulty with stress. Yates (1979) suggests using the Holmes and Rahe Social Readjustment Rating Scale to determine the amount of stress a person is trying to cope with at a given point in time. The scale is made up of 43 life events according to the severity of adjustment that is necessitated by each of these events. The rationale behind the scale is that an individual can adjust to only so many different life events in a period of time without encountering a high risk of illness or a health change of some kind (see Appendix B). With the aid of Drs. Friedman and Rosenman's (1979) concept, Yates developed a questionnaire to check for the symptoms of "Type A" behavior. A person would use a rating scale of 1-10. One being very low occurrences of that particular behavior and ten being very high occurrences of that behavior. Thus, for question two, if one considered themselves average on moving, walking, and eating rapidly, they would put a five in the blank by that question (see Appendix C). A person who demonstrates "Type A" behavior is constantly pushing themselves and brings a great deal of stress on themselves. Friedman and Rosenman (1974) explain: "The Type A behavior is an
action-emotion complex that can be observed in any person who is aggressively involved in a chronic, incessant struggle to achieve more and more in less and less time" (p. 84). An individual who demonstrates Type A behavior is aggressive, competitive, has a sense of time urgency, and is insecure about his status. This pattern of behavior is a socially acceptable and often reinforced means of behavior. Yates (1979) has comprised a list of physical and mental signs of stress.

**Physical Signs**

1. Excess weight for your age and height
2. High blood pressure
3. Lack of appetite
4. A desire to eat as soon as a problem arises
5. Frequent heartburn
6. Chronic diarrhea or constipation
7. An inability to sleep
8. A feeling of constant fatigue
9. Frequent headaches
10. A need for aspirin or some other medication daily
11. Muscle spasms
12. A feeling of fullness although you've not eaten
13. Shortness of breath
14. A liability of fainting or nausea
15. An inability to cry or a tendency to burst into tears easily
16. Persistent sexual problems (frigidity, impotence, fear)
17. Excessive nervous energy which prevents sitting still and relaxing

**Mental Signs**

1. A constant feeling of uneasiness
2. Constant irritability with family and work associates
3. Boredom with life
4. A recurring feeling of being unable to cope with life
5. Anxiety about money
6. Morbid fear of disease, especially cancer and heart disease
7. Fear of death - your own and others
8. A sense of suppressed anger
9. An inability to have a good laugh
10. A feeling of being rejected by your family
11. A sense of despair at being an unsuccessful parent
12. Dread as the weekend approaches
13. Reluctance to take a vacation
14. A feeling you cannot discuss your problems with anyone
15. An inability to concentrate for any length of time or to finish one job before beginning another
16. A terror of heights, enclosed spaces, thunderstorms, or earthquakes (p. 89)


Danger Signs and Symptoms of Stress

1. General irritability, hyperexcitation, or depression
2. Pounding of the heart, an indicator of high blood pressure
3. Dryness of the throat and mouth
4. Impulsive behavior, emotional instability
5. The overpowering urge to cry or to run and hide
6. Inability to concentrate, flight of thoughts, and general disorientation
7. Feelings of unreality, weakness, or dizziness
8. Predilection to become fatigued, and loss of the "joie de vivre"
9. "Floating anxiety" - that is to say, we are afraid, although we do not know exactly what we are afraid of
10. Emotional tension and alertness, feelings of being "keyed up"
11. Trembling, nervous tics
12. Tendency to be easily startled by small sounds
13. High-pitched, nervous laughter
14. Stuttering and other speech difficulties
15. Bruxism, or grinding of the teeth
16. Insomnia
17. Hypermotility
18. Sweating
19. Frequent need to urinate
20. Diarrhea, indigestion, queasiness in the stomach, and sometimes even vomiting
21. Migraine headaches
22. Premenstrual tension or missed menstrual cycles
23. Pain in the neck or lower back
24. Loss of appetite or compulsive eating
25. Increased smoking
26. Increased use of legally prescribed drugs, such as tranquilizers or amphetamines
27. Alcohol and drug addiction
28. Nightmares
29. Neurotic behavior
30. Psychoses
31. Proneness to accidents (p. 82)

Giammatteo and Giammatteo (1980) examine sources of potential stressors and overload which is defined as demands that exceed the
persons time and efforts. They suggest individuals ask themselves if they have ever felt overloaded, if they ever felt overloaded for a prolonged period, or if they feel overloaded most of the time. They suggest that the staff of an organizational compile a list of the different ways that employees might become overloaded. They have developed a stress awareness exercise consisting of forty items. The exercise identifies potential job stressors, especially useful with school administrators. If an individual scores yes to 15-25 questions then he is in the average range. Persons with score totals of 25-40 have the most stress, and those 14 and below have the least stress (see Appendix D). McLean (1979) developed several useful assessment devices to help individuals determine how they were coping with their present job situation. The Coping Checklist is a self administered and self scored questionnaire to help individuals become aware of problem areas in their lives (see Appendix E). The job context and/or environment can effect the employee's job satisfaction. He developed the Context Survey in order to help the individual determine if he or she is satisfied with his or her job or to identify specific areas that are unsatisfactory and could be causing stress (see Appendix F). He developed a Stressor Checklist which contains more specific problem areas that the individual might be experiencing (see Appendix G). He also developed a twenty-one item checklist which helps individuals determine if they have tendencies toward becoming a "workaholic". He points out that an individual who lets his work become the dominant factor in his or her life may become emotionally unbalanced and can be referred to as a workaholics (see
Appendix H). There were no data available to help determine the reliability or validity of the above assessment devices. However, the assessment devices can be used in a broader sense which might be helpful in identifying problem areas in individual's lives.

Burnout can have a negative effect on an employee's job performance. Mendel (1978) suggested that employees have a burnout checkup every six months. This would involve each staff member meeting with a manager or a development specialist for the purpose of assessing current sources of frustration, stress, and satisfaction in their work. The findings of the assessment would be used to make changes in the individual's job to enhance rewarding aspects and reduce stress by reducing unrewarding aspects of the job.

Teaching Stress Management

The preventative model of the EAP should have a uniform philosophy. The rationale for teaching stress management techniques is based on the assumption that if individuals learn to control their level of stress then they can lead healthier more productive lives. Germeroth (1978) points out that epidemiological data from western countries show that diseases have shifted from communicable diseases to stress related and degenerative disorders in the past century and a half. He concludes that the individual's inability to deal with stress elicits coping behavior that is self-destructive and illness causing. He developed an educational program at Catonsville State Community College to help his students learn to relax. His program consists of four components. The first component of his class consists of increasing his student's
knowledge through lectures. Some lecture topics include a brief history of stress and research, a description of the general need to study stress and practice relaxation, a description of stress related illnesses, an examination of how substances in our environment, including food, may impact on stress levels, an examination of how the lack of adequate exercises increases stress, a description of how anger, conflict, anxiety, and frustration effect stress levels. The second component of Germeroth's classes consisted of four hours of values clarification. This involved helping individuals put priorities in order, resolve conflicts, and to become one's own director and assume responsibility for their actions. The third component of his class involved learning Progressive Muscle Relaxation as developed by Dr. Jacobson. The individual is taught to relax, to relax in a no stress situation, to relax in a mild stress situation, and to relax in a great stress situation. His fourth component of his classes involves the giving of feedback to the students in terms of pre-treatment frontalis values with the electro-myography (EMG) and post-treatment frontalis values. The rationale here is that the student should have lower frontalis values after having practiced and learned to relax.

Warshaw (1979) points out that a health education program should be tailored to the interests and perceived needs of the employees. The program should involve each individual in group interaction. The program should be based on trust rather than fear. The program should rely on peer pressure to keep everyone involved. The program should provide individuals with personalized information about sensitive
subjects. The family members should be involved in the program if at all possible. All information used in the program should be accurate and up-to-date. The program should be designed and modified by the people it serves. The program should have a built-in mechanism for evaluating its effectiveness. Education of employees to the effects of stress and ways to cope with stress should be a key component in a preventative model of an EAP.

