Comparative Study of Stress and Coping Between Nurses Working with Children and Nurses Working with Elderly

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Abstract

Differences between strain, role stress and coping were studied on nurses, who care for children and elderly. The sample consisted of 18 nurses, who worked with children and 48 who worked with elderly. Psychological strain, two dimensions of role stress; role conflict and role ambiguity, and coping were mapped with a survey. Coping was measured qualitatively. The results indicated that nurses who worked with elderly experienced significantly more physical strain. Psychological strain was high for both groups. Nurses, who worked with children, on the other hand, experienced significantly more role ambiguity, had greater risk for burnout and had poorer definition of responsibility and explanation about what has to be done in their work. They also thought about work significantly more during their leisure time, than nurses from the other group. Coping was similar in both groups. Nurses experienced that talking with co-workers was a good coping strategy, which is categorized as emotion-focused coping. Hospital nurses from two different organizations experienced that they had enough support from administration, but many nurses from the third organization, which was an old peoples’ home, were not satisfied with their support from administration. The results showed that organizations can influence a great deal to diminish nurses’ strain and help them cope from a stressful situation. A majority of the differences occurred because of the organizations.

Keywords: Strain, role stress, burnout, problem-focused and emotion-focused coping.
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Introduction

The aim of this study was to assess the stress load in work settings. Nurses of today have stressful work loads, combined with low wages and low social status. Two groups of nurses were chosen in this study, one nursed children and the other elderly. Does taking care of elderly cause more mental stress than taking care of children, since old people may need more social contact with the busy nurses and since elderly have a higher risk of dying compared to children. On the other hand experiencing the death of a child could be overwhelming. Nurses have many physical demands in their work as well, for example lifting the patients. The author wanted to find out if one group had more physical and psychological strain than the other.

Role theory showed that organizations gave meaning to employees work satisfaction and stress in general. Therefore, it was interesting to see differences for nurses’ role stress. Fewer nurses have to do more tasks than before, because public sector is saving money from that sector. This can increase psychological stress and risk for burnout. Burnout is common in the health-human services sector and hence it is included to study. To alleviate strain people use coping strategies and therefore the author wanted to find out which coping strategies nurses used.

The most important variables in the study were strain and coping. Strain, in other words is stress as a physiological and psychological response from organism to different types of pressures (Bunkholdt, 1997). Role stress can be defined as a state of tension and anxiety, whenever a person finds it difficult to perform an assigned role. There can be two different types of role stress; role conflict and role ambiguity. Role conflict is defined as when a person has been given demands from different directions and those demands are contradicting then the person will experience stress. This person will become dissatisfied and perform less effective than before (Rizzo, House, & Lirtzman, 1970). Role ambiguity means that an individual has not been given enough information to be working efficiently in her occupation (Orpen, 1982). A person can experience anxiety and can be dissatisfied with their role. Performance reduction is also the case (Rizzo et al., 1970).
Burnout is “characterized by physical depletion, by feelings of helplessness and hopelessness, by emotional drain and by the development of negative self-concept and negative attitudes toward work, life, and other people” (Pines, Aronson, & Kafry, 1981, p. 202). There are many definitions of burnout. Another definition states that burnout is “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do people-work of some kind. A key aspect of the burnout syndrome is increased feelings of emotional exhaustion” (Maslach & Jackson, 1981, p. 99). Burnout has also been joined with alienation, depression, anxiety, loss of idealism and loss of spirit. It has been regarded as an outcome of stressful working conditions (Söderfeldt, Söderfeldt, & Warg, 1995).

In stressful situations does a person experience physiological changes and emotions which are unpleasant, therefore a person tries to alleviate this state. Coping is a process through which a person tries to master stress. Psychologists distinguish between coping strategies which are problem-focused and coping strategies that are emotion-focused. Problem-focused coping is how a person deals with a problem. Emotion-focused coping is managing feelings which have been brought along by different situations. People are using emotion-focused coping to eliminate negative emotions, because negative emotions make it hard for people to act and solve problems (Atkinson, Atkinson, Smith, Bem & Nolen-Hoeksema, 2000).

**Strain**

Biologically stress was developed in evolution as an adaptation technique, which purpose was to help animals to adjust to hard and often rapid environmental changes. A stress reaction is a readiness for maximum performance, so that a possible fight or flight response is as good as possible. Even though stress can be caused by abstract things, like not been able to complete all tasks of work, stress reactions are often very concrete. Our bodies react with similar alarm system when they are in life threatening danger. We cannot always run when we meet problems. Thus, stress hormones stay and circulate in the body and natural release cannot occur. The longer this continues the more difficult it becomes to relieve stress. It becomes a vicious circle, which is a chronic stress problem. Stress
reactions have not changed in 10000 years, but the world we live in is becoming more and more abstract (Aro, 2001).

The word stress was originally borrowed from engineering and techniques, which meant that a person reacts automatically on pressures from the environment. This led us to believe that only demands from outside an individual caused stress and diseases. According to this theory individuals can be seen as a passive targets in the surrounding environment. A human being has a tendency to observe their surroundings actively, then interpret those observations and followed by drawing conclusions. Another similar characteristic found in human beings is that they did not only react to surrounding stimulus, but they also put demands on their environment. That is why individual's observations, interpretations and conclusions are essential in understanding if an individual will experience stress or not. Human beings are very much alike or different in this matter. Demands and pressures from surrounding environment will only cause stress if those are taken seriously. To understand stress development, it is important to notice how individual's demands on the surrounding environment are fulfilled. A person has needs, values and goals, through which they evaluate situations. Life can cause stress if there is no room for these things (Kalimo, 1987).

Certain individuals are more sensitive to stress than others. Some people seem to have relatively high stress tolerance. A typical characteristic these people shared was that they experienced changes and problems as challenging whereas people who get easily stressed see those as threatening. Another typical characteristic is that they were more engaged in different activities and social relationships. Many studies have shown that some people blame themselves or experienced themselves as a reason to negative incidents, while positive incidents were experienced as luck or chance. People who had this kind of attribution style tended to react to stress with depression and passivity or learned helplessness (Bunkholdt, 1997).

Stress in the workplace can be defined as a space where work’s environmental demands, employee’s demands or both together surpass an employee’s adaptation in some area.
Stress can be both positive and negative. Stress that is continuous is harmful and can cause nervousness, frustration, anxiety and dissatisfaction with work. On the other hand an employee needs a certain amount of stress to help motivation and to keep up with the workload (Koskinen, Ahonen, Jylhä, Korhonen, & Paunonen, 1992).

Nurses’ psychological strain
Psychological strain in work has been seen as to contribute to the appearance of psychological illness in the nurses’. Work in health care contains many psychologically demanding situations, which are the more challenging when pressure of more patients and shorter ward times is added. In close work with patients, there are often demanding moments, like scattered work tasks, unsatisfied patients and relatives, responsibility and lack of competence. Nurses often are also afraid and concerned about making mistakes, when caring and giving treatment. The risk of being reported about a possible error leads to increased psychological pressure. Outside demands from the organization in combination with caretakers own demands and ambitions to do a good job for the patients, in some cases lead to chaotic situations for the nurses themselves. Work tasks included different types of pressures; physical, like heavy lifts, monotone movements, or directly harmful like the handling of chemicals or different types of infectious substances (Michélsen, Löfvander, Eliasson & Schulman, 1999).

Patients’ needs and precise schedules controls work, both when tasks are fulfilled and performed. Specific tasks are to be done at specific times. This results in that some time periods have more time constraints than others during a day. The state of the patients affects this a lot. The possibility to influence patient contacts is large but also directed by many precise routines. Influence over work hours and resource distribution is quite small. Administrative tasks can also increase the pressure; it depends how many administrative tasks the nurse must do. Nurses must also answer questions, give information and have an active role in the ward, in general. This being a “spider in the web” can also be psychologically straining. There is also time pressure for nurse to always be on call for the organizations (Michélsen et al., 1999).
In occupations that included individual care, one of the main causes of stress was the interaction between patients and nurses. When this stressfulness was measured it became important to notice the human relationships quality and quantity. Sometimes those human contacts are very short and shallow. Then again a qualitative work task became a negative experience if quantitative pressure is too demanding. In nursing, contacts with patients are often deep and last long periods of time (Kalimo, 1987).

According to Michélsen et al., (1999) nurses were disappointed because society has unrealistic expectations about what sort of nursing and help people had right to get in the health services. When reality was different from the patients expectations did patients get angry and disappointed. On almost a daily basis does the staff get comments from upset patients. Many nurses felt anger and frustration in those situations and many felt insufficient. The staff experienced that patients today are more demanding, because they request clarification from nurses about their treatment. Patients’ relatives can act aggressive or have unrealistic demands on how patient should be treated which also causes frustration for the nurses. For a nurse to receive various expressions of frustration from patients’ relatives, like anger and demands, can become strenuous, because nurses must remain friendly, professional and ignore their own feelings (Michélsen et al., 1999).

One type of psychological strain depends upon patient category. For example some patient groups are extra demanding like these with dementia and patients with difficult pains. The staff often thinks that a major psychological strain comes from taking care of patients who are seriously ill or dying. When meeting children and young people who are suffering and are seriously ill or dying those professionals are deeply moved. It is one of the most difficult psychological strains one experiences. Meeting seriously ill or seeing dead patients is a part of health care, but becomes emotionally straining when a patient, despite age or sickness, dies unexpectedly. Incidents that come unexpectedly, suicide threats, violence and other traumatic situations are very stressful. Nurses find it stressful to take care of patients and patients’ relatives’ reactions to negative information (Michélsen et al., 1999).

Working in health care also has social demands. Besides patients, patient’s relatives and colleagues, nurse must also work with other personnel (Härenstam, Johansson, Wiklund,
Ahlberg-Hultén, & Westberg, 1996). The obligation for teamwork has become greater. Teamwork does not always work without conflicts, for example a health care worker could question the colleague’s skills. The work demands teamwork and that is why nurses sometimes must work with unique people, of whom they do not know. This causes decrease in trust (Michélsen et al., 1999).

