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An Examination of the Relationship Between Emotional Intelligence and Occupational Stress in a Mental Health Setting

Kelly D. Lill

AN EXAMINATION OF THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND OCCUPATIONAL STRESS IN A MENTAL HEALTH SETTING

DISSERTATION

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ABSTRACT

AN EXAMINATION OF THE RELATIONSHP BETWEEN EMOTIONAL INTELLIGENCE AND OCCUPATIONAL STRESS IN A MENTAL HEALTH SETTING

Kelly D. Lill

Barry University, 2006

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Purpose

The purpose of this study was to determine if there is a relationship between emotional intelligence and occupational stress. All of the participants in this study were voluntary, at least 18 years of age, and currently employed. The data was collected through two self-report questionnaires. The self-administered instruments selected were the Trait Meta-Mood Scale (TMMS) that measures emotional intelligence and the Occupational Stress Inventory (OSI). The collected data was analyzed via a statistical program called SPSS.

Method

A correlational design was selected to investigate the extent of the relationship between emotional intelligence and occupational stress in a mental health setting. The participants completed a demographic survey as well as two self-administered questionnaires: the Trait Meta-Mood Scale (TMMS) and the Occupational Stress Inventory (OSI).

Major Findings

A significant relationship was found between the Attention subscale of the TMMS and the Role Boundary subscale of the OSI Significant relationships were also found between the Clarity subscale of the TMMS and the Interpersonal Strain subscale of the OSI as well as between the Clarity subscale of the TMMS and the Rational/Cognitive Coping subscale of the OSI. A significant relationship was found between age and the Clarity subscale of the TMMS. A significant relationship was also found between age and three subscales of the OSI: Physical Environment (Occupational Roles Questionnaire), Psychological Strain (Personal Strain Questionnaire), and Self-Care (Personal Resources Questionnaire). Finally, the Attention subscale of the TMMS differed significantly across all three of the occupational groups.

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I firmly believe that the major accomplishments in our lives would not be possible without the guidance, support, and assistance of others. The completion of this research project is by no means an exception to that belief.

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DEDICATION

I dedicate this dissertation to the memory of my late brother, John T. Cunningham. Despite the brief time I was able to spend with him, the way he lived his life inspired me to be adventurous, to be silly, to try to seek out the positives, and to strive to be the best that I can be. Most importantly I am grateful to him for helping me to realize that I am never really alone, that it's okay to not have all the answers, that it's okay to ask for help, and that we all make mistakes.

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CHAPTER I

THE PROBLEM

Introduction

Many studies have been conducted on both the causes of stress and ways in which to moderate stress (Fontana & McLaughlin, 1988; Lightsey & Christopher, 1997; Longnecker, Schaffer, & Scazzero, 1999; Lu, 1999). Nevertheless, it does not appear that there has been an examination of proactive moderation of stress, occupational stress in particular.

The purpose of this study is to investigate the extent of the relationship between emotional intelligence and occupational stress. This research will examine emotional intelligence and its relevance as a proactive moderator of occupational stress in employed adults. The objective is to determine whether working adults who report high levels of occupational stress have low levels of emotional intelligence.

This study is designed to explore the possibility that increased self-awareness and self-regulation has a positive effect in the reduction of occupational stress. This study will look at the relationship between these two key areas of emotional intelligence and reported occupational stress in working adults.

Background

An article entitled, Stress – America's #1 Health Problem (n.d.) estimated that occupational stress is directly responsible for the expenditure of approximately $200-$300 billion per year by American industry. Research presented at the Work Stress and Health '95 Conference (Cahill, Lansbergis & Schnall, 1995) shows that these moneys are spent in the form of absenteeism, diminished productivity, compensation claims, health insurance, and direct medical expenses. Evidence of this is seen in the following statistics: 500 million lost days of work per year due to illness and disability, 93 million

back problems, and 23 million cardiovascular complaints. From their research, Cahill, Lansbergis, and Schnall (1995) have concluded that those employees who experience increased stress tend to smoke more, eat poorly, have increased drug and alcohol problems, have increased family problems, increased interpersonal conflicts, and increased physical illness. The National Safety Council has identified stress and stress related problems as the cause for the absence of 1 million employees on an average workday ("Stress – America's", n.d.).

The American Institute of Stress (AIS) identifies stress as America's number one health problem. The AIS (1983) cites the following statistics in support of their claim: 75-90% of visits to primary care physicians are for stress related problems, 89% of adults describe experiencing "high levels of stress", 78% of Americans describe their jobs as stressful, 60-80% of accidents on the job are stress related, 40% of worker turnover is due to job stress. Xerox Corporation estimates that it costs approximately $1-$1.5 million to replace a top executive and average employee turnover costs between $2,000-$13,000). Probably the most shocking and disturbing statistic offered by the AIS is that in 1992 there were 11,000 reported incidents of violence in the workplace, which resulted in 750 deaths (the AIS draws a correlation between violent crime/mass murder in the workplace and occupational stress).

Stress has been defined as mental or emotional pressure (American Heritage Dictionary, 1983). Unless one is trained in the sciences of the mind and body, the word stress carries solely a negative connotation. According to Davis, Eshelman, and McKay (1983) stress is a natural and necessary energy state without which early man may not have survived. Once, it was the norm to utilize the fight or flight response when confronted with a situation that induced feeling of fear, discomfort, or anxiety. But, over the centuries, such responses came to be thought of as socially inappropriate. In essence, what appears to have happened is that propriety and social custom has exerted a negative impact on an otherwise survival oriented and natural human response. Simply stated,

instead of dealing with immediate emotional stressors as a society we have come instead to internalize them. This maladaptive response has resulted in increased strain, both physiological and psychological, and has become a major contributor to decreased performance and productivity of both the individual and American industry as a whole.

Cahill, Landsbergis, and Schnall (1995) state that there are multiple causes of job stress. In their presentation at the Work Stress and Health ’95 Conference, multiple occupational stressors were identified and included both physical and social stressors. The identified physical stressors include: a chemical agent, physical agents, hazards which cause fear, and uncomfortable work areas. Included in the social stressors were categories such as: high job demands, low job control, conflicting demands, poor relations with co-workers, lack of promotions, etc.

An article written by McGuire (1999) quotes Dr. Linda Rosenstock, Director of the National Institute of Occupational Safety and Health (NIOSH), as identifying that “the growth in job stress…may be connected in part to the widespread downsizing of corporate America in recent years” (p.1). Also, in this article, Ray Marshall, Secretary of Labor during the Carter administration, postulates “growing problems of job stress and a decline in worker health are a direct result of unequal distribution of wealth and income in America since the 1970’s” (p.27).

Theoretical Framework

Goleman (1995) postulates that emotional intelligence is a learned capacity. The emotional competencies of self-awareness and self-regulation can be learned, increased, and fine-tuned through experience and environmental exposure. The hypothesized shared underlying principal between occupational stress and emotional intelligence is that the first is a result of a lack of coping skills whereas the latter reflects their presence. Statistical evidence of a relationship between these two specific variables may indicate the need for employers to shift their attention to include not only technical competency training but emotional competency training as well. A favorable experimental result

would allow employers the option of formulating a proactive plan to prevent/decrease occupational stress rather than to helplessly fall victim to its costly effects.

Goleman, in his book, Working With Emotional Intelligence, points out that stress is a direct result of both emotional implosion and emotional explosion. Both of these maladaptive responses to stressful stimuli can serve as precursors to serious medical/health risks. These risks include headaches, increased smoking, increased alcohol use, decreased sleep, etc. The utilization of maladaptive responses to stressful stimuli may in fact be due to a diminished or faulty ability to understand one's internal states and/or manage those internal states.

The ability to understand ones emotions/internal states as well as the ability to regulate those emotions/internal states are two of the key components of Goleman's Emotional Competency Framework. Increased capacity for understanding our thoughts and our feelings about those thoughts coupled with an increased capacity to productively manage those thoughts and feelings have long been the focus of psychotherapy of the individual. Applying those same concepts in an organizational forum may serve as a means to begin combating the detrimental physical, emotional, and financial effects of occupational stress.