One of the key ingredients of an effective preventative EAP would be the education of employees to the use of stress management techniques. Keller (1981) defines stress and burnout in terms of neurological meltdown. Burnout is described as a process that develops by inches over time. She developed the idea of individualized treatment plans to help individuals deal with burnout. Her first exercise involves the individual drawing a circle and dividing the circle into portions of how they spend their time each week. The next exercise consists of writing a list of things that the individual values the most in life. The individuals are instructed to compare the list with the time wheel to see if they are spending time doing the things they value highly. The next exercise involves setting life goals, five year goals, and goals that would be set if the individual only had six months left to live. This is another exercise to help the individual prioritize his time. The final exercise is called the Neurological Meltdown Treatment/Prevention Plan. This involves the individual selecting a specific life area such as being a manager, being a husband, or being a father. The individual is instructed to set goals of one
week, one month, and six months for each of the life areas. The individual has to come up with a reinforcer after each goal is reached (see Appendix I).

**Strategies to Cope with Stress**

Cherniss (1980) summarizes several strategies for preventing burnout. Some strategies include the following:

**Staff Development**
- Reduce demands workers impose on themselves by encouraging them to adopt more realistic goals
- Encourage workers to adopt new goals that might provide alternative sources of gratification
- Help workers develop and use monitoring and feedback mechanisms sensitive to short-term gains
- Provide frequent opportunities for in-service training to increase role effectiveness
- Teach staff coping strategies such as time study and time management techniques
- Orient new staff by providing them with a booklet that realistically describes typical frustrations and difficulties that occur in the job.
- Provide work-focused counseling or consultation to staff who are experiencing high levels of stress in their jobs
- Encourage the development of support groups and/or resource exchange networks.

**Changing Jobs and Role Structures**
- Limit number of clients for who staff are responsible at any one time
- Spread the most difficult and unrewarding work among all the staff and require staff to work in more than one role and program
- Arrange each day so that the rewarding and unrewarding activities alternate
- Structure roles in ways that allow workers to take time out whenever necessary
- Use auxiliary personnel to provide other staff with opportunities for time-out
- Encourage worker to take frequent vacations, on short notice if necessary
- Limit the number of hours that a staff person works
- Do not discourage part-time employment
- Give every staff member the opportunity to create new programs
- Built in career ladders for all staff
Management Development
- Create management training and development programs for current and potential supervisory personnel, emphasizing those aspects of the role that administrators have most difficulty with
- Create monitoring systems for supervisory personnel, such as staff surveys, and give supervisory personnel regular feedback on their performance
- Monitor role strain in supervisory personnel and intervene with strain become excessive

Organizational Problem-Solving and Decision-Making
- Create formal mechanisms for groups and organizational problem-solving and conflict resolution
- Provide training in conflict resolution and group problem-solving for all staff
- Maximize staff autonomy and participation in decision-making

Agency Goals and Guiding Philosophies
- Make goals as clear and consistent as possible
- Develop a strong, distinctive guiding philosophy
- Make education and research a major focus of the program
- Share responsibility for care and treatment with the client, the client's family, and the community. (pp. 184-185)

Yates (1979) developed a personalized stress management program workbook which combined several strategies for dealing with stress. In his first exercise the individual is asked to list as many things that bother him in his personal life. Upon completing the list, the individual is asked to indicate which stressors can be eliminated or minimized and which ones are unlikely to be changeable. The next exercise involves the individual making a list of things that bother him in the organization. Upon completing the list, the individual is to indicate which stressors could be eliminated or at least minimized and which ones are unlikely to be changeable. The next exercise involves three ways of raising productivity in an organization. First, get the people in the organizational unit to identify what can be done about
stressors in the organization that hinder productivity because of the stress impact they have on everyone. Second, explore the ways in which the individual may be pushing himself and others beyond the stress threshold and thus lowering productivity. Third, expose ways in which the individual may be hindering productivity because of not putting enough stress on themselves or others. The individual may need to motivate others by raising performance expectations. The next exercise involves the individual developing the ability to make up coping self statements. The individual would have coping self statement preparing for a stressful situation, actually handling a stressful situation, being overwhelmed by the situation, and reinforcing self statements. His next exercise involves stress reduction through systematic desensitization. The individual chooses a stressful scene and learns to relax while gradually exposing himself to the stressful scene. The next exercise involves the individual clarifying his values. The individual is asked to answer the five following questions:

What five things do you really value?
What would you do if you had one year to live and were guaranteed success in whatever you attempted?
What do you regard as your three greatest personal achievements?
What do you consider your three greatest personal failures?
What three words or qualities would you like to have closely identified with your name, now and after your death? (p. 152)

The final exercise involves the individual writing down ways that they are going to manage stress more effectively.

Problem-solving can be a useful stress management technique. Giammatteo and Giammatteo (1980) suggest several steps in problem-solving. The problem must be defined and operationalized. This involves writing the problem down and clarifying the problem. The
indicators that the problem or behavior exists must be pointed out. The problem should be rewritten as a positive statement. Brainstorming for alternatives to reduce or eliminate key indicators of the problem is useful. The next step in problem-solving is selecting those alternatives which are most easily implemented and writing an action plan. The final step involves evaluation and feedback to see if the alternatives are reducing stress.

Data were not provided on the effectiveness of the previously mentioned coping techniques. All of the plans are nonvalidated with empirical data.

Individuals cope with job tensions in different fashions. For example, Howard, Rechnitzer, and Cunningham (1975) did a three-year longitudinal study on management stress. They use a questionnaire to determine what techniques managers use to cope with stress. Data such as blood pressure, cholesterol, triglyceride, and uric acid levels were gathered as indicators of health. The individuals also completed a stress symptom checklist indicating the types of symptoms they had experienced in the past twelve months. The number of symptoms reported was used to determine the amount of stress the individual had experienced. This was not a controlled or manipulative study but rather a self report questionnaire format. Data were provided which indicated five effective coping techniques and five ineffective techniques to deal with stress. The five best techniques for coping with job tensions were building resistance by regular sleep, exercise—good health habits, compartmentalized work and non-work life, engaged in physical exercise,
talk thought problems with peers on the job and withdrawing physically from the situation. The five worst techniques for dealing with job tension were found to be changing to a different work activity, changing strategy of attack on work, working harder, talking through the problems with spouse, and changing to a non-work activity.

Adjustment to Change

The preventative EAP would be aware of organizational changes and help individuals adjust to these changes. Levinson (1977) suggests that the panic of change lies in four separate roots of apprehension. The individual may have irrational fears. The individual may lack the self confidence to feel that he has what it takes to come out on top whatever changes occur. Change may disrupt the individual's comfortable way of life and a new burden of effort will be on him. Finally, the individual may be fearful that when change is inflicted on him, he will be demeaned or disgraced. He suggests overcoming the fear by digging out the root causes of panic. If the individual focuses on the positive aspects of change, he will probably experience less stress. Morano (1977) compares change in an organization to five stages of death described by Elizabeth Kubler-Ross. An individual who experiences change on his job goes through the stages of denial (shock), anger, bargaining, depression, and, finally, acceptance. He suggests that the manager should not dismiss the importance of any organizational change. Each individual's behavior needs to be monitored so that the manager can provide appropriate support congruent with the stage the person has reached. Walsh (1975) suggested reducing stress through planning. He feels that
employees fear change because it will threaten their basic security. When managers and supervisors can show employees change in an orderly fashion, fear and resistance will subside. Once employees understand how a change will work, and specifically how it effects them, they can invest their energy in working toward the goal of change. When change is unexplained and unplanned, employees will be more likely to be apprehensive and stressed.

Manager's Needs

The preventative EAP needs to be aware of the needs of the manager. Overbeke (1975) feels that managers have become more humanistic and therefore more susceptible to emotional conflict when asked to do something against their value system. McCann (1972) points out that most executives can benefit just by sitting down and talking about the pressure they experience. Usually employees do not feel comfortable talking to their boss about personal matters and often it is not helpful to tell their spouse. The employee is usually glad to have someone to listen to him, and to realize he is not alone with his problems. Deville (1970) feels that managers should build departments that lessen friction and reward cooperation. The manager should learn to delegate responsibility. The manager should strive to build a good relationship with his own boss. The manager should familiarize himself with other activities of the company. It is also important for the manager to be able to change gears when he goes home and learn to leave his problems behind at work.
New Employee Needs

The preventative EAP should help new employees by spelling out likely frustrations and problems they might encounter in their new environment. Weitz (1956) found one company that successfully reduced its turnover in sales personnel by providing new workers with a booklet that described examples of the kinds of frustrations and disappointments they might encounter in the job. Singer (1960) points out that management can reduce stress by providing sound leadership to avoid establishing or perpetuating conditions which will weaken the motivation of the individual to work effectively. Having a good orientation with expectations spelled out is a good stress reducing technique. Personnel policy with effective placements and where the employee feels that he is rewarded for good work and penalized for bad work is another stress reducing technique.