When there is a problem nurses prefer to get support from other nurses. Co-workers are a meaningful part of the workplace (Härenstam et al., 1996). According to Michélsen et al., (1999) there are no time for breaks for reflection and chatting with colleagues which negatively influence nurses’ physical and psychological health (Michélsen et al., 1999). Changes, such as increased workload and decreased influence over work situations can cause conflicts between co-workers, and nurses often feel that they do not get enough support from the doctors (Härenstam et al., 1996).

Nurses are actively using their knowledge and experience about symptoms, progression of illness, patients’ behavior and needs. The possibility for learning, development and the occupation’s creative part occurs mainly through patient contacts. The nurses have to occasionally gain new knowledge about diagnoses and symptoms. How these new challenges vary depend on person’s experiences; the longer the experience the more seldom new situations arise (Härenstam et al., 1996).

Nursing elderly
People live longer nowadays and more older patients need hospitals. Rapid Technological developments leads to better diagnoses and advanced treatment methods, making ward times shorter (Michélsen et al., 1999).

It is a characteristic for nurses of the elderly, that they have performance pressures and plenty of people-work. On the other hand studies suggest that human relationships are rewarding. Nurses who work with the elderly experience that work is physically demanding, busy and even stressful, but the relationships with the patients makes the work more rewarding for nurses. Researchers have also claimed that when nurses are better off
with having deeper relationships with an old patient, shallow relationships can cause stress and burnout for the nurses. Thus, nurses can have a shallow grip on their work and not get internal feedback at all (Koskinen et al., 1992).

The public sector and the organization
Hospitals are run by politicians, who do not work in those organizations. They do not have same knowledge as nurses do. Problems can occur when applying rules, which are written in everyday and broad terms, because they are political decisions. Constant changes and rationalization are obstacles for effective activity. Nurses have strong feelings about politicians, because those people do not understand and do not care to evaluate the earlier changes. Goal description can cause conflicts, because hospitals often have many goals. Nurses’ loyalty towards the patient can be stronger than towards the organization. Therefore it causes difficulties in loyalty when conflicts about the organization’s goals occur. Goal accomplishment is often hard to measure. Goals are often idealistic and impossible to reach, which can cause frustration. The usual result of a conflict is that savings are taken from the nurses needs so that patients won’t have to suffer (Michélsen et al., 1999).

The hospital is still an organization with a clear hierarchy even if reorganizations have taken place. Hospital staff feel that work has started to be more depended on the situation, with big difficulties in planning and prioritizing, with minimal space given for recovery. Lack of feedback, support, information and reciprocity has been reported. Organizational changes combined with tight budgets in many hospitals have lead to conflicts in goals about demands of effectiveness, ward quality or priority between treatment and resubmitting patients into the ward (Michélsen et al., 1999).

A high level of internal and external pressure for individuals, groups or organizations increase the development of unconscious strategies and defenses. Increased external pressure can result through political decisions or social changes which influence the work environment. External pressure at the ward level can be conflicts between staff and administration or between different groups. External pressures can also come from the work context because certain tasks can be scary and unpleasant. Internal pressure is a threat
against work satisfaction. Nurses may feel unsafe, helpless and frustrated at work which are other examples of internal pressure. When pressure from the inside or outside becomes too great for an individual, group or organization, it can cause dysfunctions in different areas. Organizations can build up routines and structures which are not necessary for tasks. Groups can show symptoms through not being able to solve a problem without conflicts, passivity, competition, or finding a scapegoat etc. Individuals can show psychological and/or physical symptoms (Michélsen et al., 1999).

Significant problems for organizations are that levels of performance and commitment reduce when employees have continuous stress. Strain influences organizations so that there can be more absenteeism and a high turnover rate (Kalimo, 1987).

Situations where people expect that something unpleasant is going to happen makes a stress reaction minor, than if unexpected situation happens. An experience of control can also reduce the stress level. Predictability and control are therefore important factors when trying to prevent damaging stress. According to this information some types of work situations must be seen as harmful. Nurses occupation have high demands, for example in form of role conflicts and responsibility. Occupations like these combined with an inability to influence work situations, makes this situation very risk filled (Bunkholdt, 1997).

The nurses’ strongest and joint motivation is in helping patients. Hard work can also be good. When skills and experiences are used, and nurses know each other and know what everyone can do, then the team works well making it much more enjoyable (Härenstam et al., 1996).

**Role conflict and role ambiguity**

People are often uncertain as to how exactly they should respond in different circumstances. Among various sources of this uncertainty, two have been identified by psychologists; role ambiguity and role conflict. These two sources of uncertainty are referred to as the major types of role stress (Orpen, 1982).
The organizational practices which tend to be associated with high role conflict and ambiguity are goal conflict and inconsistency, delay in decisions, distortion and suppression of information and violations of the first principle. The practices which tend to be associated with lower role conflict and role ambiguity are emphasis on personal development, formalization, adequacy of communication, planning, horizontal communication, top management receptiveness to ideas, coordination of work flow, adaptability to change and adequacy of authority (Rizzo et al., 1970).

One principle of classical organization theory is that, organizations set up on the basis of hierarchical relationships with a clear and single flow of authority from top down should be more satisfying to employees and result in more effective economic performance and goal achievement, than an organization set up without such a flow of authority. This would provide upper management with more effective control and coordination. Another important principle is that for any action an employee should receive orders from one superior only, and that there should be only one leader and one plan for a group of activities having the same purpose. The structure of an organization should keep an employee from being caught in the crossfire of incompatible orders or incompatible expectations from another superior. Every position in a formal organizational structure should have a specified set of tasks or responsibilities. This would allow management to hold subordinates accountable for specific performance and to provide guidance and direction for the subordinates (Rizzo et al., 1970).

Role theory points out that, when the behaviors expected of a person are inconsistent then she will experience stress, become dissatisfied and perform less effectively. Therefore, role conflict can be seen as resulting from violation of the two principles and causing increased individual dissatisfaction and increased organizational ineffectiveness. Both theories deal with role ambiguity. According role theory, role ambiguity will result in coping with behaviors by the role possessor, which may take the form of attempts to solve the problem to avoid the sources of stress, or to use defense mechanisms which distort the reality of the situation. Role ambiguity increases the probability that employees will be dissatisfied with their roles, will experience anxiety, distort reality, and thus perform less effectively. Role conflict and role ambiguity are important intervening variables that
mediate the effects of various organizational practices on individual and organizational outcomes (Rizzo et al., 1970).

Research has shown that multiple authorities disturb the employee’s orientation to their organization or to their profession by requiring them to choose. Employees oriented primarily toward professional norms are more critical of the organization and more likely to ignore administrative details. Professionals in such organizations often experience stress as result of being caught in the middle. These claims are reinforced by research conducted in hospitals, which have completely different kinds of organizational settings (Rizzo et al. 1970).

According to Perrow (1965, as cited in Rizzo et al., 1970) hospital hierarchies have a system of multiple authority. Administrative and medical hierarchies can be found in hospitals, with nurses as the prime example of groups who are caught between the two lines of authority. Doctors who work both in the hospital and elsewhere. Even though they are also members in that they exercise control, serve in bureaucratic roles and to some degree have their own interest tied to the interest of the hospital. According to Zawacki (1963, as cited in Rizzo et al., 1970) role conflict results from the dual hierarchy of hospitals and that those affected respond with hostility and passive resistance to the formal rules.

Unclear roles and role conflicts are most common in occupations which typically include plenty of variation and independence (Kalimo, 1987). Doctors, who decide what is to be done with the patient often, escalate this problem. It can also happen that different doctors give different instructions concerning the same patient (Härenstam et al., 1996).

Kahn et al., (1964) claimed that role ambiguity results from organizational size and complexity which exceed the employee’s comprehension span. Rapid organizational growth which is usually accompanied by frequent reorganizations, frequent changes in technology require associated changes in the social structure, personnel which disturb interdependencies, changes in the environment of the organization which impose new demands on its employees and managerial philosophies which foster restriction on
information flow throughout the organization. Many employees were disturbed by lack of a clear idea of the scope of responsibilities in their jobs. High degrees of role ambiguity were associated with increased tension, anxiety, fear and hostility, decreased job satisfaction and loss of self-confidence (Kahn, Wolfe, Quinn, Snock & Rosenthal, 1964).

Role ambiguity and role conflict scales developed by Rizzo et al., (1970) have been and are satisfactory measures of two role constructs. According to Schuler et al., (1977, as cited in Jackson and Schuler, 1985) evaluation results suggest that role conflict and ambiguity are valid constructs in organizational behavior research and are usually associated with negatively valued states, like tension, absenteeism, low satisfaction and low work involvement. Research indicates that the average correlations between many organizational context variables and role ambiguity and role conflict are considerable and are significantly increased when corrected for unreliability. On the other hand, individual characteristics are generally not strongly related to role conflict and role ambiguity. The average correlations between the affective reactions and role ambiguity and role conflict are greater than those between the behavioral reactions and role ambiguity and role conflict. The average correlations using role ambiguity are greater than those using role conflict. Role ambiguity and role conflict are not always associated with the same variables, whether individual or organizational. Role conflict and role ambiguity constructs should be regarded as separate constructs. Implications of role conflict and of role ambiguity suggest that their impact in organizations should be different, which empirical results confirm (Jackson & Schuler, 1985).

**Burnout**

First description about burnout was made by psychologist William James about 100 years ago. He said that his patient lost his motivation toward his work and he could not find the energy to be interested in new things. James called this phenomenon as “mental fatigue” (Aro, 2001). Freudenberger (1974) was first in using the burnout concept in a human services setting. The word was used colloquially in the 1960s to refer to the effects of chronic drug abuse. He changed the word’s meaning to characterize the psychological state of volunteers who worked in alternative health care agencies. His model of burnout focused on the psychology of the individual, whereas Maslach studied burnout from a
social psychological perspective, with a focus on the relationship between environmental and individual factors (Söderfeldt et al., 1995).