Statement of the Problem

Much of the literature examining job stress or occupational stress seems to conclude that occupational stress is resultant of a precipitating event or situation. There seems to be a lack of research in the area of cognitive/emotional prevention with regard to occupational stress. The specific problem addressed in this study is to determine if a lack of emotional intelligence is a preventable problem which creates a vulnerability to occupational stress.

Purpose of the Study

The purpose of this study is to determine if there is a relationship between emotional intelligence and occupational stress in a mental health setting. This study will

also examine whether factors such as age and profession are related to resultant findings of he relationship between emotional intelligence and occupational stress.

Significance of the Study

The significance of this study will be to provide additional data on the relationship between emotional intelligence and occupational stress. The results of this study may serve to encourage organizations to utilize proactive measures in the prevention of occupational stress.

Research Questions

This study is being undertaken in order to investigate the extent of the relationship between emotional intelligence and occupational stress. The primary research question is concerned with a comparison of reported levels of emotional intelligence and occupational stress. It is expected that individuals reporting higher levels of emotional intelligence will report lower levels of occupational stress.

The following are the three research questions that were examined:

1. Is there a relationship between emotional intelligence and occupational stress?
2. Is age a factor with regard to the relationship between emotional intelligence and occupational stress?
3. Is there a significant difference between emotional intelligence and occupational stress between clinical and non-clinical personnel?

Definition of Terms

Goleman (1998), defines the following terms:

EQ/emotional intelligence: the collective abilities of self-awareness, self-regulation, empathy, and adeptness in relationships.

Self-awareness: Knowing what we are feeling in the moment, and using those preferences to guide our decision making; having a realistic assessment of our abilities and a well grounded sense of self-confidence.

Self-regulation; handling our emotions so that they facilitate rather than interfere

with the task at hand; being conscientious and delaying gratification to pursue goals; recovering well from emotional distress.

Osipow and Spokane (1992) define the following term:

OSI/Occupational Stress Inventory: a concise measure of three dimensions or domains of occupational adjustment: occupational stress, psychological strain, and coping resources .

Salovey et al. (2002) define the following term:

TMMS/Trait Meta-Mood Scale: assesses perceived ability to (a) attend to moods (Attention), (b) discriminate clearly among moods (Clarity), and (c) regulate moods (Repair).

Test Instrument Selection and Rationale

The Trait Meta-Mood Scale (Salovey et al., 1995) is the survey questionnaire chosen to measure levels of emotional intelligence. This particular instrument is also brief with regard to the time necessary to administer, which as described previously is of importance with regard to possible time constraints on survey participants. The 33 Trait Meta-Mood Scale has also been found to be both reliable and valid.

The instrument selected to determine levels of occupational stress in this study is the Occupational Stress Inventory (Osipow & Spokane, 1992). This particular instrument was chosen as it has been found to be both a reliable and valid tool for the measurement of occupational stress. The Occupational Stress Inventory was chosen for several other reasons as well. First, the instrument can be completed during an average time span of 20 to 40 minutes. This is of importance in this particular study, as participants will be asked to complete the questionnaires during work hours. Lastly, the actual survey questions have been estimated to be at approximately a seventh grade reading level. This too is of importance given the wide range of educational levels of the participants.

Organization of the Study

The purpose of Chapter I is to provide the necessary background information as

well as a description of the purpose of and need for the study. In Chapter II, the related literature will be reviewed in order that the foundation for the study is provided to the reader. In Chapter III, both the research methodology and research procedures will be outlined. In Chapter IV, the data and results will be presented. Finally, in Chapter V, conclusions, implications, and recommendations will be offered.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction and Overview

American industry is currently being held under the proverbial thumb of an elusive and extremely costly culprit called stress. Over the past several decades, the battle against stress appears to have progressed from merely focusing on either eliminating the stressor(s) to alleviating the resultant symptomlogical complaints. Research over the past twenty years has begun to look beyond the mere causes and effects of stress, turning its focus to the healthy management and regulation of stress itself (DeFrank & Ivancevich, 1998; Lightsey & Christopher, 1997; Longnecker, Schaffer, & Scazzero, 1999; Tetrick & LaRocco, 1987).

As it is the intent of this study to examine the relationship between emotional intelligence and occupational stress, it is necessary to include a discussion of some of the subtopics/subcategories inherent in these two particular variables. The following discussion will cover the topics of positive stress, negative stress, occupational stress, and emotional intelligence.

Emotional Intelligence

Salovey (1990) coined the term “Emotional Intelligence”. The definition of emotional intelligence is the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and actions. Goleman (1995) identifies five different aspects inclusive of emotional intelligence: self-awareness, emotional management, self-motivation, empathy, and relationship management.

In his book entitled “Emotional Intelligence: Why it Can Matter More Than IQ”, Goleman (1995) credits Salovey and Mayer (1990) as comprising the construct of EQ of the following characteristics or abilities: knowing ones emotions, managing emotions, motivating oneself, recognizing emotions in others, and handling relationships. In

essence, emotional intelligence is the ability to manage and regulate incoming emotional stimuli in both interpersonal and intrapersonal situations.

Goleman (1995) postulates that emotional intelligence or control is essential for optimal functioning of the individual. Much in line with the neuroscientific premise of the physiology explained by Jensen (1996) of ones reaction to stressors, Goleman alludes to the concept of amygdala override as being a maladaptive response. In this line of thinking, comes the concept of self-awareness, Jensen likens this to knowing not only what one needs to know but in the case of human emotions knowing what one is feeling. According to this theory, once a stressor is perceived it is assigned an emotional significance by the limbic system, specifically the amygdala. This information is then passed on to the neocortex via various neuronal pathways. When a stimulus is perceived as a threat, the response time of the human brain is limited by the sheer nature of the stimulus. This is when the brain goes into what Goleman refers to as amygdala override; rational processing by the neocortex is inhibited. Jensen points out that stressful stimuli prevent sufficient blood flow and electrical activity to the rational centers of the brain therefore limiting an individual's response to restrictive and primal reactions or in other words, the individual focuses on safety and survival.

Key to managing this primal but often necessary reaction to threatening stimuli are two concepts inherent in emotional intelligence as defined by Goleman (1995): self-awareness and self-regulation. Self-awareness is defined as ones ability to know which emotions they are feeling, realizing the links between feelings and behavior, recognizing the effects of feelings on performance, and having an awareness of ones feelings as they relate to their goals. Self-regulation is ability to manage distressing emotions, remain optimistic and composed, and remain composed (Goleman, 1995).

Goleman (1995) refers to the concept of self-awareness as ones fundamental emotional competence. Goleman quotes Richard Boyatazis, as stating that "It's a focusing ability, knowing the internal meters and subtle signals of what you're feeling,

and using them as an ongoing guide to what you are doing" (p.55). The ability to be self aware is a learned ability and can be cultivated as can the ability to regulate ones emotions.

Self-regulation or self-control is essentially the ability to control ones emotions and impulses. In the case of emotional intelligence, the negatively weighted emotions and the maladaptive responses are specifically those characteristics of the individual's behavior that are targeted. Enhancing ones capacity for self regulation would include implementing and adhering to daily schedules and routines, utilizing various self calming techniques effectively, and resisting immediate impulses as well as learning to accept delayed gratification rather than immediate gratification.

Emotional Intelligence and Age

Age has been shown to be a factor when examining emotional intelligence. According to Goleman (1995), " In the normal course of a lifetime, emotional intelligence tends to increase as we learn to be more aware of our moods, to handle distressing emotions better, to listen and to empathize – in short we become more mature (p.240). Mayer and Salovey (1997) also conclude that adults exhibited greater levels of emotional intelligence than adolescents.