Relaxation Techniques

The employee needs to learn to relax at certain times on his job. The preventative model of the EAP should educate employees in the use of relaxation techniques. Langer (1970) suggests individuals institute a quite hour into their work pattern. No telephone calls, visitors, or interruptions are allowed for one hour. Peters and Benson (1978) completed a study in which relaxation breaks were utilized in an organization of approximately 190 subjects. The subjects were divided into four groups. Group A practiced the relaxation response during two fifteen minute intervals for eight weeks. Group B was allowed to relax for fifteen minutes twice a day without instruction in the use of any
type of relaxation technique. Group C and Group D were not allowed to take relaxation breaks. They found no difference in Group C and Group D. They found significant decreases in blood pressure occurred only in Group A. Virtually no changes in blood pressure occurred in Group C and Group D. Data were provided which indicated eliciting the relaxation response appears to decrease metabolic rate, heartbeat, and breathing rate and thus, prevent or control many of the damaging effects of stress.

Biofeedback has proven useful as a tool in helping individuals learn to deal with stress. The preventative EAP should encourage the use of biofeedback by the employees. Nedeffer (1977) used biofeedback to help individuals learn to relax and control their anxiety levels. When an individual is under stress, events often unfold too quickly for them to adjust and respond properly. The stress tends to focus the individual's attention on a single concern to the exclusion of everything else. When individuals learn to relax, they feel they have a competitive edge because they slow down and see things in a more orderly fashion. Whitehead (1977) points out that normally executives and businessmen are problem oriented, objective and outward looking. They often equate emotions with weakness. At the Menniger Clinic's Center for Applied Behavioral Sciences in Topeka, Kansas, individuals learn through biofeedback to use their emotions and perceptions of other's emotions as a management tool. Fisher (1976) reports that Kiel and Associates, an extension of the Center for Behavior Modification in Minneapolis, is starting a biofeedback relaxation program for the executives and employees of the Control Data Corporation.
Transcendental Meditation (TM) has been used effectively to reduce stress. TM reduces blood pressure, increases the level of deep rest, encourages the production of alpha brain waves, reduces oxygen consumption and stabilizes the heart rate. Frew (1979) reports that organizations that have applied a TM program in their work setting experienced increased job satisfaction, higher levels or output, reduced absenteeism, better relationships with people at work, improved relationships with superiors, and a reduced drive to climb the ladder by the employees. The practice of TM has been used by AT&T, General Foods, the Upper Avenue National Bank of Chicago, Crocker National Bank of San Francisco, Tilley-Lewis Food Company, St. Joe Mineral Corporation, Arthur D. Little, Inc., the First Federal Savings and Loans of Meriden, Connecticut, and the Detroit Engineering Society. Frew (1979) admits that it is too early to judge the overall success of TM in U.S. industry. Most of the evidence is based on testimonial reports drawn from enthusiastic participants. He believes that where TM is applied within an atmosphere of official sanction, the program will increase productivity and profits.

Cognitive Skills

Cognitive approaches have been found useful in reducing stress. Janis (1971) advanced the concept of the "work of worrying". He suggested that if a normal person is given accurate prior warning of impending pain and discomfort, together with sufficient reassurances so that fear does not mount to a very high level, he or she is less likely to develop emotional disturbances than a person who is not warned. This
is a theoretical construct that emphasizes the potentially positive value of anticipatory fear. Stein and Giroda (1977) emphasized that an individual can control his stress level through his own thoughts. They developed a list of self statements to help the individual with stress. The self statements include the following:

Preparing for the Stressor
1. Make a plan to deal with how you may feel during the stressful event
2. Think about what you have to do
3. No negative self-statement, just think positively
4. Don't worry, worry won't help anything

Confronting and Handling the Stressor
1. Just try to psych yourself up
2. One step at a time you can handle the situation
3. The stressor is happening but you're in control
4. You expect some anxiety, but you're in control

Coping with Feelings of Being Overwhelmed
1. Keep the focus on the present, what is it you have to do
2. Don't try to eliminate the anxiety entirely, just keep it manageable
3. When your fear rises, just pause
4. Label your fear from 1-10 and watch it change

Rewarding Self-Statement
1. Good, you did it, the self talk works
2. Its all over and it wasn't that bad after all
3. You probably made more out of your fear than it was worth
4. You handled it just fine (p. 2)

Empirical data were not presented to provide validity to the usage of the above self statements in controlling one's stress level.

Lifestyle

Miller (1979) looks at lifestyle, job, and the individual to develop a stress reduction plan. The individual is encouraged to practice altruism egoism which is described as being good to oneself. The idea is for the individual to frequently change his patterns,
scenery, and basic lifestyle to find variety and stimulus in his life. The individual is encouraged to leave his job frustrations at work and not bring them home with him. He encourages individuals to look for sources of stress on their jobs. Such things as noise, distractions, and interruptions should be minimized if possible. He encourages individuals to take on one problem at a time. He believes that individuals should take relaxation breaks from their work which might include taking a short walk, doing a crossword puzzle or standing up and breathing deeply. He recommends individuals become positively addicted to certain activities to help them deal with stress. Such activities as meditating, running, riding a bike, and reading psalms can have a soothing and positive effect on the individual.

Social Support

The preventative model of the EAP would provide social support to the company employees. Cobb (1976) defines social support as information leading the subject to believe that he is cared for and loved, information leading the subject to believe that he is esteemed and valued, and information leading the subject to believe that he belongs to a network of communication and mutual obligation. He refers to this as emotional support, esteem support, and network support. Lin, Simeon, Ensel, and Kno (1979) define social support in terms of support accessible to an individual through social ties to other individuals, groups, and larger community. Caplan and Killilea (1976) define support systems as attachments among individuals or between individuals and groups that aid in adaptive competence in dealing with short-term crises.
and life transitions. The support system can also help individuals deal with long term challenges and stresses through promoting emotional mastery, offering guidance, and referring individuals to the appropriate professionals. Pinneau (House, 1980) relates that there are three different kinds of social support. Tangible support is assistance through a direct intervention in the person's environment or circumstances. Appraisal or information support is a psychological form of help which contributes to the individual's body of knowledge. Emotional support is the communication of information which directly meets basic social-emotional needs. House (1981) describes a classification scheme of informal helping behavior. This includes emotionally sustaining behavior, problem solving behavior, indirect personal influence, and environmental action. Emotionally sustaining behaviors include such behaviors as talking, providing reassurance, providing encouragement, listening, reflecting understanding, reflecting respect, reflecting trust, reflecting intimacy, and providing companionship. Problem solving behaviors include such behaviors as focused talking, providing clarification, providing suggestions, providing direction, providing information about the sources of stress, providing referral and providing testimony of one's own experiences. Indirect personal influence involves the helper conveying an unconditional availability to the individual. Environmental action involves intervening in the environment to reduce the source of stress. Emotional support then is based on esteem building, affect, trust, concern, and listening. Appraisal support is based on affirmation, feedback, and social
comparison. Informational support is based on advice, suggestion, directives, and information. Instrumental support involves aid in kind, money, labor, time, or modifying the environment.

The preventative model of the EAP should have a means of assessing the amount of perceived social support in an organization. House and Wells (House, 1980) used a questionnaire for the assessment of social support. The questions were designed to distinguish between two types of support - emotional (questions 1, 2, 8, and 9) and instrumental (questions 3 and 7). The questions' purpose is to assess the source of social support from work supervisors, co-workers, spouses, family, and friends (see Appendix J). There were no empirical data provided with this questionnaire to indicate validity or effectiveness measures.