Stress and burnout do not mean the same stage, stress always exists before burnout. Burnout is a stage of personal emotional fatigue and a group of other symptoms. Even though employees get tired at work they do not necessarily burnout, because their resources are renewable. Burnout in work has five stages;

1. **Beginning stage** – What is typical for beginning stage is unrealistic excitement towards work. It might be that employee does not have human relationships and hobbies outside of work and therefore they do not get new stimuli and cannot relieve pressure.

2. **Alarm stage** - The alarm stage mainly consist of dissatisfaction with work. The employee is concerned about and feels insufficient. Work has lost its interest.

3. **Opposition stage** – In the opposition stage does the employee feel more insufficient than before. Hopelessness, frustration and doubts about work arise, when she starts to doubt her possibilities to succeed in work. They pay a lot of attention to the organizations hierarchical and bureaucratic systems, evaluating routines that work processes have. Irritability from small things is typical for this stage.

4. **Protect stage** – Work has only object value in a protect stage. Nursing becomes a routine. They avoid meeting patients, drawing away from interaction and are alienated from the work. Their attitudes towards patients are negative. This person does not respect her occupation and their self-esteem diminishes because of that. Psychosomatic symptoms are typical in this stage. One can experience continuing headaches, tummy aches, back pains and might become more disposed to different kinds of infections. This situation leads to absenteeism and turnover, unless help can be provided.

5. **Surrender stage** – This stage can be called the sickness stage. The Employee is indifferent and has a low morale. Unrealistic attitudes toward work and toward herself can lead a person to use anti-depressants and alcohol (Koskinen et al., 1992).
Psychological fatigue can in the worst case totally paralyze a human. The individual wants to protect themself from their feelings and that is why they shut down emotionally. A dominant feeling is depression, with strong anxiety. Rest usually makes psychological fatigue last longer. If the fatigue crisis gets really long serious depression can be the result (Aro, 2001).

Emotional and physical tiredness is caused by tension. If a person is so tense that she cannot relax or sleep soundly. Chronic tiredness and tension will make her more vulnerable to sicknesses and burnout. This situation of bad health gets worse due to bad eating habits. Nurses who are under hard pressure often hop over meals or eat while standing up. Maybe even lunch breaks are used to finish up tasks. Gastric ulcer, neck and back pains are common for those who while work under great pressure (Maslach, 1985).

Burnout is basically psychosocial and cultural problem. Only western societies suffer from burnout. Central characteristic for those countries is continuous competition, which makes organizations structures primitive (Aro, 2001).

A false concept about burnout is that it has to do with personal characteristics. Individual causes are important to understand as initiating or protecting factors, but not as the cause of burnout. If a person has lot of worries and difficulties in their life then they is in a bigger risk zone to be burned out, than a person with an easier life situation. If the person has a life crisis with their age, dealing with it takes lot of strength, stress tolerance decreases and the burnout risk increases. Stress from work affects the work ability more directly (Aro, 2001).

Different aspects of the organization could promote burnout. Low work autonomy or low level of decisions are similarities found in stress research on psychosocial work environments. High demands at work, combined with low control and a low degree of social support, have been found to be associated with stress and health problems (Söderfeldt et al., 1995).
Maslach and Leiter claimed that burnout is not a matter of weaknesses or poor attitudes of individual employees. Rather it is a problem of the workplaces social environment caused by major mismatches between the nature of the person doing a job and the nature of the work itself. The greater the mismatch the greater the potential for burnout. Maslach and Leiter listed six factors of the social environment which they have found to be meaningful as a source of burnout.

- **Work overload** – Too little time in combination with lacking resources, leads to burnout.
- **Lack of control** – Reducing costs is primary over needs of clients or employees.
- **Insufficient rewards relative to the demand**
- **Breakdown of community** – Faster paced work destroys the sense of community among co-workers, which further disrupts persons job performance,
- **Unfair treatment of workers** – If evaluations, promotions and benefits are not applied fairly, the organization cannot be trusted by the employee.
- **Conflict of values** – Performing tasks employee feels are unethical or which go against her personal values undermines person’s ability to believe in the worth of the work she does (Maslach & Leiter, 1999).

**People–work and burnout**

Despite all the burnout studies, is burnout still an unclear concept. According to different studies have many occupational groups; such as nurses, social workers, teachers, physicians and police officers, have been said to be vulnerable to burnout (Söderfeldt et al., 1995). Goals in those occupations are often hard to define. Like; what is good enough care for patient (Michélsen et al., 1999).

A poor organization and poor leadership cause burnout. Research from children’s ward claimed that burnout was most common in organizations where leadership was poor. If the goals are unclear, if nurses’ roles are poorly defined and if communication between administration and its nurses are unclear and unsupportive, then it is not easy for a nurse to perform well giving a good service, treatment, information and care (Maslach, 1985).
There is an obvious connection between age and burnout. Employees who worked with people were more often burned out while they were young. Experienced and mature nurses have a more balanced perspective (Maslach, 1985).

Nurses’ burnout can spread and infect the whole working group causing collective burnout which progresses in the same stages as individual burnout. Collective can become defending and blame others. Defending collective is not open and neither is it critical, and that is why no positive development happens there. An attitude that blames others and defends them-self leads to continues problems in the collective consciousness. In these kinds of collectives do people hold tightly on to their occupational roles (Koskinen et al., 1992).

Protection against burnout is a well working social net, which gives psychological support and concrete help. A diverse of life style is also a form of protection. Thus, enabling people to handle frustration better at work than one whose life is work (Aro, 2001).

It is important to teach health care workers how they can cope with stressful work, but it is more effective to make work less stressful. This is to mean that an organization admits that their situation promotes burnout. The most popular proposal to all problems is more personnel, more resources, more time, and more equipment. But nowadays is the ability to add more resources small. In reality the question is how to fight against burnout by using the available resources in a better way. To do tasks in a new way can sometimes eliminate sources of stress (Maslach, 1985). It is important to understand that to stop burnout from spreading in an organization, are not new massive operations needed, because preventing burnout has to do with attitude change. The most important is that an organization tries to create a culture which respects all, takes the burnout risk seriously and tries to work with problems that arise (Aro, 2001).

Organizations should try to prevent burnout. For an organization not doing anything about this issue is inhumane and uneconomical (Levi, 2000). It is beneficial to prevent burnout, because it takes basically same things to improve employees’ commitment to the organization. When ones commitment towards work gets better, fatigue changes into
energy and a cynical person begins to participate more. Then do the employee’s enthusiasm and motivation increase. The organization’s results progress positively while employees have more strength and feel good (Aro, 2001).

**Coping**

In everyday life, do people decrease stress levels if they know what to do. One of the factors which make the effects of stress on health moderate is a coping strategy. The level of stress people experience depends mainly on the adequacy of their resources for coping and how much they will be drained by the stressful situation. Coping refers to cognitive and behavioral efforts to master, reduce or tolerate the internal and external demands created by the stressful situation. Coping is not just a fixed set of strategies that are drawn on whenever they are needed, but a changing pattern that is responsive to what is happening (Lazarus & Folkman, 1984; Lazarus & Lazarus, 1996). People change coping strategies from one situation to the other. These changes occur, because the person continuously evaluates the situations. Two stages can be defined in situation evaluation. The first is a primary evaluation, which means that person tries to decide whether or not they need to adapt. It depends on the situation and the individual. The second stage is secondary evaluation, in which a person evaluates their resources, like what can be done in this situation (Lazarus & Folkman, 1984).

Coping is more than just surviving the situation, it is also minimizing the stress response, removing or reducing situational demands, increasing available resources and altering the cognitive appraisal itself. Individuals can learn from experiences and develop better coping strategies throughout their life. Lazarus has distinguished six resource groups; health, positive beliefs, problem solving skills, social skills, social support and material resources. Healthy individuals have better capabilities in handling stressful situations. Faith in a person’s own capabilities relies on their life and social interactions to help them adapt. Material resources, such as money, help promote problem solving (Lazarus & Folkman, 1984).

Work in itself can many times cause anxiety for nurses. This anxiety can be dealt individually, but it takes lot of psychological energy. It is necessary for organizations to
reduce this anxiety through different ways of supporting (Härenstam et al., 1996). In a ward, does the nurse’s support rely on emotional aspects of relationships between patients and staff. The administration should give time and opportunities for meetings with colleagues, formally and informally. Every organization should have an informal support structure. Staff meetings invite communication and a feeling of solidarity. Organizations should also partly maintain other forms of more formal support, in the form of education and consultation. Especially noticeable is the need for counseling, feedback, crisis support and the possibility for reflection. The main focus is that every work unit has clear and a well understood guide and a plan about what has to be done with staff support (Michélsen et al., 1999).

An organization's plan often includes that an employee has the possibility for psychological debriefing. This form of crisis support purpose is to let the nurse who has been through a traumatic incident, to get an opportunity, with a person who is educated for such a purpose, to go through what has happened. This purpose is to try to prevent psychological disturbances (Michélsen et al., 1999).

**Problem-focused and emotion-focused coping**

Lazarus and Folkman defined eight separate coping strategies that they believed individual employs in stressful situations, which are; confrontation, seeking social support, planned problem solving, self-control, accepting responsibility, distancing, positive reappraisal, and escape/avoidance. These were separated into two types of coping strategies. Which Lazarus and Folkman divided into problem-focused and emotion-focused coping, and claimed that every person has own special way to try to cope with stress. Problem-focused coping involves taking steps to change the source of the stress, whereas emotion-focused coping involves efforts to change one's emotional response to the stressor (Lazarus & Folkman, 1984).

Emotion-focused coping involves passive avoidance or distraction. General way in a highly stressful situation, for example; an unexpected death, is denial, a psychological defense mechanism. Another way to handle emotions is through alcohol or drugs, act childish or engage in sports or exercise (Bunkholdt, 1997). One emotion-focused coping
strategy is wishful thinking. In this strategy is the bad situation accepted but wished away. Wishful thinking is often connected with poor outcomes because the bad situation does not go away by itself. Wishful thinking and emotional distancing are harmful only when they get in the way of constructive action, but probably do no harm when there is nothing else that could have been done (Lazarus & Lazarus, 1996).