Positive Stress

Positive stress is that which is brought on by the occurrence of a generally desirable event such as the birth of a child or college graduation (Jensen, 1996). This particular type of stress is generally indicative of a positive change in life events that requires an individual to change or adjust his/her life or way of living. Positive stress is differentiated from negative stress in that positive stress is generally more manageable and is facilitative of an individual's motivation to achieve or accomplish a task or goal (Davis, Eschelman & McKay, 1988).

Positive stress can also be a result of the presentation of negative or adverse stimuli. In this instance stress is experienced as a means to an end, it is facilitative of

motivating an individual to safeguard him/herself. The human reaction in this case was termed the "fight or flight" response by Walter B. Cannon in the early 1900's. This response is indicative of an intense reaction which signals the human body to stimulate the production of epinephrine and hydrocortisol when an imminent threat is perceived. Selye, who identified the physiological causal pathway that results from the fight or flight response, conducted further study in this area. It was Selye who coined the terms stress (the effect of the stimulus) and stressor (the cause or the stimulus itself) (Davis, Eshelman & McKay, 1988).

Negative Stress

Stress takes on a negative quality when the nature of the stressor or the quantity of the stressors is more than a given individual can tolerate or manage effectively (Jensen, 1996). Miller and Smith, as cited by the American Psychological Association (1997), identifies three different types of stress: acute, episodic acute, and chronic. Acute stress is identified as being the most common of the three types.

> Acute stress is the most common form of stress. It comes from demands and pressures of the recent past and demands and pressures of the near future… Because it is short term, acute stress doesn't have enough time to do the extensive damage associated with long-term stress. The most common symptoms are stomach, gut and bowel problems, and elevation in blood pressure (p.1).

Episodic acute stress is explained as:

> It is common for people with acute stress reactions to be over aroused, short-tempered, irritable, anxious, and tense. Often, they describe themselves as having "a lot of nervous energy". Always in a hurry, they tend to be abrupt, and sometimes their irritability comes across as hostility. Interpersonal relationships deteriorate rapidly when others respond with real hostility. The work becomes a stressful place for them. Another form of episodic acute stress comes from ceaseless worry. "Worry warts" see disaster around every corner and pessimistically forecast

> catastrophe in every situation. The world is a dangerous place where something awful is always about to happen…The symptoms of episodic acute stress are the symptoms of extended over arousal: persistent tension headaches, migraines, hypertension, chest pain, and heart disease (p.1).

Chronic stress is described as:

> Chronic stress comes when a person never sees a way out a miserable situation. It's the stress of unrelenting demands and pressures for seemingly interminable periods of time. With no hope, the individual gives up searching for solutions…Chronic stress kills through suicide, violence, heart attack, stroke, and perhaps even cancer. People wear down to a final fatal breakdown. Because physical and mental resources are depleted through long-term attrition, the symptoms of chronic stress are difficult to treat and may require extended medical as well as behavioral treatment and stress management (p.2).

According to Davis, Eshelman, and McKay (1988) most of the systems of the body can be damaged by stress. Included in these systems are the reproductive system, respiratory system, immune system, cardiovascular system, and the limbic system that regulates emotion. Recent research has shown that the financial consequences of impairment in these areas, as well as the costs incurred due to related accidental injury and aggressive behavior are phenomenal (Longnecker, Schaeffer, & Scazzero, 1999; DeFrank & Ivancevich, 1998; Lu, 1999).

Jensen (1996) discussed the impact of the human survival instinct when an individual is faced with a threatening situation. He explained that when confronted with given threatening stressors that the human brain forgoes both creativity and rational thinking. This is done in order that tried and true behaviors take over in order to protect the individual from real or perceived danger.

Also, according to Jensen (1996), stressful/threatening stimuli cause distinct changes in the blood flow and electrical activity in the human brain and because of this,

the individual reacts differently than when in non-stressful situations. Stressful stimuli are predictors of automatic reactions, which in turn cause a sense of learned helplessness. And because of this override of the ability to think rationally, the individual is unable to detect patterns and is incapable of effective problem solving. It has been found that implementing various behavioral and coping concepts/techniques can be beneficial to the afflicted individual when the brain is faced with such dilemmas (Newton & Keenan, 1985; Lu & Chen, 1996; Fontana & McLlaughlin, 1998).

Much of the focus with regard to the treatment of stress in American society appears to have been approached in a reactive manner. Techniques such as exercise, nutrition, relaxation breathing, progressive muscle relaxation, guided imagery, and biofeedback have been found to be effective in the treatment of individuals who present with emotional and physical symptoms related to increased levels of stress (Davis, Eshelman & McKay, 1988). Although these techniques have been shown to be effective, they are often not implemented until after much of the damage has already occurred. Depression, anxiety, hypertension, alcohol abuse, and suppressed immune systems can all be treated to some degree. But at this juncture there continues to be evident an escalating number of individuals who report symptoms consistent with increasing levels of stress (Longnecker, Schaeffer & Scazzero, 1999; De Frank & Ivancevich, 1998).

Eysenck (1995) points out that there is a causal link between personality/stress experience and disease. Eysenck furthers this statement by pointing out the “importance of personality and stress in the cessation of disease would be of purely academic interest if there did not exist methods of treatment that would render these risk factors less potent”. Eysenck & Grossarth-Maticek (1991) discuss the use of various techniques of behavioral therapy as preventative intervention methods for those physical health conditions such as cancer and coronary heart disease. This is of importance due to the premise that stress induces a depressive psychological state which leads to increased levels of cortisol, which in turn decreases the efficiency of the immune system (Lewis,

O'Sullivan & Barraclough, 1994).

Occupational Stress

Much of the research with regard to stress has focused on the realm of stress in the workplace or occupational stress. According to Segall (2000), more than 65 million Americans suffer symptoms of stress, and overall, they spend more than $370 million a year on stress-busting fitness routines, and stress related pharmaceutical drugs and books. Segall (2000) also reports that 15% to 30% of employed Americans feel markedly "fatigued "from work. A study by the International Labor Organization (2001) identifies clinical depression as one of the most common illnesses in the United States, affecting one in ten working age adults each year. Numerous occupational stress related surveys have shown high instances of employee reported work stress: 40% of workers report their job is "very or extremely stressful" (Northwestern National Life, 1991), 26 % of workers report they are "often or very often burned out or stressed out by their work" (Families and Work Institute, 1998), and 29% of workers report they feel "quite a bit or extremely stressed at work" (Yale University, 1997).

In addition to the monetary impacts of occupational stress on American industry itself, there are also numerous health conditions which are identified as being resultant in the individual. The Encyclopaedia of Occupational Safety and Health (1997) cites the following conditions as being directly related to occupational stress: cardiovascular disease, musculoskeletal disease, psychological disorders, and workplace injury. Suicide, cancer, and impaired immune function have also been identified as areas for further research with regard to a relationship with stressful working conditions (Encyclopaedia of Occupational Safety and Health, 1997).

Organizations such as the National Institute for Occupational Safety and Health and The American Institute of Stress have pointed to the workplace itself as being an antecedent to increasing stress in the American workforce. At the Work Stress and Health 1995 Conference, Cahill, Landsbergis, and Schnall presented an introductory guide for

management, complete with strategies and suggestions for reducing stress in the workplace. In their presentation they outline changes that will assist in facilitating healthy organizational change including: increasing technical skill levels, improving physical working conditions, providing job security, and the healthy use of technology. Also identified were increasing autonomy and control as well as improving coping mechanisms. These two items seemed of particular interest, as they are areas over which the employee or individual has ultimate control. They are also areas that lend themselves to a proactive approach to preventing the occurrence or increase of occupational stress. Many organizations are equipped with Employee Assistance Programs (EAP) and offer seminars and training regarding human resource issues (Schott, 1999). But again, these strategies are generally reactive in nature and are usually implemented after the perceived need has emerged.