Pinneau (House, 1980) did a study on the effects of support on work stresses and both job related and general psychological strains. Support from home had little effect on job stresses, while support from supervisors and from co-workers both had numerous effects on a variety of stress measures. Men with high support from either supervisor or co-workers generally reported low role conflict, low role ambiguity, and high participation. Depression, anxiety, and irritation was found to be effected by both home and work support measures. Empirical data were not provided with the results of this study.

A study by Rapheal (1977) showed that providing social support to recently widowed women lessened the rate of physical and mental illness experienced by these women. Two groups were compared; one group was given a few hours of supportive and nondirective psychiatric counseling
and the other group was not. Thirteen months after their husbands' deaths the widows were asked to complete a questionnaire on their health changes during widowhood. Almost sixty percent of the control group had experienced a major health impairment and only twenty-five percent of the intervention group exhibited adverse outcomes.

The preventative model of the EAP should provide training for managers and supervisors to increase their communication and supportive skills. Redding (1973) reviewed a series of studies that characterized good versus poor supervisors. He concluded that the better supervisors tended to be more communication-minded. They tended to be approachable, willing, emphatic listeners who would respond understandingly to employee's needs. The better supervisors tend to ask or persuade rather than demand. They were sensitive to the feelings of others and would reprimand in private rather than in public. The better supervisors gave advance notice of impending changes and explained the rationale of policies and regulations. Katz and Kahn (1978) believe that the two major functions of leadership is to provide task direction and provide psychological support. Giammatteo and Giammatteo (1980) offer fourteen kinds of clarifying techniques to help managers and employees communicate more effectively. These techniques include:

1. Clarifying purpose: What is your goal in using this approach? What are you after? Why are you doing it?

2. Clarifying definitions: What do you mean when you say that? What would be some examples of your idea?

3. Clarifying the sources of ideas: What groups or authorities agree with you? Where were these ideas started? Where could we get data to support your ideas? Is that based on personal experience or on data or both?
4. Extending other's views: Could we hear more? How might we find out more about your views? How can we help you build on your ideas? Do you have other reasons for saying that? What would be an example of your idea?

5. Clarifying how long the person has held an idea: Is this a current belief you hold? Have you been feeling this way long? Do you feel you will always think that?

6. Clarifying crucial factors: Which event was most significant in causing you to feel this way? What incident aided you most in forming your point of view?

7. Pointing our inconsistencies: Is this consistent with other points of view expressed by you?

8. Questioning usefulness: Would it be beneficial for us? Could we make that idea work for our group? Is this something you value, need, or like? What are some bad things about the idea?

9. Considering consequences: If we were to use your idea, what might we anticipate? Would your implemented idea create a better situation? Where will your idea take us?

10. Clarifying the strength of an idea: How sure are you? Could any other points of view be valid?

11. Considering alternatives: What other choices might the group make? Was this your only choice? What other possibilities are there?

12. Pointing out similarities and dissimilarities of ideas: In what ways is that similar to Bill's point of view? Where do you and Bill differ?

13. Summarizing: Can one of you recall the facts we discussed? Who can play back the data we have uncovered?

14. Creating opportunity for insight and evaluation: If given the opportunity, what might you have done differently? How did you feel while you were doing that? (p. 36)

House (1981) points out two limitations to the present EAP's. They are therapeutic, rather than preventative in nature and their focus is on the individual rather than the organization as the locus for preventing and/or treating work stress. To enhance social support at
work one must make the giving and receiving of social support a central and normal part of the ongoing structure. The most obvious candidates to help with social support are the supervisors or managers. Preventative support services could be provided in the form of education, group discussion, or individual counseling. Any program of planned intervention in an organization should include an initial assessment of levels of social support, work stress, and health. It should involve planning and implementation of a program of organizational change that is systematic in nature. Involvement of the target population in the planning process is vital to the effectiveness of the program. The program should include evaluation of the intervention effort on supportive behavior and levels of perceived support and of both these on work stress, health, and the equality of work.

Retirement or Termination

The preventative EAP should include plans to deal with employees' needs prior to retirement or termination. Warshaw (1979) identifies several reasons why employees are apprehensive toward retirement. These include financial concerns, loss of status, loss of social support, having too much time, and concern over their health. Retirement is a form of role exit stress that occurs whenever stable patterns of interaction or shared activities between two or more persons cease. Prentis (1975) points out several considerations when a company is setting up a pre-retirement program. The company should encourage the employees to participate in designing the program to be sure it will meet their needs. The program should encourage early enrollment so that
employees can plan for their departure from the company. The program should be operated on a continuous basis and available to all employees as the need arises. Retired employees who missed the opportunity to enroll while still working should be able to receive counseling if needed. The results of the program should be evaluated continuously to be sure that it is meeting the needs, interests, and goals of both the employee and the organization. Furler (1980) describes outplacement as a service which a corporation provides to employees who are terminated. This service includes personal counseling, assessment, strategy development for job search, and coaching until a new position is found. He reports as many as seventy-five percent of the five hundred largest American corporations use outplacement services. Factors leading to an employee being terminated might include job mismatch, promotion beyond capabilities, plateaued employee, reorganization, relocation of facilities, and an over abundance of executives. An employee's response to termination usually takes the form of disbelief, anger, bargaining, depression, acceptance and hope, and then positive activity of the job search. Support from a trained counselor and family members can prove invaluable in shortening the time and reducing the difficulties of this process.

Type A-B Behavior and Health

Mattone (1980) did a study of seventy-two workers. The workers were asked to complete a role conflict and ambiguity measure, a fifteen item self-report index of psychosomatic dysfunction, a seven point measure of job performance and the Jenkins Activity Survey (Form C)
which was designed to tap Type A behavior patterns. He found that the Type B persons were less susceptible to psychosomatic dysfunction than the Type A persons. He believed this was attributed to the Type B person's ability to cognitively restructure the perceived intensity of the stressor stimulus (i.e. role conflict) as well as his relatively low reactivity level. He recommended that organizations need to take steps to identify and discriminate Type A persons from Type B persons and introduce behavior modification programs aimed at selectively reinforcing any behaviors characteristically identified as being Type B while simultaneously extinguishing any behaviors identified as Type A. He also recommended that organizations establish stress reduction training aimed at identifying each individual's "equilibrium" level of stress thereby maximizing each individual's potential for effective performance while simultaneously minimizing the accompanying physical distress.

The type A pattern has been associated with the manifestation of coronary heart disease. Bahe, Ruben, and Arthur (1974) found elevated serum cholesterol levels and elevated catecholamine activity in individuals under stress. While Friedman (1969) found elevated serum cholesterol levels and elevated catecholamine activity in individuals suffering from coronary health disease. Rosenman and Friedman (1961) discovered that individual classified as Type A have significantly higher serum cholesterol levels than those classified as Type B. Jenkins, Rosenman, and Zyzanski (1974) report that Type A individuals are twice as likely to incur coronary heart disease than Type B individuals.
Rosenman, Friedman, Straus, Wurm, Jenkins, and Missinger (1966) conclude that Type A is strongly associated with coronary heart disease even after the effects of traditional risk factors are statistically partialled. It is evident that the Type A individuals engage their adaptation mechanism more consistently and are more vulnerable to the effects of stress than Type B individuals.

**Recommendations**

An EAP should establish priorities on primary prevention methods. These methods would encourage healthy personal development and growth so that individuals can learn to recognize and avoid being overwhelmed by their problems. The EAP should utilize the available assessment techniques to determine the amount of stress in their employees. The EAP should develop new ways of assessing levels of stress within their own organization. It is recommended that an EAP teach stress management techniques to their employees. Educational programs could include lectures on identification of stress, values clarification, progressive muscle relaxation, and burnout. The EAP could utilize the available stress management exercises to provide their employees with an outlet to stress. These exercises could include personalized stress management workbooks, problem-solving, TM, biofeedback, cognitive self statements and developing stress reduction plans. The EAP should help new employees by spelling out likely frustrations and problems they might encounter on their new jobs. The EAP should be aware of organizational changes and help individuals adjust to these changes. The EAP should be aware of the unique problems of the manager. The EAP should have a
means of assessing the amount of perceived social support in an organization. The EAP should encourage the development of social support. The EAP should provide training for managers to increase their communication and supportive skills. The EAP should deal with employee's needs prior to retirement or termination. The EAP should identify Type A and Type B individuals and selectively reinforce Type B behavior patterns.