Making use of available social supports is also emotion-focused coping (Bunkholdt, 1997). People should have someone who cares, gives support, listens and comforts them. An individual feels better and tolerates more, if they have someone who stands up for them. Individuals need to get and give social support. One can even get practical advice from their supporter (Levi, 2000). Positive, encouraging and supporting relationships give strength to help get through stressful situations without being hurt. This support can be experienced as tenderness and love, that is, the feeling of acceptance and appreciation (Kalimo, 1987). Family support and love helps nurses to cope with the emotional strain of from work. With family do nurses also have more experience on how to solve personal and emotional problems (Maslach, 1985). One of the best ways to gain insight into person’s emotions is to talk about them with someone they trust. Studies have shown that people should not avoid, bury or close off the situation that promotes the distress, at least not for very long (Lazarus & Lazarus, 1996).

Problem-focused coping means that person them-self tries to solve the problem of the stress reaction. For example, a person tries actively to find a satisfactory way to live with their chronic illness (Bunkholdt, 1997). Or if employee is experiencing stress on the job because of another person, then employee might devise some strategy to change the other person’s behavior. When trying to change the behavior of others, it is often necessary to consider ones approach. If person is able to discuss the problem and convince the co-worker their point of view, then the problem is solved and previous emotional distress disappears. What often complicates problem-focused coping efforts are touchy attitudes of the others that must be dealt with (Lazarus & Lazarus, 1996).

Emotion-focused and problem-focused coping depends on two additional factors: whether the threat is potentially controllable and, if it is, whether the individual perceives that she
has the skills to deal with it. When people experience a challenging situation, two things typically happen;

(1) They engage in problem solving behavior.

(2) They develop a positive emotion that acts as a motivational support for problem solving. These two processes lead to effort.

In threatening situation people experience negative emotions. People tend to see a situation as threatening, when they perceive that it maybe uncontrollable. When the situation is beyond a person’s control, it seems to make more sense to deal with those emotions (Lazarus & Folkman, 1984).

When people experience stress most of them use both problem-focused and emotion-focused coping (Lazarus & Folkman, 1984). The key to dealing with stress is knowing what particular form of coping is most likely to be effective. With very high stress levels, is coping mainly emotion-focused, when the stress level decreases problem-focused coping jumps in (Bunkholdt, 1997). There is no standard coping strategy because each problem is different and calls for a different solution. In all stressful situations, the more information person has, the better they can cope, because they can then assess their situation and monitor their own reactions (Lazarus & Lazarus, 1996).

How effectively an individual executes these strategies has to do with their earlier experiences. People who mostly use problem-focused coping under stress, show lower levels of depression (Atkinson et al., 2000). People assume that problem-focused coping is the healthy way to cope and emotion-focused coping is not. According to Lazarus this is not true. If person keeps trying to change a situation that is stressful, but there is nothing to be done but accept it, distress and its symptoms are apt to be greater than if person uses emotion-focused coping that allows them to live with the problem (Lazarus & Lazarus, 1996). Bad and insufficient problem solving can result with that an adjustment may lead to insecurity about future and about one-self. Another result is that new problems are often looked at from the same perspective as the old unfinished problem, and therefore will not be solved in an appropriate way (Bunkholdt, 1997).
Social factors

Social interactions can have both negative and positive influence on person’s life. Bad relationships with co-workers causes stress as well as good relationships help employees’ to cope. Social connections are important because they form a support system for the employees. Being member of a group has been shown to be an effective social support mechanism (Reibel, Greeson, Brainard & Rosenzweig, 2001).

Group

A group is a collection of people who are trying to reach same goal, and who interact with each other in some form. A primary group is a group where members have close and direct contacts with each others. The family is an individual’s first primary group. A secondary group would be when members do not necessarily have direct contact with each other. For example neighbors and staff in organization are secondary groups. (Bunkholdt, 1997).

Group structure is about how a group is build, its goal, norms, roles, relationships, leadership, power and influence. Group structure can be mainly defined as a network of roles and their status. Structure deals with what can be seen outside and the process is more about how something is done, which sometimes exists underneath the surface. Group structure and group processes make up the group culture. The culture reveals the typical way a group is to be and act. It comes from its members collective images of themselves, common knowledge, joint experiences, collective customs and values. Group culture creates relationship patterns, who interacts with who, who likes who and how the group climate appears in different times of the groups existence. Research indicates that when the teamwork climate is positive, individuals see organization also in a more positive way (Nilsson, 1993).

Competition tends to create suspicion, insecurity and a lack of solidarity, winners and losers, which cause bad self-esteem, and also leads to aggression and hostility (Nilsson, 1993). According to Franken and Brown (1996, as cited in Franken, 2002) people who are competitively orientated tend to react poorly to stress. Among other things they tend to engage in denial and begin to behaviorally and mentally disengage. This means that,
they show poor active coping skills, do not seek out social support and tend not to accept
events in an adaptive manner. According to Nilsson (1993) there are persons who would
like to decide and lead the group. There can also be an egoistic person in a group. These
persons can sabotage a group’s work, if they do not receive duties that are important to
them or if they cannot satisfy their own needs. Thus causing the group to become
ineffective and have a negative climate. A sign that a group does not work is when many
negative functions appear that can be disturbing to the group (Nilsson, 1993).

Roles
Role explains largely what happens in a group or what is likely to happen in a group.
Roles are the expected behavior and norms regulate that behavior. Roles are a type of
“norm-scripts” which show the direction of actions and how to interact in a group.
Expectations would not apply without roles and that would cause confusion (Nilsson,
1993).

Role conflict can be a problem for nurses. A majority of nurses find it difficult to not
think about work on their free time (Härenstam et al., 1996). To avoid a strong emotional
fixation is it important that a nurse does not “take home” their patients problems. During
free time should nurses do something that can prevent emotional strain at work and reload
their batteries. It is a bad sign if free time is only free time from work and nothing more.
Then a nurse’s world can easily collapse when there is a problem at work. Person’s feelings
of capability, self-respect and personal identity build on what person does in life and it
becomes unsafe when this base is small (Maslach, 1985).

Norms
Norms are rules which regulate a group’s chemistry and aspiration to fulfill its goals
(Bunkholdt, 1997). Emotional norms deal with the group’s teamwork and what influences
it. Such norms are emotional needs, loyalty, respect, status hierarchy, tolerance and
conflicts (Nilsson, 1993). Norms are rarely so specific that they tell group members exactly
how they should behave, but norms give boundaries to what kind of behavior is
acceptable and what is not. Sometimes norms can be very specific and strict. If norms are
not followed then the group has social sanction against violator. In this way does the
group try to get the violator to act appropriately. If it does not help, then can a group’s efficiency decrease (Bunkholdt, 1997).

**Attitudes**

The definition of attitude is relatively a permanent organization of thoughts, feelings and behavioral readiness in its relationship to phenomena, a question, an institution in society, an ethnic group etc. The development of attitudes is part of the socialization process, attitudes are result of teamwork and influence our way to associate with other people. Attitudes are functional, because they help a person to survive in different environments and with the given tasks (Bunkholdt, 1997). Attitudes give individuals structure for organizing and dealing with an otherwise complex and ambiguous environment (Bohner & Wänke, 2002).

There can be characteristics in social situations that stop person from showing their attitude about it. If a person dislikes something, they will be afraid to show it if they do not know how it will affect situation. A person can avoid expressing an attitude if they are scared or afraid of getting everybody’s attention. It is also true that some powerful persons can influence others to be confirmative (Bunkholdt, 1997).

Research has shown that attitudes enhance the quality of decision making and free cognitive resources, which facilitates coping (Bohner & Wänke, 2002). Having or developing a positive attitude is a form of coping, even if that positive attitude fails to resolve the situation (Lazarus & Folkman, 1984). Earlier studies have shown the importance of attitudes while coping. Positive attitudes find positive ways helps to deal with stress, thus negative attitudes make coping harder (Burns, Drayson, Ring & Carroll, 2002).

In summary, the present study was designed to examine differences among two different areas of nursing concerning strain, role stress, burnout and coping. Previous research has revealed some sources for strain and burnout for nurses. Also how did role stress influence employees in complex organizations and which different coping techniques people used.
Questions and the hypothesis
1. Does taking care of elderly cause more psychological strain than taking care of children?
2. Does taking care of elderly cause more physiological strain than taking care of children?
3. Does taking care of elderly cause more role stress than taking care of children?
4. Do nurses leave work at workplace when they go home? How about nurses who have brief work experience in present organization?
5. Do groups of nurses feel that there exists predictability and that they have control over their work?
6. Does taking care of elderly cause more pressures in work, which cause physical symptoms, than taking care of children?
7. Do nurses have satisfying and supporting human relationships?
8. Do groups experience work overload?
9. Do nurses have negative attitudes and how do they experience other factors which are connected to burnout?
10. Which have been the most difficult situations for two groups of nurses to get over?
11. Which differences exist in coping when comparing these two groups of nurses?
12. Did nurse get any help from administration, while coping with difficult situation?

The hypothesis is that taking care of elderly is experienced as harder than taking care of children. With harder author means that nurses who worked with elderly experienced higher role stress, psychological and physical strain than nurses who worked with children.

Method

This study consists of both of quantitative and qualitative data research. Stress and burnout are quantitative and coping is qualitative. The study is based on questionnaires. Quantitative data gives more general view about phenomenon. Coping is qualitative section, because author believes that it is better to see patterns from real life. It is easier for respondents to remember how they coped from unpleasant situation which really happened, than answer questions about different coping strategies.
Respondents

The present study examines two different areas of nursing, with a focus on the differences of strain and coping. One group care for children and the other group for elderly. Sample is constructed from 100 nurses and nurse assistants. It is a cluster sample, which the author randomly selected a cluster of people having some feature in common. The feature which these respondents have in common is that they are nurses who take care of children or elderly. The nurses are from three different organizations. The nurses who take care of children are from a hospital called Länsi-pohjan keskussairaala from Kemi, Finland, the nurses who care for elderly are from old people’s home in Tornio and from a hospital in Tornio, Finland.