Key to finding preventative measures to ameliorate occupational stress is locating common characteristics of those who are afflicted. Lisa Rabasca (May, 1999), cited findings from the Work Stress and Health 1999 Conference that indicated that individuals who find their work personally gratifying tend to be better equipped to handle job stress. Seligman and Buchanan (1995), in their study of college freshman found that learned optimism has a positive effect on decreasing the likelihood of experiencing moderate to severe depression which can result from increased stress levels. Linda Rosenstock, Director of the National Institute for Occupational Safety and Health, during the Work Stress and Health ’99 Conference drew a probable connection between the downsizing of corporate America and the rising incidence of occupational stress. These are only a few common rationales for the incidence of stress and if examined closely there are innumerable precursors. One of the common themes in many of these precursors is embedded in an individual’s ability to be aware of what their triggers are as well as how to regulate their emotional and behavioral responses.

Occupational Stress in the Mental Health Field

The Bureau of Labor Statistics (2003), report that the number of anxiety, stress, and neurotic disorder cases by private industry by occupation as follows: technical, sales, and administrative support along with managerial and professional specialty occupations constituted 63.5% of anxiety, stress, and neurotic disorder cases in 2001.The ability to regulate emotional and behavioral responses is often the focus of therapy or mental health counseling. Given this there seems to be an underlying expectation that these abilities would be inherent in mental health clinicians. Several studies have concluded that occupational stress is also experienced by mental health practitioners (Gabel & Oster, 1998; Cushway & Tyler, 1996). These studies have shown that professional counselors exhibit moderate to significant levels of stress. Kirkaldy and Siefen (2002) in their study of clinical directors in child and adolescent psychiatry found that medical professionals tended to exhibit greater job related stress, more specifically in terms of workload, managerial role and daily hassles. In a study by Sowa and May (1994), counselors where examined with regard to occupational stress. The results of the study concluded that counselors as a whole are not more or less occupationally stressed than their professional peers. A research project conducted by Storey and Billingham (2001), examined occupational stress with regard to social workers. The findings of the study related to location of stress, level of stress, sources and effects of stress as well as job satisfaction indicate that social workers identified work life as the most stressful area of their lives. In another study, Gillis and Kim (2004) found that mental health case managers lower job satisfaction was associated with both lack of organizational support as well as higher levels of job stress.

Summary

Chapter II presented a review of the literature related to emotional intelligence and occupational stress. The literature review begins with an overview of emotional intelligence with and emphasis on self-awareness and self-regulation. The next section

focuses on stress, specifically categories of stress as well as symptoms and treatment. The next section provides a description of occupational stress or job stress as well as stress within the mental health field.

CHAPTER III

METHODOLOGY

Introduction

The primary goal of this correlational research was to investigate the extent to which variations in levels of emotional intelligence correspond with variations in reported levels of occupational stress. Chapter III is comprised of descriptions of the following: research design, research rationale, survey instruments, selection of participants, procedure, research hypothesis external validity, data analysis, and limitations.

Research Design

Isaac and Michael (1997) delineate the following as characteristic of the correlational design: (a) It is appropriate when the variables being studied are very complex and/or do not lend themselves to the experimental method and controlled manipulation; (b) it permits the measurement of several variables and their interrelationships simultaneously in a realistic setting, and (c) it can be used to determine the degree of a relationship rather than the all-or-nothing question posed by the experimental design. As with any research design, the correlational design has several limitations. According to Isaac and Michael this design does not necessarily identify cause-effect relationships, it exercises no control over the independent variables, is prone to spurious relational patterns which have little or no reliability or validity, and relational patterns are often arbitrary and ambiguous.

Research Rationale

A correlational research design was selected for this study. This design was selected, as it is well suited to investigate the extent to which variations in levels of occupational stress correspond to variations in levels of emotional intelligence based on the use of correlation coefficients. According to Isaac and Michael (1997), a correlational design is used in order to investigate the extent to which variations in one factor

correspond with variations in one or more other factors based on correlation coefficients. In addition, a correlational design was chosen as this particular study offers no "treatment", does not intend to infer causality, and offers no control and/or manipulation of variables.

Research Hypotheses

This study was undertaken in order to investigate the extent of the relationship between levels of emotional intelligence and levels of occupational stress. The primary research hypothesis in this regard was: Individuals reporting higher levels of emotional intelligence will report lower levels of occupational stress. The following are the null hypotheses that were examined:

1. There is not a significant relationship between emotional intelligence and occupational stress.
2. Age is not a factor with regard to the strength of the relationship between emotional intelligence and occupational stress.
3. There is not a significant difference in the relationship between emotional intelligence and occupational stress among clinical and non-clinical personnel.

Predictive Variable

Emotional intelligence scores were considered the predictive variable that is presumed to be the catalyst in this study. These scores were derived from the administration and subsequent scoring of the Trait Meta-Mood Scale (Salovey et al., 1995). Other predictive variables examined were age and clinical/non-clinical status. In order to control for confounding variables, it was necessary to recruit subjects from the sample population who are able to speak/read the English language. This in an attempt to ensure that all survey items were understood. The subjects for the study were selected through the use of voluntary participation.

Criterion Variable

The criterion variables in this study were the reported levels of occupational stress. These scores were obtained through the administration and subsequent scoring of the Occupational Stress Inventory (Osipow & Spokane, 1992). This particular stress inventory was developed by Osipow and Spokane in order to gauge occupational stress with regard to Occupational Roles, Personal Strain, and Personal Resources.

Participants

The population targeted for this study was 39 individuals currently employed by a non-profit community mental health center in Central Florida. The community mental health center provides both mental health and substance abuse services to children and adolescents in various Florida counties.

The mental health center is comprised of a diverse population of employees, culturally, socio-economically, and educationally. In order to be included in this study, volunteers were currently employed by the center, speak/read English, and were at least 18 years of age. There were no additional selection characteristics other than the individual's voluntary participation.

Selection of Participants

The participants for the study were a volunteer sample of employees. A copy of the recruitment notice and consent form are attached at Appendices A and B, respectively. The recruitment notice includes a description of the study. The description indicates the purpose of the study and the amount of time needed to participate. Interested individuals were allotted agency time during which to participate in the study. Confidentiality safeguards, which included the fact that no names will be used, were included on the posted notice.

Prior to the collection of any data, an explanation of the study was given, an opportunity for questions and subsequent answers was made available, and the participants were asked to sign a consent form. It was also explained that participants

were free to drop out of the study at any time without negative consequences. Participants were provided with a copy of the consent form.

It was explained to all participants that confidentiality would be maintained as no names will be used nor required on any questionnaires but that all data collected will be numerically coded. Consent forms are stored separately from any collected data and will remain in a locked area accessible only to this researcher.

Instrumentation

General Description of the Occupational Stress Inventory

The instrument selected to determine levels of occupational stress in this study was the Occupational Stress Inventory (OSI). It was developed in order to measure occupational stressors that would apply across different occupational levels and environments. It is based on an integrated theoretical model that links (a) sources of stress in the work environment, (b) the psychological strains experienced as a result of work stressors, and (c) the coping resources available to combat the effects of stressors and alleviate strain (Osipow and Spokane, 1992).

The Occupational Stress Inventory is comprised of three different domains: The Occupational Role Questionnaire, The Personal Strain Questionnaire, and the Personal Resources Questionnaire. The Occupational Roles Questionnaire measures responses with regard to role overload, role insufficiency, role ambiguity, role boundary, responsibility, and physical environment. The Personal Strain Questionnaire measures aspects of psychological strain with regard to vocational strain, psychological strain, interpersonal strain, and physical strain. In measuring coping resources, the Personal Resources Questionnaire examines recreation, self-care, social support, and rational/cognitive coping.

Psychometric Properties of the Occupational Stress Inventory

Osipow and Spokane (1992) provide that normative data on 909 adults employed primarily in technical, professional, and managerial positions in schools, service

organizations, and manufacturing settings. The following were the demographics identified in this normative sample: mean age was 44.46, mean number of years in current position was 6.5; the gender makeup of the sample was 48.8% male and 52.5% female. There was no available data with regard to race or ethnic background in this sample.