Based on the summary recommendations, the following research proposal is offered. It is hypothesized that if Type A individuals are identified and placed into two groups, the control group and the experimental group, the Type A individuals who receive stress management training will have significantly lower scores on physiological measures, stress measures, role conflict, and role ambiguity measures compared to those Type A individuals who do not receive the stress management training.
METHOD

Sample

The subjects would consist of approximately 500 employees from a local organization. The employees would consist of individuals at all organizational levels. Participation in this study would be strictly voluntary, and all respondents would be unaware of the purpose of the study.

All 500 employees would complete the Jenkins Activity Survey (Form C) (see Appendix I). Jenkins, Zyzanski, and Rosenman (1979) developed the Jenkins Activity Survey which principally measures the Type A behavior pattern. Form C of the Jenkins Activity Survey represents the fifth edition and consists of 21 items. Internal consistency reliability coefficients of .85 and .83 for the Type A scale have been reported by Jenkins et al. Validity of the Jenkins Activity Survey has been established by its 73% agreement rate with the classification procedures proffered by trained interviewers. The norms for this survey were derived from 2,588 males in middle and upper level jobs who were employed by ten large corporations in the state of California. Each of the responses on the scale are assigned positive and negative weighted values. An individual's score on the Type A scale would be derived by summing over the 21 items. Individuals scoring in the positive direction would tend toward the Type A continuum, while individuals scoring in the negative direction would tend toward the Type B end of
the continuum. The identified Type A individuals will be the subjects for this experiment.

Instrumentation

The psychological measures chosen for this study are the Coping Checklist, the Stressors Checklist and a role ambiguity and role conflict measure. McLean (1979) developed the Coping Checklist to help individuals gain awareness into how well they are presently coping with their jobs. Individuals are instructed to circle one number in each line that is true for them. The overall score can range from 20-100. Scores of 60 or more may suggest some general difficulty in coping on the dimensions covered. No reliability or validity data were provided for this questionnaire. McLean (1979) developed the Stressors Checklist to help individuals gain awareness of stress in their jobs. Individuals are instructed to circle the number that is true for them. The overall total score can range between 12-60. Scores higher than 36 may be indicative of stress on the job. No reliability or validity data were provided for this questionnaire. The role ambiguity and role conflict questionnaire was developed by Rizzo, House, and Lirtzman (1970) (see Appendix L). The questionnaire includes eight items designed to tap role conflict and six items to tap role ambiguity. Rizzo, House, and Lirtzman reported internal consistency coefficients ranging from .816 to .820 and .780 to .808 for the role conflict role ambiguity scales, respectively. The subjects would respond on a seven-point scale ranging from very true to very false. By summing the scale values corresponding to the degree to which each condition existed for each person, scores
will be obtained on each scale for each person. Physiological measures will be heart rate per minute, blood pressure, and the frontalis values of the EMG.

Materials

1. (Five Hundred) Jensen Activity Survey
2. (Five Hundred) Individual permission and release forms
3. Coping Checklist (number dependent on number of subjects)
4. Stressor Checklist (number dependent on number of subjects)
5. Role ambiguity and role conflict measure (number dependent on number of subjects)
6. Medical information sheet for physiological measures (number dependent on number of subjects)
7. Stress management class materials

Procedure

The individuals who have been identified as Type A will be asked to complete the Coping Checklist, the Stressors Checklist, and the role conflict and role ambiguity measure. Each individual will then have their heart rate measured, their blood pressure measured, and the frontalis values of the EMG measured. The subjects will then be randomly assigned to one of two groups. Group X, the treatment group, will be involved in one hour of classroom instruction per week for three months. The instruction will include lectures on the history and research of stress, value clarification, goal setting, problem solving, exercise, communication skills, accepting change, use of cognitive strategies, the significance of social support, and the use of
relaxation techniques. Group Y, the control group, will meet and socialize one hour per week for three months. After three months, both groups will complete the Coping Checklist, the Stressor Checklist and the role conflict and role ambiguity measure. Each individual in both groups will have their heart rate measured, blood pressure measured, and the frontalis values of the EMG measured.
RESULTS

The results are based on a randomized control-group pretest-posttest design. Between session variations are controlled since they affect both groups equally. Within session variations will be controlled by both groups being tested together and treated similarly. The only difference between the two groups will be the way their one hour sessions are structured, group X will have stress management classes and group Y will be allowed to socialize. At the pretest point, the means will be computed for both groups on the dependent measures which include scores on the Coping Checklist, Stressor Checklist, role conflict and role ambiguity measure, heart rate measure, blood pressure measure, and frontalis values of the EMG. At the posttest point, the means will be computed for both groups on the dependent measure. A one way analysis of variance will be completed on the pretest and posttest data for group X and for group Y. If there is a significant difference between the pretest and posttest means of group X, and there is not a significant difference in the means of group Y, then the treatment could be assumed to be causing the effect.
DISCUSSION

It is expected that group X will experience less role ambiguity and role conflict after the treatment period than group Y. Group X should have overall lower post-treatment scores on the Coping Checklist, Stressor Checklist, and the role ambiguity and role conflict measures. It is also expected that group X will have lower physiological measures after the treatment period than group Y. It is expected that group X will have a greater difference in the pretest and posttest physiological measures than the group Y. It is proposed that the same dependent measures, Coping Checklist, Stressor Checklist, role ambiguity and role conflict measure, heart rate, blood pressure, frontalis values on the EMG, are completed by both groups after one year. This followup study could be helpful in determining the long range effects of stress management training.

It is hoped that the results will support evidence to indicate the needs for preventative stress management techniques to be used by organizations in helping their employees learn to control their levels of stress. In particular, employees who are identified as Type A individuals who are susceptible to psychosomatic dysfunction need to be reinforced for learning new ways of coping with stress on their jobs. Individuals who learn to deal effectively with stress will probably have less physical problems and make more productive employees. It is
asserted that one of the main goals of the EAP would be to provide the employees with educational programs to learn techniques in stress management.
Appendix A

Facets of Job Stress

1. ENVIRONMENTAL FACET
   a. job demand and task characteristics
      --weekly work schedule*
      --over- and under-utilization of skills*
      --Variance in workload
      --pace of work
      --responsibility (for people and things)
      --travel as part of the job
      --job characteristics thought to be intrinsically motivating
   b. role demands or expectations
      --role overload*
      --role conflict*
      --role ambiguity
      --formal and informal relationships among role set members
      --psychological contract perceived by the employee
   c. organizational characteristics and conditions
      --company size*
      --job security
      --hours of work (both total and time of day)
      --duration of work tasks
      --socio-technical changes
      --organizational structure (and job's position within hierarchy)
      --communication system (and job's position within system)
      --subsystem relations
      --staffing policies and procedures
      --management style (philosophical and operational)
      --evaluation, control, and reward systems
      --training programs
      --organizational climate
      --opportunity for advancement
      --required relocation
      --local union constraints
   d. organization's external demands and conditions
      --route to and from work
      --number and nature of customers or clients
      --national or international unions
      --government laws and regulations
      --suppliers; providers of needed services
      --weather
      --technological and scientific developments
      --consumer movements
      --geographic location of organization
2. PERSONAL FACET
   a. psychological condition (personality traits and behavior characteristics)
      --Type A*
      --ego needs*
      --need for clarity/intolerance of ambiguity*
      --introversion/extroversion
      --internal/externality
      --approval seeking
      --defensiveness
      --impatience
      --interpersonal conflicts (e.g. between ego-ideal and reality)
      --self-esteem
      --motives/goals/aspirations (career life)
      --typical anxiety level
      --perceptual style
      --values (human, religious, etc.); personal work standards
      --need for perfection
      --intelligence
      --abilities (especially task- and coping-related)
      --previous experience with stress
      --satisfaction with job and other major aspects of life
   b. physical condition
      --physical fitness*/health
      --diet and eating habits
      --exercise, work, sleep, and relaxation patterns
   c. life-stage characteristics
      --human development stages
      --family stages
      --career stages
   d. demographics
      --age*
      --sex
      --race
      --socio-economic status
      --occupation, vocation