Questionnaires were administered to all the nurses who worked with children in the hospital in Kemi and all the nurses who worked with elderly in the hospital and in the old peoples’ home in Tornio. Their tasks differed to some degree. These people work in similar conditions, geographically. 100 questionnaires were administered and 66 were completed and returned. They were returned by 18 nurses who care for children in Kemi, 30 nurses who care for elderly in hospital and 18 nurses who care for elderly in old peoples’ home, in Tornio. Thus, nurses who work with elderly filled out 48 questionnaires. The questionnaires were filled out by 65 women and 1 man, between 29 and 59 years of age. The average age was 47,5 years and they had been with their respective employers for on average 13 years. The number of years of experience in the present job was considered as work experience. The average age for nurses who work in Kemi was 45, those who work in the old peoples’ home average 48,8 years and the Tornio hospital nurses average 48,3 years old.

Nurses and nurse assistants who care for elderly or children were placed in the same group called nurses. The group; nurses who worked with children were hospital nurses, about half of the nurses who worked with elderly were hospital nurses and the other half worked in an old peoples’ home. The author did not categorize nurses or nursing assistants according to their specialty or tasks. This was because these can differ from one country to the next, but all the respondents have nursing as a common characteristic.
Material
The study’s questionnaire is based upon relevant theories and was filled out by 66 nurses. Literature dealt mainly with strain, burnout and coping. An analysis from the material was made to find appropriate theories and questions to the survey. Only reliable sources were used in this study, like books and articles written by psychologists and researchers. In the survey (Appendix 1) is a brief description of the author, the author’s education, purpose of the survey and a promise of total confidentiality. The first questions were about biographic data, which are gender, age, work organization, occupation, type of care, length of employment and asks for a short description of their main work tasks. The second part is a test which is called “Role Stress Scale”. There are 14 items in the test, eight of those items measure role conflict and last six measure role ambiguity. (Rizzo et al., 1970.) For each item statement, the subject was asked to indicate how true or not true it was for her or him on a seven-point Likert-type scale, ranging from 1 to 7. (7 very true and 1 very false). This test was used to measure the respondents stress in general. The third part of the questionnaire are 20 questions about psychological strain. There the response alternatives are formulated from -3 to +3, (-3 is very bad and +3 is very good). Coping is the qualitative part of the study. The participants have filled out open-ended questions, in which subjects provided descriptive information about stressful situations and how they coped with it and if the administration did help in anyway? A complete example of the questionnaire can be found in the appendix (Appendix 1-2).

Procedure
The questionnaires were administered to the hospitals and old people’s home by the author. After two weeks they were collected. The nurses’ had a chance to fill out the questionnaires at work and in their homes, because of their busy schedules. The collected data from the survey has been analyzed in the statistical program SPSS 11.5 for Windows. Appropriate methods were chosen in order to answer the questions and the hypothesis. Also to see differences between these two groups. Coping is survey’s qualitative section. Therefore it is analyzed according to the theory of problem-focused and emotion-focused coping. The purpose was to find a pattern from the answers.
Ethics
A researcher’s primary responsibility is towards the participants. The author has taken responsibility for both the participants well being and the information that was collected, so that risks and harm were minimized. This research has been conducted with respect for human dignity and human rights as well as the right to privacy, confidentiality, and self-determination (APA, 2004). The author first asked for permission to administer the questionnaires. The author personally distributed questionnaires to each of the organizations. The participants answered anonymously and data was held confidentially. The author informed the participants about the purpose of the research, expected duration, and procedures. The respondents also got information about who to contact concerning questions about the research. The author provided opportunity for participants to get appropriate information about the nature, results, and conclusions of the research.

RESULTS

Analysis of data
The data of the study was analyzed to examine differences among two different areas of nursing; the experience of role stress, psychological strain and burnout. Group one consists of 18 nurses who care for children and group two are 48 nurses who work with elderly.

The result showed that there was no significant difference between nurses who nurse children and nurses who take care of elderly in their experience of psychological strain. But it should be pointed out that both groups experienced that they have too much psychological strain in their work. But there was a difference between groups in the dimension of physical strain.

The result regarding the influence of physical strain for nurses in both groups is presented in Table 1. Significant difference was observed with regard to the physical strain. Table 1 shows the influence in the dimension of role stress for nurses in both groups. It can be observed that there was a significant difference between groups for role ambiguity. Nurses who took care of children experienced more role ambiguity than other group. Table 1 shows also that nurses who care for children think more about the work on their
leisure time, than nurses of the elderly. Difference between groups was significant. Results also regard the influence of the nurses work experience. Those who have been working for two years or less in the present organization experienced more role conflict than nurses of longer experience. Seven nurses had worked two years or less. Their mean of role conflict was -0.86 and standard deviation was 1.22. But difference was still small compared to nurses who had more work experience in the present organization.

**Table 1.** Physical strain, role stress and leisure time

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (n=18)</th>
<th>S. D.</th>
<th>Mean (n=48)</th>
<th>S. D.</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Strain</td>
<td>-0.17</td>
<td>1.47</td>
<td>-2.52</td>
<td>1.13</td>
<td>6.93**</td>
</tr>
<tr>
<td>Role Ambiguity index</td>
<td>32.53</td>
<td>4.6</td>
<td>36.33</td>
<td>3.9</td>
<td>-3.25**</td>
</tr>
<tr>
<td>Role Conflict index</td>
<td>27.28</td>
<td>8</td>
<td>24.6</td>
<td>10.13</td>
<td>1.01 ns</td>
</tr>
<tr>
<td>Leisure Time</td>
<td>-0.78</td>
<td>1.35</td>
<td>0.4</td>
<td>1.75</td>
<td>-2.89**</td>
</tr>
</tbody>
</table>

Note: *p<0.05  **p<0.01  ns= not significant

Table 2 shows the nurses' feelings of predictability and control in their work. Results showed that nurses of children were less satisfied with the clarity of their job description and clarity of responsibility.
### Table 2. Work goals, responsibility, information and work description

<table>
<thead>
<tr>
<th>Variable</th>
<th>Children (n=18)</th>
<th></th>
<th>Elderly (n=48)</th>
<th></th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S. D.</td>
<td>Mean</td>
<td>S. D.</td>
<td></td>
</tr>
<tr>
<td>Work Goals</td>
<td>6</td>
<td>0,69</td>
<td>5,96</td>
<td>0,8</td>
<td>0,2</td>
</tr>
<tr>
<td>Responsibility</td>
<td>6,17</td>
<td>0,86</td>
<td>6,75</td>
<td>0,57</td>
<td>-2,68   **</td>
</tr>
<tr>
<td>Information</td>
<td>-0,39</td>
<td>1,1</td>
<td>-0,77</td>
<td>1,08</td>
<td>1,28</td>
</tr>
<tr>
<td>Work Description</td>
<td>5 (n=17)</td>
<td>1,28</td>
<td>6</td>
<td>1,1</td>
<td>-3,11   **</td>
</tr>
</tbody>
</table>

Note: *p<0,05 **p<0,01 ns= not significant

A comparison of children’s nurses and nurses of the elderly was made to see which group had pressures in their work which caused physical symptoms. The result of pressure showed no significant difference between two groups. Results regarding the influence of relationships at work and experienced social support showed that both groups had similar experiences in these social interactions. The results pointed out that there was no significant difference in satisfying and supportive relationships.

Table 3 shows that nurses did experience lack of resources and breaks. Only with tasks was a significant difference found. Nurses who care for children experienced that they did not always have time to finish one assignment before the next one. These three variables measure work overload. The result regarding the burnout factors for nurses in both groups is also presented in Table 3. Significant difference between nurses showed that nurses who care for children had more negative attitudes, less free time activities, and slept and ate more poorly than nurses who work with elderly.
Table 3. Work overload, attitudes, hobbies, eating and sleeping

<table>
<thead>
<tr>
<th>Variable</th>
<th>Children (n=18)</th>
<th>Elderly (n=48)</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>Mean</td>
<td>S. D.</td>
<td>Mean</td>
</tr>
<tr>
<td>(Work Overload)</td>
<td>3,44</td>
<td>1,54</td>
<td>3,19</td>
</tr>
<tr>
<td>Breaks</td>
<td>-0,89</td>
<td>0,76</td>
<td>-1,02</td>
</tr>
<tr>
<td>(Work Overload)</td>
<td>-1</td>
<td>1,46</td>
<td>-0,13</td>
</tr>
<tr>
<td>Tasks</td>
<td>1,28</td>
<td>1,27</td>
<td>1,85</td>
</tr>
<tr>
<td>(Work Overload)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Attitudes</td>
<td>0,22</td>
<td>1,22</td>
<td>0,9</td>
</tr>
<tr>
<td>Hobbies</td>
<td>0,83</td>
<td>1,54</td>
<td>2</td>
</tr>
<tr>
<td>Eating Habits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td>0,28</td>
<td>1,67</td>
<td>1,27</td>
</tr>
</tbody>
</table>

Note: *p<0,05 **p<0,01 ns= not significant

Qualitative part
Coping was handled in the study’s qualitative section. Out of 66 respondents did 45 answer the open ended questions. Data was analyzed in that the author tried to find patterns in the answers according to emotion-focused and problem-focused coping. The nurses' answers to coping questions were explored in respect to their present organization to reveal differences in those organizations. The first results were from children nurses in Länsi-Pohjan keskussairaala, which is a hospital in Kemi, Finland.

Children
The nurses experienced that some of the hardest things that have happened at work were the difficult situations in which the children’s family disputed over a child. Nurse found it really hard to meet a child’s parents when a child had a serious illness. Another difficult
situation was when a child was revived to life, because operation looked bad. Nurses experienced that when work routines were lacking or new knowledge must be learned without there being time for it or when mobbing surfaced, that it was psychologically stressful. These were the main circumstances noted in this survey.