According to Osipow and Spokane (1992), an internal consistency analysis was conducted examining a sample of 549 working adults. The resulting correlation coefficients for the total questionnaire scores were .89 for the Occupational Roles Questionnaire, .94 for the Psychological Strain Questionnaire and .99 for the Personal Resources Questionnaire.

Validity data for the Occupational Stress Inventory are derived from four principle sources (a) factor analytic studies, (b) correlation studies of the relationships of the scales to variables of practical and theoretical importance, (c) studies using the scales as outcome measures following stress reduction treatment, and (d) studies of the stress, strain, and coping model employing comparisons of selected criterion groups (Osipow and Spokane, 1992). Alexander (1983), through the implementation of factor analysis, concluded that there was substantial agreement between the scales of the Occupational Stress Inventory and patterns of factor loading. According to Osipow and Spokane (1992) a large number of correlational studies have been conducted that provide moderate to strong support of the concurrent validity of the Occupational Stress Inventory. Osipow and Spokane (1992) cite studies (Higgins, 1986; Smith, in press) that show the Occupational Stress Inventory scales PSQ and PRQ are sensitive outcome measures of treatment effects.

General Description of the Trait Meta-Mood Scale

The instrument selected to determine levels of emotional intelligence is the Trait Meta-Mood Scale. Salovey, Mayer, Goldman, Turvey, and Palfai developed the Trait Meta-Mood Scale in 1995. This particular self-report measure of emotional intelligence

was based on the model set forth by Salovey and Mayer (1990). Currently there are multiple widely used emotional intelligence scales: the Bar-On Emotional Quotient Inventory (Bar-On, 1996a, b) and the Style in the Perception of Affect Scale (Bernet, 1996). These instruments consist of 133 items and 93 items respectively. Due to possible participant time constraints, the Trait Meta-Mood Scale provides a brief yet validated self-report measure of emotional intelligence. The instrument consists of 48 questions in a 5 point Likert scale format.

This particular instrument was chosen due to its brevity with regard to length of administration time. Although other emotional intelligence measurement scales could have been selected, the Trait Meta-Mood Scale does not place as great of a time constraint on the participants completing the survey.

Psychometric Properties of the Trait Meta-Mood Scale

The Trait Meta-Mood Scale (TMMS), developed by Salovey, Mayer, Goldman, Turvey & Palfai (1995) was designed to measure individual differences in the ability to assess and regulate emotions. The Trait Meta-Mood Scale consists of 48 survey items to which participants respond on a 5-point Lickert scale. The Trait Meta-Mood Scale is devised of three subscales: (a) Attention – the ability to attend to emotions; (b) Clarity – the ability to discriminate emotions; and (c) Mood Repair – the ability to maintain a positive outlook and terminate negative mood states. The subscales showed adequate internal consistency with Cronbach's alpha = .86, .87, and .82 for Attention, Clarity, and Mood Repair, respectively. The Trait Meta-Mood Scale has been shown to have adequate internal consistency and good convergent and discriminant validity (Salovey et al., 1995).

The Trait Meta-Mood Scale was has been determined to have construct validity (Salovey, Stroud, Woolery, and Epel 2002). Their findings show that the Trait Meta – Mood Scale was (a) positively correlated with psychological and interpersonal functioning; (b) Mood Repair was associated with more coping and reduced rumination; and (c) both Clarity and Mood Repair were negatively related to depression. Salovey et

al. reported that higher levels of emotional intelligence as measured by the Trait Meta-Mood Scale were associated with fewer physical symptoms and more adaptive responses to stressors.

Procedure

This research study was designed to examine the relationship between levels of emotional intelligence and levels of occupational stress. It was anticipated that data collected would allow for additional examinations of these two variables in relation to the following variables: clinical vs. non-clinical personnel, work or professional status, age, gender, and years in the field/profession.

The resulting sample from the population came from those willing to participate in the study. Each volunteer signed up for a voluntary survey administration session, which was held at the facility in which they are employed.

With the approval of the Executive Director, it was planned that all survey instruments were administered during work hours. Both the Trait Meta-Mood Scale and the Occupational Stress Inventory were administered during the same allotted time period. The estimated total time required to complete both questionnaires was approximately 45 minutes. The Trait Meta-Mood Scale was administered first followed by the Occupational Stress Inventory. Participants were asked to indicate their current level of education, gender, and number of years in current position, age, and whether their current position is classified as clinical or non-clinical. In order to control for any researcher bias in the administration of the surveys, was planned that a research assistant will be utilized to administer/collect the initial data. The research assistant was a master's level clinician who was available to answer questions and/or address any concerns with regard to the consent form or the study itself.

Prior to administration of the scales, all participants reviewed and sign the consent form. Upon completion of the questionnaires, participants placed both questionnaires and the demographic information sheet in the envelope provided. All data from each

participant was collected and placed together in the envelope provided. This in order that names were not used on any data or survey forms and confidentiality was safeguarded.

Once data was collected, it has been maintained by the researcher in a secure location to which, only the researcher has access. Consent forms are also stored in a secure location, however separate from the other data. Upon the completion and collection of all data, every questionnaire was scored according to its respective protocol. The collected data was analyzed via the use of The Statistical Package for the Social Sciences for Windows, Version 10.0 (SPSS, Chicago, Ill).

External Validity

With regard to the generalizabilty or representativeness of the findings in this study, the following factors may compromise external validity. As the study has a focus on the employees of a specific mental health center, even through the use of random/ volunteer sampling, results will not necessarily be generalizable to all community mental health center employees. Furthermore, those who volunteer may not be representative of employees who do not volunteer (interaction effects of selection bias and reactive effects of experimental procedures). It is also feasible that the fact that the participants are taking part in a study may effect the manner in which they respond to the questions.

Assumptions

1. The participants were literate with a level of comprehension that allows for an understanding of the survey items.
2. The participants answered to the best of their ability the questions in the Occupational Stress Inventory and the Trait Meta-Mood Scale.

Delimitations

The delimitations that apply to this study are as follows:

1. The participants used were volunteers from various vocational arenas however, from a single company.
2. The participants were 18 years of age or older, and currently employed in a

community mental health center.

Limitations

The limitations of this study are as follows:

1. As this study was limited to employees of a community mental health center, over the age of 18, the results may only be generalizable only to similar individuals.
2. Due to the use of the correlational research design, causality cannot be inferred.
3. As the study was limited to voluntary participants, the results may only apply to similar individuals.

Data Analysis

The Statistical Package for the Social Sciences for Windows, Version 9.0, software was used to analyze the results (SPSS, Chicago, Ill). As the scores on the Occupational Stress Inventory and the Trait Meta-Mood Scale would be considered as continuous variables, the Product-moment correlation technique was utilized. Isaac and Michael (1997) define a continuous variable as one representing an underlying continuum tending to be normally distributed. This also holds true for the demographic information to be gathered (with the exception of the clinical/non-clinical distinction, which is a discrete variable).

Summary

For purposes of review, Chapter III presented the design for and the approach to the study. In addition, both justification and possible limitations were addressed. Variables, instrumentation, participants, and procedure were delineated. Also addressed were the methods of data collection and data analysis.

CHAPTER IV

RESULTS

Introduction

This study was conducted to examine the relationship between emotional intelligence and occupational stress in a mental health setting. Specifically, it was intended to answer three research questions: (a) Is there a relationship between emotional intelligence and occupational stress?; (b) Is age a factor with regard to the relationship between emotional intelligence and occupational stress?; and (c) Is there a significant difference between emotional intelligence and occupational stress between clinical and non-clinical personnel?

The results of the study are presented in this chapter. Descriptive statistics for the participants from who data were obtained are presented, as well as inferential statistics to address each research question. This chapter concludes with a summary of the analyses.

Descriptive Statistics

Data were collected and analyzed on 39 participants currently employed in a mental health setting. The participants completed two self-administered questionnaires, the Trait-Meta Mood Scale (TMMS) and the Occupational Stress Inventory (OSI). Descriptive statistics were computed for the demographics variables of age, gender, ethnicity, educational level, occupational status, and number of years employed in a mental health setting.