3. PROCESS FACET
   a. psychological processes
      --perceptions* (of past, present, and predicted future situations)
      --evaluation of situation
      --response selection
      --response execution
   b. physical processes*
      --physiological, biological
      --neurological
      --chemical

4. HUMAN CONSEQUENCES FACET
   a. psychological health consequences
      --anxiety, tension*
      --depression*
      --dissatisfaction, boredom*
--somatic complaints*
--psychological fatigue*
--feelings of futility, inadequacy, low self-esteem*
--feelings of alienation
--psychoses
--anger
--repression, suppression of feelings and ideas
--loss of concentration

b. physical health consequences
--cardiovascular disease*
--gastrointestinal disorders*
--respiratory problems
--cancer
--arthritis
--headaches
--bodily injuries
--skin disorders
--physical/physiological fatigue or strain
--death

c. behavioral consequences
--dispensary visits*
--drug use and abuse (including alcohol, caffeine, nicotine)*
--over- or under-eating
--nervous gesturing, pacing
--risky behavior (e.g. reckless driving, gambling)
--aggression
--vandalism
--stealing
--poor interpersonal relations (with friends, family, co-workers
--suicide or attempted suicide

5. ORGANIZATIONAL CONSEQUENCES
--changes in quantity, quality of job performance*
--increase or decrease in withdrawal behaviors (absenteeism, turnover, early retirement)
--changes in profits, sales, earnings
--changes in ability to recruit and retain quality employees
--changes in ability to obtain raw materials
--increase or decrease in control over environment
--changes in innovation and creativity
--changes in quality of work life
--increase or decrease in employee strikes
--changes in level of influence of supervisors
--grievances

6. ADAPTIVE RESPONSES FACET
a. adaptive responses by the individual
--meditation
--manage desires, ambitions, drives
--attempts at increased self-understanding
--vicarious stress reduction (audience activities for sports, drama)
--relaxation techniques
--acceptance of less than perfection
--mastery of the environment (including stressors)
--seeking sympathy or social support
--tension release (laughing, crying, attacking)
--leaving the stressful situation (permanently, temporarily)
--adjusting work activities to biorhythms
--seeking medical, psychological, other professional help
--attempts to alter behavioral, personality style
--planning, organizing each day's activities
--use of biofeedback techniques
--reduction of psychological importance of work
--increased religious activity
--quitting drug intake
--find more suitable job
--setting realistic goals
--physical activity
--diet
--getting sufficient rest

b. adaptive responses by the organization
--redesigning jobs
--altering organizational structure
--changes in evaluation, reward system
--changes in work schedules
--providing feedback to employees aimed at role clarification
--refine selection and placement procedures; include job stress as a validation criterion
--provision of human relations training
--marking career paths and promotion criteria clear
--communication improvement
--provide health services

c. adaptive responses by third parties
--attention to career guidance by school systems
--alcohol and drug abuse treatment programs
--legislation regarding quality of work life, health care, mandatory retirement
--social support by family and friends

7. TIME FACET
--time as a variable in development of stress
--time as a variable in response to stress
--time as a variable in relationships among facets 1-6
--sequential reactions (chain and cyclic)
Appendix B

The Social Readjustment Rating Scale

<table>
<thead>
<tr>
<th>Life Event</th>
<th>Mean Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>2. Divorce</td>
<td>73</td>
</tr>
<tr>
<td>3. Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>4. Jail term</td>
<td>63</td>
</tr>
<tr>
<td>5. Death of close family member</td>
<td>63</td>
</tr>
<tr>
<td>6. Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>7. Marriage</td>
<td>50</td>
</tr>
<tr>
<td>8. Fired at work</td>
<td>47</td>
</tr>
<tr>
<td>9. Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>10. Retirement</td>
<td>45</td>
</tr>
<tr>
<td>11. Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td>12. Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>13. Sex difficulties</td>
<td>39</td>
</tr>
<tr>
<td>14. Gain of a new family member</td>
<td>39</td>
</tr>
<tr>
<td>15. Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>16. Change in financial state</td>
<td>38</td>
</tr>
<tr>
<td>17. Death of close friend</td>
<td>37</td>
</tr>
<tr>
<td>18. Change to different line of work</td>
<td>36</td>
</tr>
<tr>
<td>19. Change in number of arguments with spouse</td>
<td>35</td>
</tr>
<tr>
<td>20. Mortgage over $10,000</td>
<td>31</td>
</tr>
<tr>
<td>21. Foreclosure of mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>22. Change in responsibilities at work</td>
<td>29</td>
</tr>
<tr>
<td>23. Son or daughter leaving home</td>
<td>29</td>
</tr>
<tr>
<td>24. Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>25. Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>26. Wife begin or stop work</td>
<td>26</td>
</tr>
<tr>
<td>27. Begin or end school</td>
<td>26</td>
</tr>
<tr>
<td>28. Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>29. Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>30. Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>31. Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>32. Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>33. Change in schools</td>
<td>20</td>
</tr>
<tr>
<td>34. Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>35. Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>36. Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>37. Mortgage or loan less than $10,000</td>
<td>17</td>
</tr>
<tr>
<td>38. Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>39. Change in number of family get-togethers</td>
<td>15</td>
</tr>
<tr>
<td>40. Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>41. Change in eating habits</td>
<td>13</td>
</tr>
<tr>
<td>42. Christmas</td>
<td>12</td>
</tr>
<tr>
<td>43. Minor violations of the law</td>
<td>11</td>
</tr>
</tbody>
</table>
Appendix C
Symptoms of Type A Behavior

1. To what extent do you hurry the ends of a sentence of explosively accentuate key words even when there is no real need to do so?

2. To what extent do you always move, walk, and eat rapidly?

3. To what extent do you feel impatient with the rate at which most events progress and openly exhibit your impatience to others?

4. To what extent do you strive to think or do two or more things simultaneously?

5. To what extent do you always find it difficult to listen to those who don't especially interest you?

6. To what extent do you always feel vaguely guilty when you relax and do absolutely nothing for several hours to several days?

7. To what extent do you no longer observe the more important or interesting or lovely objects in your environment?

8. To what extent do you attempt to schedule more and more activities in less and less time?

9. If you meet another severely afflicted Type A person, to what extent do you find yourself compelled to challenge him instead of feeling compassion for him?

10. To what extent do you resort to certain characteristic gestures or nervous tics?

11. To what extent do you believe that your success is due in good part to your ability to get things done faster than anyone else, and are you afraid to stop doing everything faster and faster?

12. To what extent are you increasingly committed to evaluating in numerical terms not only your own behavior but also the behavior of others?

TOTAL SCORE
### Appendix D

#### Stress Awareness Exercise

<table>
<thead>
<tr>
<th>I</th>
<th>Change Index</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>New laws and regulations require frequent change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I must change my management skills and technique to keep pace with changes in education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Late night meetings and conferences disrupt my daily routine and family life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>It is difficult to keep abreast of the literature in my area of administration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Teachers expect my roles to be different than my administrative peers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### II Impulsive Behavior

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>I do not interact well with colleagues who often disagree with me.</td>
</tr>
<tr>
<td>7.</td>
<td>Out staff of administrators rarely get together on a social basis.</td>
</tr>
<tr>
<td>8.</td>
<td>My peers and I seldom talk about home life and personal problems.</td>
</tr>
<tr>
<td>9.</td>
<td>There is a feeling of competition rather than cooperation.</td>
</tr>
<tr>
<td>10.</td>
<td>I confront students/staff so that there is an uneasy feeling when we do interact.</td>
</tr>
</tbody>
</table>

#### III Role Clarity

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>My primary role is as disciplinarian and not as an administrator.</td>
</tr>
<tr>
<td>12.</td>
<td>A pressure bind is felt between spending time at work or with my family.</td>
</tr>
<tr>
<td>13.</td>
<td>I feel conflict between what I must do and what my values would have me do.</td>
</tr>
<tr>
<td>14.</td>
<td>I feel conflict between community, staff, and board demands.</td>
</tr>
<tr>
<td>15.</td>
<td>I feel conflict between doing paper work or interpersonal work.</td>
</tr>
</tbody>
</table>

#### IV Under Use

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>I feel overtrained.</td>
</tr>
<tr>
<td>17.</td>
<td>My work is not overly challenging.</td>
</tr>
<tr>
<td>18.</td>
<td>My work is boring and lacks variety.</td>
</tr>
<tr>
<td>19.</td>
<td>I have a few areas of responsibility.</td>
</tr>
<tr>
<td>20.</td>
<td>I lack a sense of accomplishment.</td>
</tr>
</tbody>
</table>
V Overload

21. Deadlines are not realistic for the bulk of my tasks.
22. I lack clear-cut authority to accomplish responsibilities.
23. I often spend nights and vacation time finishing my tasks from work.
24. Crises and urgency are the norm where I work.
25. I feel guilty for relaxing during the school day.