Nurses coped with difficult situations in different ways. One popular approach was to talk with colleagues or with the team which the nurse was part of. This social support is emotion-focused coping. While child is seriously ill, it helped the nurse to talk with a doctor and the child’s parents. Free time activities, like walking, were also helpful. Training is one of emotion-focused strategies. Some nurses’ resolved problem on one’s own initiative. When a person tries to solve the problem, then they are using problem-focused coping.

Almost all of the nurses felt that they got needed support from the organization, like debriefing. Only few nurses were not totally satisfied with it. Supervision was experienced as helpful and supportive by nurses.

_Elderly_

Another organization was Tornion terveyskeskus, which is a city hospital in Finland. Nurses who worked with the elderly found it hard to handle criticism and demands of the patient’s relatives. Another difficult circumstance concerning the patient’s relatives was when a nurse had to meet them after sad news about the patient. The most difficult for the nurses was loosing their co-worker in an accident. Problems with colleagues always make the workplace climate more difficult, like lack of trust and blame.

Once again the main coping strategy was co-worker support. Talking about difficult situations was a good way to get over them. When disagreements arose was it helpful to talk with colleagues immediately. This can be seen as a problem-focused strategy, because person them-self tried to help the situation. Again nurses were sometimes spontaneous in difficult circumstances and the situations improved by them-selves.
While crisis occurred with in the organization nurses received debriefing from the outside. Mainly nurses felt that they got acceptable support, from the administration. But some nurses did feel that the organization should give more and immediate support.

*Old peoples’ home*

Nurses from old peoples’ home in Tornio, Finland, experienced that patients who were aggressive and blaming as very stressful. Usually dementia patients were hard to deal with as they were aggressive. Nurses felt that they needed more time to calm patients and spend more time in general with the patients. Work colleagues also made working even more difficult through name calling and criticism. Nurses were afraid to talk about this, since they could end up fighting alone, which could have caused even more mobbing. It was also frustrating when plans were re-arranged. Unexpectedly this become too much of a responsibility for the nurses, because often the re-arrangement was not completely thought through. Nurses in this organization had also lost co-workers, which was depressing.

The number one support came from co-workers. Family members were also supportive and helped nurses’ trough tough times. Nurses experienced that going through conflicts with patients and superiors was rewarding. In this were nurses trying to help the situation, which is problem-focused coping. When dementia patients were aggressive, the best thing to do was to take time to calm the patient down, so that patient’s state would not get worse. There the nurses tried to help the patient, which also was problem-focused coping. But with those, who were not dementia patients was it better to leave the room, when conflicts arose. This is seen as emotion-focused coping, since nurses did not want to face this kind of hard situation or possibly increasing its difficulty. Also was education from the outside experienced to be helpful.

Answers concerning administrations support were contradicting. Some nurses felt that the organization gave support, for example conflicts between nurses and patient. In this case did the superior talk with the patients and the nurses. Others felt that the organization did not give enough support to the nurses. Some felt that they received support only when they demanded it. The organization lacked guidance though some nurses. Lack of information was also reported and as was the lack of knowledge about treatment of dementia.
DISCUSSION

Strain
The results suggest that nurses from both groups have high psychological strain in their work. This finding is not consistent with the hypothesis. Nurses evaluated their own strain in the questionnaire. Earlier studies have reported similar findings about nurses’ high amount of psychological strain in their work. Especially now due to cutbacks, reorganization, shorter ward times, worker shortages and the lack of time. Psychological strain in work has been seen as to contribute to the appearance psychological illness in the nurses’. Work in health care contains many psychologically demanding situations, which are the more challenging when pressure of more patients and is added (Michélsen et al., 1999).

These two groups experienced physical strain quite differently. Significant difference was unlikely to have arisen by chance, because there might have been few extreme cases. Nurses of the elderly reported more physical strain than those who care for children. Nurses who work with elderly experienced that they had too much physical strain in their work. This finding is consistent with the hypothesis. The results support the view that nurses who work with elderly experience it as physically demanding (Koskinen et al., 1992).

There are differences found between the nurses concerning role stress. In both cases the role ambiguity and role conflict do nurses who work with children report higher role stress. There was a significant difference between groups for role ambiguity. This finding is not consistent with the hypothesis. This could be a consequence of the hospital hierarchies which have a system of multiple authority levels. Nurses are often caught between two lines of authority (Rizzo et al., 1970). It could be that this dual hierarchy is carried out and experienced in more negative way in Kemi, than in Tornio. One reason for the increased role stress can be that the hospital in Kemi is much larger than the hospital or the old peoples’ home in Tornio. Therefore, it could be that nurses in a bigger hospital did not receive clearly defined roles, because when there is multiple authorities and lots of
employees it can be harder to define roles as the delegating of information can be more difficult.

Nurses who care for children thought more about their work on their leisure. The difference between groups was significant. This finding is not consistent with the hypothesis. Those who have been working in the present organization for two years or less experienced higher role conflict than others. This maybe because, nurses who had more work experience and were older had more balanced perspective about life. According to Härenstam et al., (1996) a majority of nurses have thought about work on their leisure time. It is important that nurses try to limit emotional stress to a smaller part of their life that is why a person should leave their work at the workplace (Maslach, 1985).

Nurses who care for children were less satisfied with the clarity of responsibility and the clarity of their job description. There was significant difference between groups. This finding is not consistent with the hypothesis. Both groups experienced a lack of information in their organizations, which is usual according to Micháelsen et al., (1999). The results indicate that both groups had quite the same predictability and level of control in work, which are important factors when trying to prevent damaging stress.

The results about the physical symptoms coming from work pressure were close to zero. Therefore both groups felt that they had some symptoms which could have been caused by work. Nurses can experience psychosomatic symptoms like continuous headaches, tummy aches, and they can be more disposed to infections. Gastric ulcers, neck and back pains are usual results of working under a great pressure (Koskinen et al., 1992).

According to Maslach one of the six sources to burnout is work overload. Work overload means that employees have too little time to complete tasks in combination with the lack of resources. Nurses from both groups did experience a lack of resources and breaks from work. But there was no significant difference between the groups. A significant difference was found in tasks. Nurses who care for children experienced that they did not always have time to finish one assignment before starting the next one. Administrations should understand that preventing burnout has to do with attitude change. The most important is
that an organization tries to create a culture which respects all, takes the burnout risk seriously and tries to work with problems that arise (Aro, 2001).

The result regarding the burnout factors showed a significant difference between the groups. Nurses who care for children had a more negative attitude, fewer leisure activities, and their sleep and eating habits were more negative than nurses who care for the elderly. According to the theory, a positive attitude helps better in dealing with stress and a negative attitude make coping only more difficult (Burns et al., 2002). Hobbies work as a protection against burnout because a person deals with frustration better when work is not only important thing in life (Aro, 2001). If a nurse cannot sleep enough and ones eating habits are bad, then these factors can make one more vulnerable to burnout. There is also a connection between age and burnout. Younger nurses suffered burnout more often (Maslach, 1985). The average age of nurses in Kemi was lower than in the other two organizations in Tornio, this can also be one factor in why there were differences between the groups.

Coping
Both groups stated that they have quite satisfying and supportive human relationships. Social support is important in handling stress. The results showed that most of the nurses relied on talking with co-workers. Of course friends and family were supporters as well, but colleagues were the primary supporter. A nurse should have someone who cares, gives support, listens and comforts them. A person can get all the necessary social support through a good relationship (Levi, 2000). Social support, as well, is also good protection against burnout (Aro, 2001).

Nurses who care for children felt that talking with colleagues was helpful in coping with difficult situations. Talking to someone was the main strategy that helped nurses' through difficult times. Nurses mostly used emotion-focused coping, when difficult situations occurred. Walking was also considered helpful, which is another emotion-focused strategy. Some nurses’ resolved problems on their own initiative. When a nurse tried to solve a problem caused by a stress reaction then they were using problem-focused coping.
Almost all of the nurses felt that they got support from the organization when needed, like debriefing. Supervision was experienced as helpful and supportive by nurses.

Nurses who care for the elderly also got through difficult situations because of social support from their colleagues and family members. When there have been problems with co-workers was the solution to talk about them right away. It is important solve conflicts because bad relationships at work decrease job satisfaction (Nilsson, 1993). Nurses tried to solve problems, if possible. Nurse should use problem-focused coping when possible, but if one cannot do anything constructive, then nurse should write or talk about difficult situations. Because studies have shown that people should not avoid, bury or close off the situation that promotes the distress, at least not for very long (Lazarus & Lazarus, 1996).

Nurses from the hospital in Tornio reported that they had received support from outside of the organization during crisis. The nurses were satisfied with the organizations support, but there were wishes that the organization could give more and immediate support. Nurses in old peoples’ home were not so satisfied with the organizations support. The answers were contradicting, and a lack of information and a lack of knowledge about dementia was reported. The lack of information has been reported in earlier studies as well. Nurses felt that education from outside of the organization was helpful. Organizations should have a formal support, in the form of education, consultation, counseling, feedback, crisis support and the possibility for reflection. Every organization should have had a clear and well known guide and plan about what has to be done with staff support (Michélsen et al., 1999). The superiors should try to give better support for nurses with the organizations resources. It could be done by changing things, for example by setting aside more time for informal support. It is wrong to deny support to the nurses since it is harmful for the nurses as well as for the organization. Administration could make sure that nurses who are under hard pressure do not use lunch breaks to finish up tasks, that they use that time to relax (Maslach, 1985).

The results of difficult situations for children’s nurses dealt many times with complicated family situations, children’s serious illnesses and their treatment. This supports earlier findings that meeting a child who suffers and is seriously ill or dying touches nurse very
deeply. It is one of the hardest psychological strains (Michélsen et al., 1999). To meet parents after sad news caused anxiety. Nurses find it stressful to take care of patients and patients’ relatives’ questions and reactions to negative information (Michélsen et al., 1999). Health care workers found it irritating that new knowledge must be learned without time for it. Nurses have constant time demands at work and new things must be learned along the way.