The participants ranged in age from 25 to 72 with an average of 47 years and a standard deviation of 11.73. Thus, there were approximately twice as many female as male participants. The results are summarized in Table 1 and the distribution is presented visually in Figure 1.

Table 1: Age of Participants

Age of Participants					
	N	Minimum	Maximum	Mean	Standard Deviation
Age	37	25	72	47.67	11.73

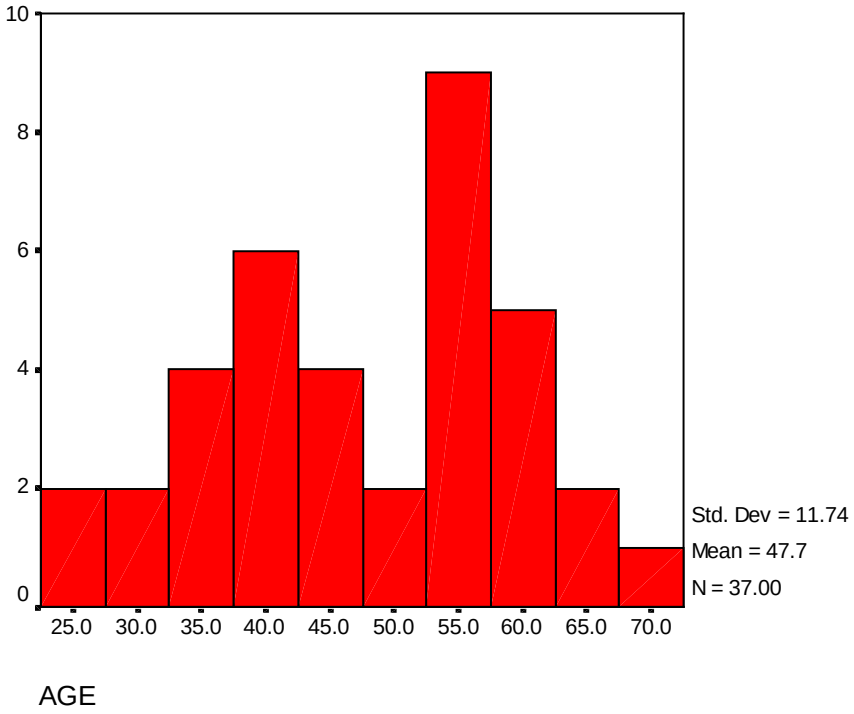

Figure1: Age of Participants

There were 27 females (69.23%) and 12 males (30.77%) who participated in the study. These results are summarized in Table 2 and the visual distributions are presented in Figure 2.

Table 2: Gender of participants

	Frequency	Percent
Male	12	30.8
Female	27	69.2

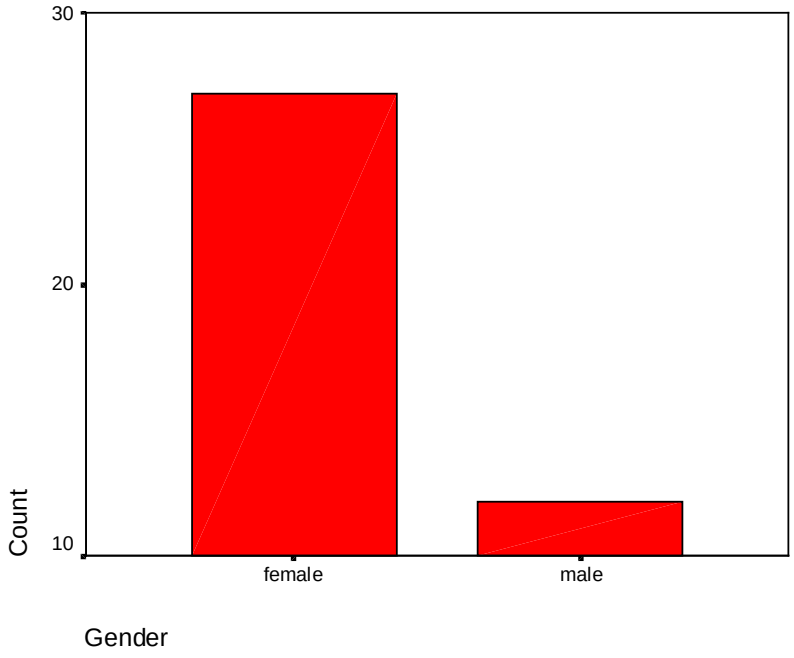

Figure 2: Gender of Participants

A majority of the participants were Caucasian (71.8%). African-Americans accounted for 17.9% of the participants and there was a small representation of Hispanic participants (7.7%). There were no Asian participants, and the remaining 2.6% of participants were representative of the Other category. These results are summarized in Table 3 and the visual distribution is presented in Figure 3.

Table 3: Ethnicity of Participants

	Frequency	Percent
African-American	7	17.9
Caucasian	28	71.8
Hispanic	3	7.7
Other	1	2.6

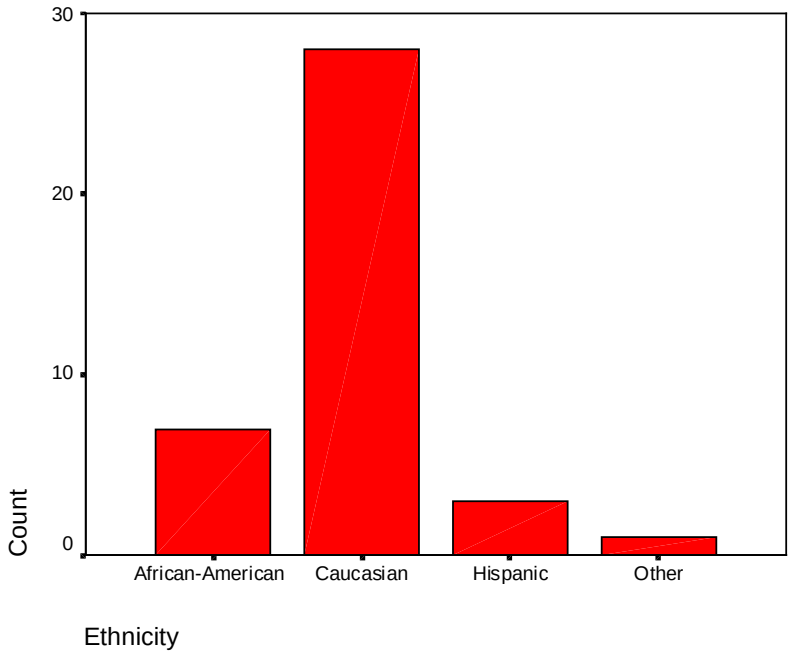

Figure 3: Ethnicity of Participants

The majority of participants reported having earned graduate degrees (56.4%). Having earned an undergraduate degree was reported by 5.1% of participants. Acquiring some college education was reported by 23.1%, earning a high school diploma was reported by 12.8%, and having less than a high school education was reported by 2.6% of participants. Overall, the participants tended to be well educated. These results are summarized in Table 4 and the distribution is visually presented in Figure 4.