VI Organizational Structure

26. I am restricted in my use of my own ideas and professional behaviors due to numerous laws, rules, and policies.
27. I have little say in policy making, even though I must implement it.
28. I do not get clear feedback on my performance in relation to the agency's goals.
29. I delegate so much work I spend most of my time trying to get tasks done.
30. My time is all blocked in with little time for personal planning.

VII My Personal Work Word

31. My office space is too crowded.
32. I have little control over the temperature in the office.
33. The office is abnormally noisy and disorderly.
34. The office set-up doesn't allow easy discussion or relaxation.
35. My door is open to drop-in visitors.
36. Telephone calls are frequent.
37. Staff interruptions are frequent.
38. The lighting is not adequate for the kind of paper work I do.
39. The school area near my office is noisy.
40. I lack personal storage space.
Appendix E

The Coping Checklist

The Coping Checklist is designed to provide a very rough and superficial approximation of how well you are coping with your job in comparison with the idealized model that I will discuss shortly.

COPING CHECKLIST*
To what extend does each of the following fit as a description of you? (Circle one number in each line across)

<table>
<thead>
<tr>
<th></th>
<th>Very true</th>
<th>Quite true</th>
<th>Somewhat true</th>
<th>Not very true</th>
<th>Not at all true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I &quot;roll with the punches&quot; when problems come up.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I spend almost all of my time thinking about my work.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. I treat other people as individuals and care about their feelings and opinions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I recognize and accept my own limitations and assets.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. There are quite a few people I could describe as &quot;good friends&quot;.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I enjoy using my skills and abilities both on and off the job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I get bored easily.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I enjoy meeting and talking with people who have different ways of thinking about the world.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Often in my job I &quot;bite off more than I can chew&quot;.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. I'm usually very active on weekends with projects or recreation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Very true</td>
<td>Quite true</td>
<td>Some-what true</td>
<td>Not very true</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-----------</td>
<td>------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>11. I prefer working with people who are very much like myself.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>12. I work primarily because I have to survive, and not necessarily because I enjoy what I do.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>13. I believe I have a realistic picture of my personal strengths and weaknesses.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Often I get into arguments with people who don't think my way.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15. Often I have trouble getting much done on my job.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>16. I'm interested in a lot of different topics.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I get upset when things don't go my way.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>18. Often I'm not sure how I stand on a controversial topic.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>19. I'm usually able to find a way around anything which blocks my from an important goal.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20 I often disagree with my boss or others at work.</td>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
Scoring Directions

Add together the numbers you circled for the four questions contained in each of the five coping scales.

<table>
<thead>
<tr>
<th>Coping scale</th>
<th>Add together your response to these questions</th>
<th>Your score (write in)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know self</td>
<td>4, 9, 13, 18</td>
<td></td>
</tr>
<tr>
<td>Many interests</td>
<td>2, 5, 7, 16</td>
<td></td>
</tr>
<tr>
<td>Variety of reactions</td>
<td>1, 11, 17, 19</td>
<td></td>
</tr>
<tr>
<td>Accepts other's values</td>
<td>3, 8, 14, 20</td>
<td></td>
</tr>
<tr>
<td>Active and productive</td>
<td>6, 10, 12, 15</td>
<td></td>
</tr>
</tbody>
</table>

Then, add the five scores together for your overall total score: ___
Appendix F

Context Survey

How do you feel about each of the following on your job? (Circle the number in each line across:)

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How satisfied are you with the company you work for compared with other companies you know about?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. How satisfied are you with your job—the kind of work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. How satisfied are you with your physical working conditions (heat, light, noise, etc.)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. How satisfied are you with the extent to which people you work with cooperate well with one another?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. How satisfied are you with the job your immediate supervisor is doing in managing his or her people responsibilities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. How satisfied are you with the job your immediate supervisor is doing in managing his or her task or function?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. How satisfied are you with your pay, considering your duties and responsibilities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. How satisfied are you with your pay considering what other companies pay for similar types of work?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. How satisfied are you with your advancement to better jobs since you started to work with your company?  

1  2  3  4  5

10. How satisfied are you with your opportunities to move into a better job in your company?  

1  2  3  4  5

11. How satisfied are you with the extent to which your present job makes full use of your skills and abilities?  

1  2  3  4  5

12. How satisfied are you with the level of mental ability required at your present job (problem solving, judgement, technical knowledge, etc.)?  

1  2  3  4  5

13. How satisfied are you with the level of average time demands of your present job (hours worked as opposed to mental ability demands)?  

1  2  3  4  5

14. Now, considering everything, how would you rate your overall feelings about your employment situation at the present time?  

1  2  3  4  5

15. If you have your way, will you be working for your present organization five years from now?  

Circle One:  

1  Certainly  4  Probably not  
2  Probably  5  Certainly not  
3  I'm not sure at all  6  I'll be retired in five years
Appendix G

Stressor Checklist

Listed below are various kinds of problems that may or may not arise in your work. Indicate to what extent you find each of them to be a problem, concern, or obstacle in carrying out your job duties and responsibilities. (This checklist obviously does not include possible off-the-job sources of stress.)

<table>
<thead>
<tr>
<th>This factor is a problem . . .</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict and uncertainty:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Not knowing just what the people you work with expect of you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Feeling that you have to do things on the job that are against your better judgement.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Thinking that you will not be able to satisfy the conflicting demands of various people over you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Job pressure:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Feeling that you have too heavy a workload; one that you can't possibly finish during an ordinary day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Not having enough time to do the work properly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Having the requirements of the job impact your personal life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Job scope:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Being unclear on just what the scope and responsibilities of your job are.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Factor</td>
<td>Never</td>
<td>Seldom</td>
<td>Sometimes</td>
<td>Usually</td>
<td>Always</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
<td>--------</td>
<td>-----------</td>
<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>8. Feelings that you have too little authority to carry out the responsibilities assigned to you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Not being able to get the information you need to carry out the job.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Rapport with management:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Not knowing what your manager or supervisor thinks of you-how he or she evaluates your performance.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Not being able to predict the reactions of people about you.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Having ideas considerably different from those of your manager.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Scoring Directions**

Add the three numbers you circled within each of the four areas and enter them here:

- Conflict and uncertainty
- Job pressure
- Job scope
- Rapport with management

Then add the four scores for your overall total score.

Scores on each of the four areas can range between 3 and 15. Scores of 9 or above perhaps suggest that the area may be presenting a problem for you warranting attention.

The overall total score can range between 12 and 60. Scores of 36 or more may suggest a more than desirable amount of overall stress in your job environment.
Appendix H

Workaholic Questionnaire

1. Do you seem to communicate better with your secretary (co-workers) than with your spouse (or best friend)?

2. Are you always punctual for appointments?

3. Are you better able to relax on Saturday than on Sunday afternoon?

4. Are you more comfortable when you are productive than idle?

5. Do you carefully organize your hobbies?

6. Are you usually much annoyed when you are kept waiting?

7. When you play golf is it mainly with business associates? (or: are most recreational activities with work associates?)

8. Does your spouse think of you as an easygoing person?

9. If you play tennis do you occasionally see (or want to see) your boss's face on the ball before a smash?

10. Do you tend to substitute your work for interpersonal contacts; that is, is work sometimes a way of avoiding close relationships?