Nurses, of the elderly experienced that demands and accusations from patient’s relatives were stressful. Earlier studies have made similar findings; patients’ relatives can act aggressively or have unrealistic demands on how patient should be treated which causes frustration for the nurses. The taking care of patients and patients' relatives was a cause of conflict for the nurses. Patients could have unrealistic expectations and therefore become disappointed when reality is different (Härenstam et al., 1996). Also was it difficult for nurses to face patients’ relatives after sad news. Nurses from old peoples’ home felt that patients who were aggressive and blaming were hard to deal with, especially in the care of dementia. One of the hardest categories of patients is dementia patients. That which is especially difficult was the loss of a colleague, stated nurses from Tornio. These unexpected deaths are always hard for people to deal with.

A problem for nurses who care for elderly had to do with co-workers disagreements, mainly in form of name calling. In the old peoples’ home were nurses afraid to face conflicts. Often when people are scared they do not show their true attitudes. Or when a strong personality is present are others often confirmative. Therefore the group’s culture or climate was negative. Often when there is competition or an egoistic person it is negatively influencing teamwork. It was hard for other nurses to give sanctions and disinvolve person who acted against the norms. Nurse did not have respect for others and therefore created conflict (Nilsson, 1993). Hospital nurses in Tornio, who care for elderly showed a lack of trust. The work demands teamwork and that is why nurses sometimes must work with unique people, of whom they do not know. This causes decrease in trust (Michélsen et al., 1999). When nurses know each other and know what everyone can do, then the team works well making it much more enjoyable (Härenstam et al., 1996).
The only difference between nurses of the elderly, hospital nurses and nurses in an old peoples’ home in Tornio, was that nurses’ from the latter group were not as satisfied with the support from the administration. The organizations are quite alike. They have almost the same number of health care workers. Hospital nurses perform more medical work and as is the patient turnover rate higher. In the old peoples’ home, did nurses also give medication, but they do not perform medical treatments and contacts with patients are deeper and longer lasting periods. The quantity and quality of human relationships influence nurses. Deeper patient contact can be negative if quantitative pressure is too hard (Kalimo, 1987). Therefore, there can be differences between these two organizations.

All and all nurses from both groups had quite similar work strain results. Both showed a high level of psychological stress. But nurses of the elderly had a significantly higher physical strain in their work. Nurses who care for children had significantly more role stress in the dimension of role ambiguity. Also they worried about work on their leisure time significantly more than nurses from the other group. Predictability and control in work was quite similar for both groups. Significant differences were found that nurses who care for children had poorer job descriptions and definition of responsibility. Both groups experienced about the same amount of work pressure, which caused physical symptoms. Nurses from both groups also felt that they have supportive and satisfying relationships. Nurses who care for children showed significantly greater degree that they did not have enough time to finish one assignment before starting a new task. Nurses who care for children had significantly greater negative attitudes, less free time activities, and slept and ate more poorly than nurses who care for the elderly did, which points out that they are in a greater risk for burnout, than nurses who work with elderly.

Nurses, who care for elderly, had higher physical strain, this supports results from earlier studies. High psychological strain for both groups was expected. Nurses who nurse children, experienced more role stress, role conflict, and that they got unclear job descriptions and definition of responsibility. Role stress and the previous factors are dependent on the nurses’ organization. The organization should be better defining responsibility and what has to be done in work. Avoiding multiple authorities and clear information is a way to diminish role stress for health care workers. It could be that nurses
in this organization were insecure about that they have completed everything they needed to do at work and were the patients’ needs fulfilled. Nurses should try not to think about work on their free time. Hobbies are good strategy to diminish role conflict (Maslach, 1985). This even lowers the burnout risk, which was greater for nurses who care for children.

Nurses coped mainly by talking to colleagues. Often did health care workers try to solve their own problems. Therefore, nurses used both emotion-focused and problem-focused coping, but when really difficult situations occurred was talking the preferred method, or in other words emotion-focused coping. This supports the theory about problem-focused and emotion-focused coping. Nurses, from the hospital in Kemi and in Tornio, were satisfied with support from their organizations, but nurses from the old peoples’ home felt that support was unsatisfactory.

The results showed that the organizations could do a lot to diminish the nurses’ strain and help them cope. Main differences in two groups of nurses were due to the organizations. Disregarding the higher physical strain of nursing elderly, since it is part of the job. It could also be that nursing in bigger hospital causes more role stress. According to Kahn et al., (1964) role ambiguity results from organizational size and complexity. The hospital in Kemi has more than 700 employees compared to hospital and old peoples’ home in Tornio which are significantly smaller.

Reliability and validity
Reliability problem might have occurred with the qualitative section, there the author could incorrectly analyze the answers. Experimenter bias could have occurred, since the author is human it is hard to be totally objective and not let ones own feelings and hopes influence the interpretation. This can occur when results or argumentations are not interpreted objectively because of an unconscious mistake. One factor in the present study that might have influenced the study’s reliability was “Role Stress Scale” developed by Rizzo et al. It was originally written in English and the sample Finnish making translating of the questions into Finnish an area of possible error. The questions were difficult, so the author feared that the sample population would not understand questions in English.
Words were carefully and most accurately translated. The purpose was to have translated questions with same meaning as the original questions. Of course, the translation could have affected the words exact meaning. This was taken into consideration when the conclusions were drawn.

A developed test by Rizzo et al., (1970) and independent questions were used in the study. It is important to use appropriate scientific knowledge for a test design, standardization, validation, reduction or elimination of bias, and recommendations for use. When evaluation of the results were conducted did the author take into account the purpose of the evaluation, as well as, the various test factors, test-taking abilities, and other characteristics of the person being evaluated, such as situational, personal, linguistic, and cultural differences that might affect author’s judgments or reduce the accuracy of person’s interpretations. In the study of people, can bias easily occur. Especially in qualitative research author can easily let their own background effect the interpretations (APA, 2004). Therefore, author has been conscious not to make hasty conclusions.

Another source that could have influenced study’s reliability are answer scales. If the respondent filled out survey in a hurry, then he or she could have missed the fact that scales negative and positive sides were opposite from “Role Stress Scale” to the 20 questions about psychological strain. But usually people read before filling out surveys and notice these kinds of changes.

Because the present study employed self report measures, the results must be interpreted with some caution. Sometimes people answer according to how they think they should respond and not how they really feel. This causes a biased sample and therefore produces misleading results. There is no guarantee that answers from the sample were totally valid or accurate. People may have been reluctant to admit undesirable or embarrassing things about themselves, or they may have answered what they believed they should have answered. For example, nurses may have expressed feelings of strain that did not correspond precisely how they really felt. Answers might have been due to factors such as nurse’s motivation to please author.
A survey’s validity depends on the representativeness of the sample population, that is the people in the sample must be representative of the larger group in which researcher was interested (Goodwin, 2001). This sample presented nurses from two different nursing areas. Therefore, two groups of nurses were chosen from similar conditions. It would have been better if the two groups came from the same hospital but this was not possible, because hospital in Kemi nurses elderly for acute purposes and then these patients are sent to city hospitals for longer treatment.

With psychology concepts it is necessary to define them, because every participant should have the same understanding of a variable. Psychology concepts are often abstract and that is why people can misunderstand them, which then can be a threat to study’s validity (Goodwin, 2001). There was psychological concept in questionnaire, which was provided with definition. The author tried to avoid concepts which could be difficult to understand. The developed “Role Stress Scale” has already established good reliability and validity. The author’s own twenty questions and open ended questions about coping were developed according theories. Of course these questions may not have as good validity as the “Role Stress Scale” has. A threat to the study’s internal validity could have been that other things than work itself were a stress factor, for example family problems. Another threat occurs when comparisons are made between nonequivalent groups. Two groups can be different and be influenced by instrumentation in different ways. To have the highest degree of external validity a study’s results should generalize in three ways; to other populations, to other environments, and to other times (Goodwin, 2001). Because these organizations are in Finland, other countries may have different systems. For example they could have more employees in their organizations and the organizations could make different changes. A problem was the return rate of the questionnaires. The groups should have been as equivalent as possible. In the present study was the group of nurses who cared for elderly twice as large as the other group. A more equivalent sample is the easier it is to generalize. That is why the study’s sample was constructed from nurses who work in the same country.
**Method discussion**

The author chose to use quantitative data research to get knowledge about nurses’ stress and qualitative data research to get knowledge about nurses’ coping. The author thought this was the best way to get deeper understanding about their coping.

Out of those 100 questionnaires a 66% was the response rate, so nonattendance in the study was relatively high. This level of nonresponse together with small population has influenced study’s possibilities to safe generalizations from study to population. Author was conscious about this, but believed that study shows tendency about nurses’, from two different areas of nursing, strain and coping. 18 nurses who care for children were under represented, when comparing to 48 nurses who care for elderly. Some of the reasons why nonattendance of 34 persons occurred in this study are that; nurses did not want to answer, nurses were on a holiday or on a sick leave at that time and there were other questionnaires that nurses were asked to fill out, maybe it was too much to do. There were also uncompleted questions. Meaning that those who filled out questionnaires did not answer all questions. This occurred mainly in the open ended questions, or in other words coping questions.

An alternative method could have been interviews to diminish nonattendance. Also waiting for nurses to fill out questionnaires at their workplace would have increased response rate, though it would have been difficult for nurses to find time to fill out questionnaires during work hours.

**Conclusion and suggestions**

The results disprove the study’s hypothesis. The author believed that nursing elderly was more demanding, than nursing children. Only physical demands were higher for nurses who nurse elderly.