Table 4: Educational Level

	Frequency	Percent
Less than High School Diploma	1	2.6
High School Diploma	5	12.8
Some College	9	23.1
Undergraduate Degree	2	5.1
Graduate Degree	22	56.4

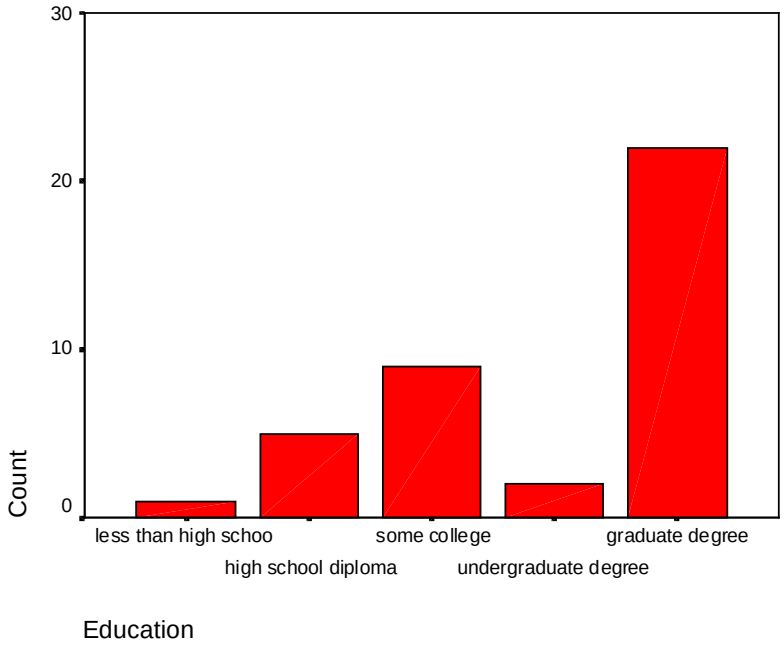

Figure 4: Educational level

All participants were employed in a mental health setting, with the majority being direct care providers. Specifically, 23.1% of the participants reported administrative occupational status, 69.2% reported being employed as direct care providers, and 7.7% of participants were support staff. These results are summarized in Table 5 and the distribution is visually presented in Figure 5.

Table 5: Occupational Status

	Frequency	Percent
Administrative Staff	9	23.1
Direct Care Staff	27	69.2
Support Staff	3	7.7

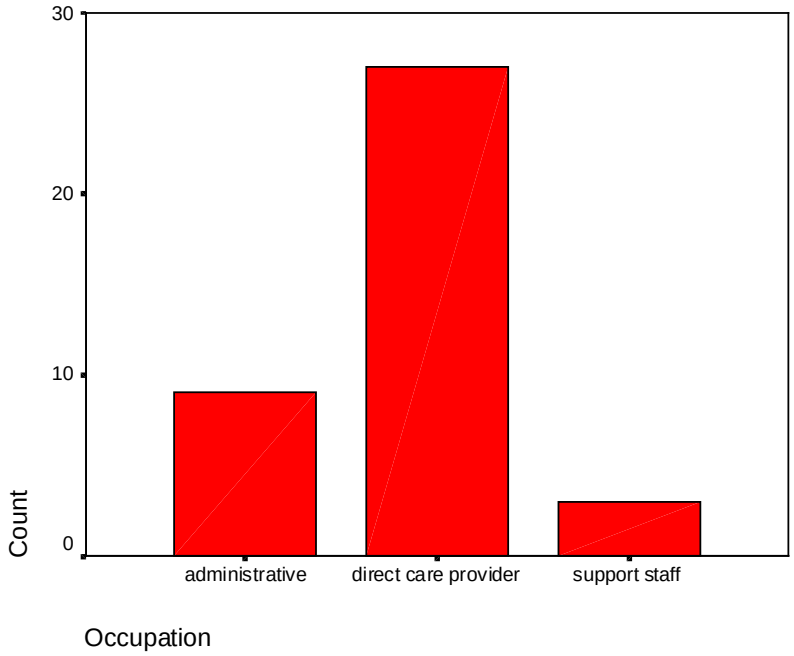

Figure 5: Occupational status

Twenty percent of the participants reported working in the mental health/human services field for 0 –5 years. The majority of participants had worked in this field for 5 – 10 years (35.9%). Those working in the mental health/human services field for 10 – 15 years and 15 – 20 years were at 15.39% and 7.69%, respectively. And those participants reporting working in the mental health human services field for over 20 years was at 20.51%. These results are summarized in Table 6 and visually represented in Figure 6.

Table 6: Number of Years Employed in a Mental Health/Human Service Setting

	Frequency	Percent
0 –5 Years	8	20.5
5 – 10 Years	14	35.9
10 – 15 Years	6	15.4
15 –20 Years	3	7.7
Over 20 Years	8	20.5

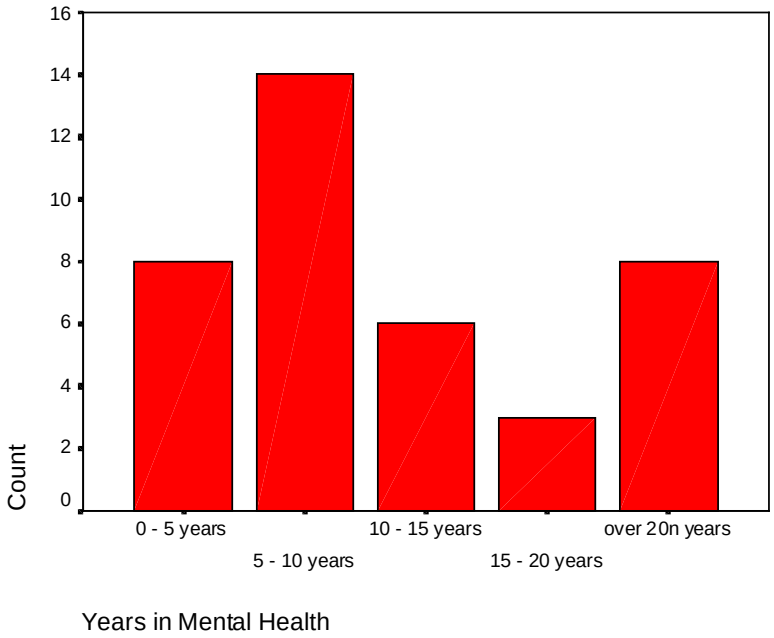

Figure 6: Number of Years Employed in a Mental Health/Human Service Setting

The demographic data show that the participants in this research were predominantly Caucasian females with an age range of 25 to 72 years. The majority of the participants held graduate degrees and was currently employed as direct care providers in a mental health setting. A majority of the participants reported having been employed in a mental health/human service setting for 5 to 10 years.

Inferential Statistics

The Trait Meta-Mood Scale (TMMS), a self –administered questionnaire consisting of 48 questions (Likert Scale format) that measures individual differences in the ability to recognize and manage emotions was completed by each participant. The TMMS contains three subscales: Attention, Clarity, and Repair. The Attention subscale measures the ability to attend to emotions. The Clarity subscale measures the ability to discriminate among emotions. The Repair subscale measures the ability of the individual to regulate emotions and the ability to sift from negative to positive moods. Each participant also completed the Occupational Stress Inventory (OSI), a self-administered questionnaire

consisting of 140 questions. The OSI contains three sub-questionnaires: the Occupational Roles Questionnaire measures the occupational stress and work roles (6 subscales, 10 items per scale); the Personal Strain Questionnaire measures psychological strain (4 subscales, 10 items per scale); and the Personal Resources Questionnaire measures coping resources (4 subscales, 10 items per scale).

Pearson correlation coefficients were computed to determine whether there was any significant relationship between emotional intelligence and occupational stress. The specific subscales examined were the TMMS subscales of Attention, Clarity, and Repair and the Occupational Stress Inventory subscales of Occupational Roles (Role Overload, Role Insufficiency, Role Ambiguity, Role Boundary, Responsibility, and Physical Environment); Personal Strain (Vocational Strain, Psychological Strain, Interpersonal Strain, and Physical Strain); and Personal Resources (Recreation, Self-Care, Social Support, and Rational/Cognitive Coping).

Research Question 1: Is there a relationship between emotional intelligence and occupational stress?

Hypothesis 1: Individuals reporting higher levels of emotional intelligence will report lower levels of occupational stress.

There was a significant correlation between the Attention subscale of the TMMS and the Role Boundary subscale of the Occupational Stress Inventory ($r(37) = -.297$, $p < .05$). The other correlations were not significant. The results are presented in Table 7.