11. Even under pressure, do you usually take the extra time to make sure you have all the facts before making a decision?

12. Do you usually plan every step of the itinerary of a trip in advance and then to become uncomfortable if plans go awry?

13. Do you enjoy small talk at a reception or cocktail party?

14. Are most of your friends in the same line of work?

15. Do you take work to bed with you when you are home sick?

16. Is most of your reading work related?

17. Do you work late more frequently than your peers?

18. Do you talk "shop" over cocktails on social occasions?
19 Do you wake up in the night worrying about business problems?

20 Do your dreams tend to center on work related conflicts?

21 Do you play as hard as you work?

(1)Yes (2)Yes (3)Yes (4)Yes (5)Yes (6)Yes (7)Yes (8)No (9)Yes (10)Yes (11)Yes (12)Yes (13)No (14)Yes (15)Yes (16)Yes (17)Yes (18)Yes (19)Yes (20)Yes (21)Yes (22)Yes (23)Yes
### Appendix I

**Neurological Meltdown Treatment/Prevention Plan**

<table>
<thead>
<tr>
<th>A. Life Area</th>
<th>Assessment of where I stand today</th>
<th>Where I'd like to be in a year</th>
<th>Assets (include allies)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. This week's goal</th>
<th>Specific steps to accomplish this week</th>
<th>Progress</th>
<th>Reward to myself for Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. This month's goal</th>
<th>Specific steps to accomplish this month</th>
<th>Progress</th>
<th>Reward to myself for Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Six month's goal</th>
<th>Specific steps to accomplish this 6 months</th>
<th>Progress</th>
<th>Reward to myself for Accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix J

Social Support Questionnaire

1. How much can each of these people be relied on when things get tough at work?

Not at all A little Some-what Very much

<table>
<thead>
<tr>
<th>People</th>
<th>Not at all</th>
<th>A little</th>
<th>Some-what</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Your immediate supervisor (boss)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Other people at work</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Your spouse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Your friends and relatives</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. How much is each of the following people willing to listen to your work-related problems?

A. Your immediate supervisor (boss) | 0 | 1 | 2 | 3
B. Other people at work            | 0 | 1 | 2 | 3
C. Your spouse                      | 0 | 1 | 2 | 3
D. Your friends and relatives       | 0 | 1 | 2 | 3

3. How much is each of the following people helpful to you in getting your job done?

A. Your immediate supervisor (boss) | 0 | 1 | 2 | 3
B. Other people at work            | 0 | 1 | 2 | 3

Please indicate how true each of the following statement is of your immediate supervisor.

Not at all A little Some-what Very much

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>A little</th>
<th>Some-what</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. My Supervisor is competent in doing his/her job.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. My supervisor is very concerned about the welfare of those under him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. My supervisor goes out of his way to praise good work.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix K

Jenkins Activity Survey

C. David Jenkins, Ph.D.  Stephen J. Zyzanski, Ph.D.  Ray H. Rosenman, M.D.

FORM C

Name (last name first) __________  Age __________

The Jenkins Activity Survey asks questions about aspects of behavior that have been found helpful in medical diagnosis. Each person is different, so there are no "right" or "wrong" answers.

For each question, choose the answer that is true for you, and fill in the space in front of that answer. Use a black lead pencil, and make your marks heavy and dark. Mark only one answer for each question. If you change your mind, erase the old mark completely.

Do not make any stray marks.

1. Is your everyday life filled mostly by

A problems needing a solution?
B challenges needing to be met?
C a rather predictable routine of events?
D not enough things to keep me interested or busy?

2. When you are under pressure or stress, what do you usually do?

A Do something about it immediately
B Plan carefully before taking any action.
3. Ordinarily, how rapidly do you eat?
   A I'm usually the first one finished.
   B I eat a little faster than average
   C I eat at about the same speed as most people
   D I eat more slowly than most people

4. Has your spouse or a friend ever told you that you eat too fast?
   A Yes, often
   B Yes, once or twice
   C No, never

5. When you listen to someone talking, and this person takes too long to come to the point, how often do you feel like hurrying the person along?
   A Frequently
   B Occasionally
   C Almost never

6. How often do you actually "put words in the person's mouth" in order to speed things up?
   A Frequently
   B Occasionally
   C Almost never

7. If you tell your spouse or a friend that you will meet somewhere at a definite time, how often do you arrive late?
   A Once in a while
   B Rarely
   C I am never late

8. When you were younger, did most people consider you to be
   A definitely hard-driving and competitive?
   B probably hard-driving and competitive?
   C probably more relaxed and easygoing?
   D definitely more relaxed and easygoing.

9. Nowadays, do you consider yourself to be
   A definitely hard-driving and competitive?
   B probably hard-driving and competitive?
   C probably more relaxed and easygoing?
   D definitely more relaxed and easygoing?

10. Would your spouse (or closest friend) rate you as
    A definitely hard-driving and competitive?
    B probably hard-driving and competitive?
    C probably more relaxed and easygoing?
    D definitely more relaxed and easygoing?

11. Would your spouse (or closest friend) rate your general level of activity?
    A too slow - should be more active?
    B about average - busy much of the time?
    C too active - should slow down?
12. Would people you know well agree that you have less energy than most people?
A Definitely yes
B Probably yes
C Probably no
D Definitely no

13. How was your temper when you were younger?
A Fiery and hard to control
B Strong but controllable
C No problem
D I almost never got angry

14. How often are there deadlines on your job?
A Daily or more often
B Weekly
C Monthly or less often
D Never

15. Do you ever set deadlines or quotas for yourself at work or at home?
A No
B Yes, but only occasionally
C Yes, once a week or more

16. At work, do you ever keep two jobs moving forward at the same time by shifting back and forth rapidly from one to the other?
A No, never
B Yes, but only in emergencies
C Yes, regularly

17. In the past three years, have you ever taken less than your allotted number of vacation days?
A Yes
B No
C My type of job does not provide regular vacations.

18. How often do you bring your work home with you at night, or study materials related to your job?
A Rarely or never
B Once a week or less
C More than once a week

19. When you are in a group, how often do the other people look to you for leadership?
A Rarely
B About as often as they look to others
C More often than they look to others

For questions 20 and 21, compare yourself with the average worker in your present occupation, and mark the most accurate description.

20. In sense of responsibility, I am
A much more responsible
B a little more responsible
C a little less responsible
D much less responsible

21. I approach life in general
A much more seriously
B a little more seriously
C a little less seriously
D much less seriously
Appendix L

Role Ambiguity and Role Conflict Questionnaire

FOR EACH ITEM STATEMENT PRESENTED BELOW, PLEASE INDICATE THE DEGREE TO WHICH THAT STATEMENT DESCRIBES YOUR PRESENT CONDITIONS AS AN EMPLOYEE. (Please circle appropriate number.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very True</th>
<th>Partly True</th>
<th>Not Sure</th>
<th>Partly False</th>
<th>Very False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have to do things that should be done differently.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2. I receive an assignment without the manpower to complete it.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3. I have to buck a rule or policy in order to carry out an assignment.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4. I work with two or more groups who operate quite differently.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5. I receive incompatible requests from two or more people.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>6. I do things that are apt to be accepted by one person and not by others.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Statement</td>
<td>Very True</td>
<td>True</td>
<td>Partly True</td>
<td>Not Sure</td>
<td>Partly False</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------</td>
<td>-------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>7. I receive an assignment without adequate resources and materials to execute it.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>8. I work on unnecessary things.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>9. I feel certain about how much authority I have.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>10. Clear, planned goals and objectives for my job.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>11. I know that I have divided my time properly.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>12. I know what my responsibilities are.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>13. Explanation is clear of what has to be done.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>14. I know exactly what is expected of me.</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
References


Miles, R.H. Role-set configuration as a prediction of role conflict and ambiguity in complex organizations. Sociometry, 1977, 40, 21-34.

Milio, N. Women at work. Employee Assistance Program Digest, 1982, Jan. Feb., 9-10


Walsh, R.J. *You can deal with stress.* *Supervisory Management,* 1975, 20, 16-21.