According to the theories used were the differences between the groups due to organizational differences. These results are consistent with used theories. Organizational influences should be studied more. Therefore, research should be conducted to study organizations effect on these factors. Co-workers influence on work satisfaction is an
interesting issue for further study. Social interaction can have quite a significant meaning at the workplace, especially in a hospital. The nurses’ background variables, like responsibility for home and family, were not studied. It would be important to see what role these variables play as combined with stress at work. It could be sometimes difficult for employees to know, if they experiences stress because of work or because of their private life. This study has contributed to nurses work conditions.
REFERENCES


44
1. Sukupuoli  
1 Mies  
2 Nainen  

2. Ikä__________vuotta  

3. Työpaikka  
1 Länsi-Pohjan keskussairaala  
2 Tornion terveyskeskus  
3 Suensaaren vanhainkoti  

4. Ammatti (ja mahdollinen osasto)  

5. Kuinka kauan olet työskennellyt nykyisessä työtehtävässä? _______________  

6. Kuvatkaa lyhyesti tärkeimpiä työtehtäviänne  

7. Stressi testi  
7.1 Rooli konflikti  

<table>
<thead>
<tr>
<th>Täysin samaa mieltä</th>
<th>Täysin eri mieltä</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minun täytyy tehdä asioita, jotka pitäisi tehdä toisin.</td>
<td>7</td>
</tr>
<tr>
<td>2. Saan työtehtäviä, joiden suorittamiseen ei ole tarpeeksi työntekijöitä.</td>
<td>7</td>
</tr>
<tr>
<td>3. Minun täytyy vahvistaa sääntö tai menettelytapa, ennen kuin pystyn suorittamaan tehtävän.</td>
<td>7</td>
</tr>
<tr>
<td>4. Työskentelen kahden tai usean ryhmän kanssa, jotka toimivat eri tavoin.</td>
<td>7</td>
</tr>
<tr>
<td>5. Minulle esitetään ristiriitaisia vaatimuksia kahden tai useanma henkilön taholta.</td>
<td>7</td>
</tr>
<tr>
<td>6. Teen asioita, jotka yhdellä henki-löllä on tapana hyväksyä, muttei muilla.</td>
<td>7</td>
</tr>
<tr>
<td>7. Saan työtehtäviä ilman riittäviä voimavaroja ja tarvikkeita niiden suorittamiseen.</td>
<td>7</td>
</tr>
<tr>
<td>8. Työskentelen turhien asioiden kanssa.</td>
<td>7</td>
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</tbody>
</table>
7.2 Roolin epäselvyyss

<table>
<thead>
<tr>
<th>Täysin samaa mieltä</th>
<th>Täysin eri mieltä</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tiedän kuinka paljon valtuu minulla on.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
<tr>
<td>2. Työlleni on selkeät, suunnitellut tavoitteet ja tarkoitukset.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
<tr>
<td>3. Tiedän, että olen jakanut aika oikealla tavalla.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
<tr>
<td>4. Tiedän velvollisuuteni/vastuuni.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
<tr>
<td>5. Tiedän tarkalleen mitä minulta odotetaan.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
<tr>
<td>6. Selitys on selkeää siitä mitä töissä pitää tehdä.</td>
<td>7 6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

8. Psyykkinen stressi

Ympyröi se vaihtoehto, joka vastaa teidän tilannettanne töissä.

8.1 Työni on fyysisesti

<table>
<thead>
<tr>
<th>-3</th>
<th>-2</th>
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<th>0</th>
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<tr>
<td>raskasta</td>
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8.2 Työni on psykkisesti

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8.3 Millaisen koet ppaperityömäärän?

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<tr>
<th>-3</th>
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<td>raskaaksi</td>
<td>kevyeksi</td>
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8.4 Millaiseksi koet ihmissuhteet töissäsi?

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<tr>
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<th>0</th>
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<td>raskaaksi</td>
<td>kevyeksi</td>
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8.5 Uskon, että ihmissuhteeni töissä kärsivät minun ärsyyntyvyyteni vuoksi?

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<th>-2</th>
<th>-1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>liikaa</td>
<td>ei yhtään</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8.6 Kuinka paljon työssä on taukoja?  
-3...2...-1...0...1...2...3  
ei yhtään liikaa

8.7 Kerkeätkö tehdä yhden tehtävän loppuun ennen kuin aloitat uuden tehtävän?  
-3...2...-1...0...1...2...3  
en koskaan useasti

8.8 Saatko tarpeksi informaatiota työpaikalla?  
-3...2...-1...0...1...2...3  
ei yhtään liikaa

8.9 Minun on vaikea keskittyä työasioihin.  
-3...2...-1...0...1...2...3  
useasti ei koskaan

8.10 Minulla on fyysisiä oireita, joiden luulen johtuvan työpaineistani.  
-3...2...-1...0...1...2...3  
liikaa ei yhtään

8.11 Uusk, että minulla on liikaa stressiä.  
-3...2...-1...0...1...2...3  
liikaa ei yhtään

8.12 Kuinka paljon mietit töihin liittyviä asioita vapaa-ajalla?  
-3...2...-1...0...1...2...3  
liikaa ei yhtään

8.13 Minulla on huolia ja pelkoja, jotka häiritsevät elämääni?  
-3...2...-1...0...1...2...3  
ei yhtään liikaa

8.14 Minun asenteeni ovat yleensä negatiivisia.  
-3...2...-1...0...1...2...3  
useasti ei koskaan

8.15 Mietin usein montaa asiaa yhtä aikaa.  
-3...2...-1...0...1...2...3  
useasti en koskaan

8.16 Minulla on lähisiä ihmisiä, joiden kanssa voin keskustella kaikenlaisista asioista.  
-3...2...-1...0...1...2...3  
ei yhtään liikaa

8.17 Minulla on harrastuksia.  
-3...2...-1...0...1...2...3  
ei yhtään liikaa

8.18 Kuntoiletko tarpeksi?  
-3...2...-1...0...1...2...3  
en koskaan useasti

8.19 Syötkö tarpeksi terveellistä ruokaa päivittäin?  
-3...2...-1...0...1...2...3  
en koskaan useasti

8.20 Saatko nukuttua tarpeksi?  
-3...2...-1...0...1...2...3  
en koskaan useasti
9. Coping

Kirjoittakaa vastauksenne riveille.

9.1 Kerro lyhyesti tapahtuma työpaikalla, joka tuntui vaikealta ja raskaalta? Mitä tapahtui ja miksi se oli vaikeaa?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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9.2 Miten selvisit tilanteesta? Keneltä saat tukea?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________

9.3 Antaako työnjohto tukea vaikeiden tilanteiden sattuessa? (Esim. debriefing= Kriisien ja katastrofien psykologinen jälkipiinti.)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
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_______________________________________________________________________________
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_______________________________________________________________________________

Kiitoksia osallistumisesta!
1. Gender
   1 Male
   2 Female

2. Age_______ years

3. Workplace
   1 Länsi-Pohjan keskussairaala
   2 Tornion terveyskeskus
   3 Suensaaren vanhainkoti

4. Occupation (and ward)

5. Work experience in present organization? ______________

6. Describe shortly your main tasks in work.

7. Role Stress Scale
7.1 Role Conflict

<table>
<thead>
<tr>
<th></th>
<th>Very true</th>
<th>Very false</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have to do things that should be done differently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>2. I receive an assignment without the manpower to complete it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>3. I have to buck a rule or policy in order to carry out an assignment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>4. I work with two or more groups who operate quite differently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>5. I receive incompatible requests from two or more people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>6. I do things that are apt to be accepted by one person and not accepted by others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
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<tr>
<td>7. I receive an assignment without adequate resources and materials to execute it.</td>
<td></td>
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<td></td>
<td>7 6 5 4 3 2 1</td>
<td></td>
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<tr>
<td>8. I work on unnecessary things.</td>
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<td></td>
<td>7 6 5 4 3 2 1</td>
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</tr>
</tbody>
</table>
7.2 Role Ambiguity

<table>
<thead>
<tr>
<th></th>
<th>Very true</th>
<th>Very false</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel certain about how much authority I have.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>2. Clear, planned goals and objectives for my job.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>3. I know that I have divided my time properly.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>4. I know what my responsibilities are.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>5. I know exactly what is expected of me.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>6. Explanation is clear of what has to be done.</td>
<td>7 6 5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

8. Psychological Strain

Circle option which deals with situation in work.

8.1 My work is physically

-3....-2....-1....0....1....2....3

8.2 My work is mentally

-3....-2....-1....0....1....2....3

8.3 How do you experience paperwork load in your work

-3....-2....-1....0....1....2....3

8.4 How are your relationships in workplace?

-3....-2....-1....0....1....2....3

8.5 I believe that one or more of my relationships in work suffers because of my irritability.

-3....-2....-1....0....1....2....3
<table>
<thead>
<tr>
<th>Question</th>
<th>Score Range</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have enough breaks in your work?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>none to too much</td>
</tr>
<tr>
<td>Do you have time to finish one assignment before you start a new one?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>never to always</td>
</tr>
<tr>
<td>Do you get enough information in work?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>none to too much</td>
</tr>
<tr>
<td>Is it difficult for you to concentrate?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>always to never</td>
</tr>
<tr>
<td>I have a physical problem that I suspect comes from pressures in my work.</td>
<td>-3...2...-1...0...1...2...3</td>
<td>too much to none</td>
</tr>
<tr>
<td>I believe I have too much stress.</td>
<td>-3...2...-1...0...1...2...3</td>
<td>too much to none</td>
</tr>
<tr>
<td>Do you think about work during your free time?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>too much to none</td>
</tr>
<tr>
<td>I have concerns that interfere?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>too much to none</td>
</tr>
<tr>
<td>My attitudes are usually negative?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>always to never</td>
</tr>
<tr>
<td>Do you have many things in mind at the same time?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>always to never</td>
</tr>
<tr>
<td>Do you have close people who you can talk with about everything?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>none to too many</td>
</tr>
<tr>
<td>Do you have hobbies?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>none to too much</td>
</tr>
<tr>
<td>Do you exercise?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>never to always</td>
</tr>
<tr>
<td>Do you eat enough healthy food?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>never to always</td>
</tr>
<tr>
<td>Do you get enough sleep?</td>
<td>-3...2...-1...0...1...2...3</td>
<td>never to always</td>
</tr>
</tbody>
</table>
9. Coping

Write your answer to the lines.

9.1 Briefly describe situation in work which felt stressful and hard? What happened? Why was it difficult?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

9.2 How did you cope from it? Did you get support from someone?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

9.3 Does administration give support for employees when difficult situations take place in work? (For example debrief= Psychologically go through situation after crisis.)

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Thank you!