Table 7: TMMS and OSI (Occupational Roles Questionnaire)

	Trait-Meta Mood Scale		
Occupational Stress Inventory	Attention	Clarity	Repair
Role Overload	-.186	.015	.154
Role Insufficiency	-.021	-.080	.154
Role Ambiguity	-.200	-.029	.043
Role Boundary	-.297*	-.033	.053
Responsibility	-.227	-.069	.129
Physical Environment	-.093	-.038	.199

* Correlation is significant at the 0.05 level (1-tailed).

There was a significant correlation between the Clarity subscale of the TMMS and the Interpersonal Strain subscale of the Occupational Stress Inventory ($r(37) = -.292$, $p < .05$). The other correlations were not significant. The results are presented in Table 8.

Table 8: TMMS and OSI (Personal Strain Questionnaire)

	Trait-Meta Mood Scale		
Occupational Stress Inventory	Attention	Clarity	Repair
Vocational Strain	-.073	-.135	.149
Psychological Strain	-.097	-.257	.134
Interpersonal Strain	-.156	-.292*	.158
Physical Strain	-.089	-.092	.228

* Correlation is significant at the 0.05 level (1-tailed).

There was a significant correlation between the Clarity subscale of the TMMS and the Rational/Cognitive Coping subscale of the Occupational Stress Inventory ($r (37) = -.267$, $p < .05$). The other correlations were not significant. The results are presented in Table 9.

Table 9: TMMS and OSI (Personal Resources Questionnaire)

	Trait-Meta Mood Scale		
Occupational Stress Inventory	Attention	Clarity	Repair
Recreation	-.002	.054	.059
Self-Care	.059	.152	-.056
Social Support	.141	.116	-.166
Rational/Cognitive Coping	.098	.267*	.204

* Correlation is significant at the 0.05 level (1-tailed).

Research Question 2: Is age a factor with regard to the relationship between emotional intelligence and occupational stress?

Hypothesis 2: There will be a significant relationship between age and levels of emotional intelligence and occupational stress.

In terms of the relationship between age and emotional intelligence, a significant positive correlation was found only between age and the Clarity subscale of the TMMS ($r (37) =. 341$, $p < 0.05$). The coefficient of determination (r^2) was .34, indicating that 34% of the variance in Clarity was accounted for by the age of the participant. There was no significant correlation between age and the Attention subscale or the Repair subscale of the TMMS. The results are presented in Table 10.

Table 10: Age and TMMS

	Trait-Meta Mood Scale		
	Attention	Clarity	Repair
Age	.007	.341*	-.096

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

In terms of the relationship between age and occupational stress, there was a significant correlation between age and four of the OSI subscales: Physical Environment, Psychological Strain, and Self-Care. The correlation between age and the Physical Environment subscale of the OSI Occupational Roles Questionnaire was $r(37) = -.465$, $p < 0.01$. The coefficient of determination (r^2) was .47, indicating that 47% of the variance in the Physical Environment subscale was accounted for by the age of the participant.

There was a significant negative correlation between age and the Psychological Strain subscale of the OSI Personal Strain Questionnaire ($r(37) = -.429$, $p < 0.01$). The coefficient of determination (r^2) was .43, indicating that 43% of the variance in Psychological Strain was accounted for by the age of the participant.

There was a significant positive correlation between age and the Self-Care subscale of the OSI Personal Resources Questionnaire ($r(37) = .387$, $p< 0.05$). The coefficient of determination was .39, indicating that 39% of the variance in the Self-Care subscale was accounted for by the age of the participant. Therefore, the second null hypothesis was partially rejected. The results are presented in Table 11.

Table 11: Age and Occupational Stress Inventory Correlations

Occupational Roles Questionnaire	Age
Role Overload	-.252
Role Insufficiency	-.138
Role Ambiguity	-.144
Role Boundary	-.180
Responsibility	-.064
Physical Environment	- .465**
Personal Strain Questionnaire	
Vocational Strain	-.294
Psychological Strain	-.429**
Interpersonal Strain	-.302
Physical Strain	-.324
Personal Resources Questionnaire	
Recreation	.154
Self-Care	.387*
Social Support	.173
Rational/Cognitive Coping	.200

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

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

Research Question 3: Is there a significant difference between emotional intelligence and occupational stress between clinical and non-clinical personnel?

Hypothesis 3: There will be a significant relationship between emotional intelligence and occupational stress between clinical and non –clinical personnel.

The data was analyzed using a One-way Analysis of Variance to assess the differences between the occupational groups. Tukey post-hoc comparisons were also calculated to examine all possible pairwise comparisons among the group means.

The Attention subscale of the TMMS differed significantly across the three occupations (administrative, direct care, and support staff), $F(2, 36) = 5.26$, $p = .010$. Tukey post-hoc comparisons of the three groups indicate that the support staff group ($M = 62.00$) gave significantly higher Attention ratings than the administrative group ($M = 49.22$), and the direct care group ($M = 53.07$). Table 12 summarizes the ANOVA, and Figure 7 presents the group means graphically. There were no significant differences found across the three occupations when examining the Repair and Clarity subscales of the TMMS

Table 12

One-Way Analysis of Administrative, Direct Care, and Support Staff groups and the Attention Subscale of the TMMS

Source	Sum of Squares	df	Mean Square	F	Sig.
GROUP	370.95	2	185.48	5.260	.01
Error	1269.41	36	35.261		
Total	110662.00	39			

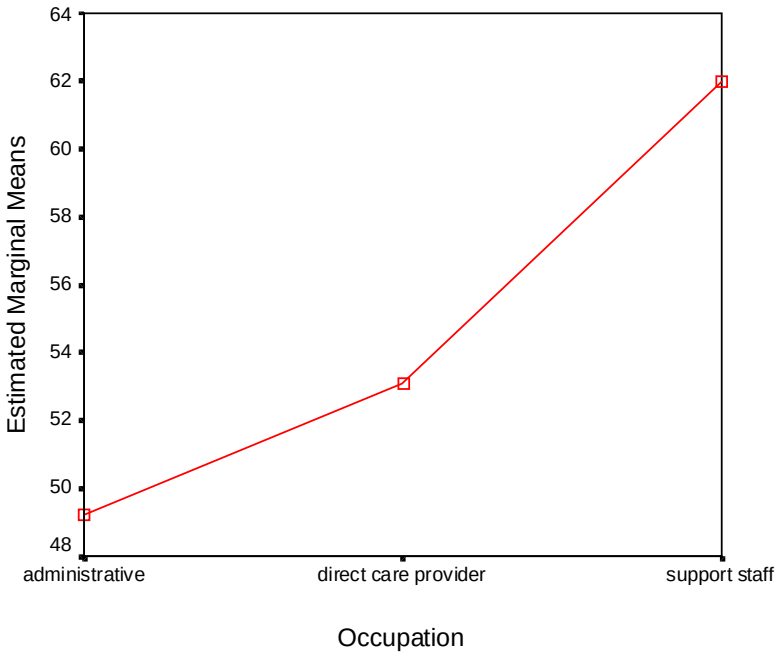

Figure 7: TMMS/Attention Scale and Occupational Status

The fourteen subscales of the OSI were examined as to differences in mean scores across the three occupational groups using one-way ANOVAs. As Table 13 indicates, there were no significant differences found between the groups. Therefore, the third null hypothesis was partially rejected. There were some trends in the data, however, and these are presented visually in Figures 8 – 20.

Table 13

ANOVA Summary for the OSI and Occupational Status

Subscale	F	Sig.	Partial Eta Squared
OSI			
Role Overload	1.828	.175	.092
Role Insufficiency	1.654	.206	.084
Role Ambiguity	1.755	.187	.089
Role Boundary	2.287	.116	.113
Responsibility	1.610	.214	.082
Physical Environment	.191	.827	.011
Vocational Strain	1.044	.363	.055
Psychological Strain	.952	.396	.050
Interpersonal Strain	1.768	.185	.089
Physical Strain	.838	.441	.044
Recreation	2.412	.104	.118
Self-Care	.929	.404	.049
Social Support	.978	.386	.052
Rational/Cognitive Coping	1.023	.370	.054

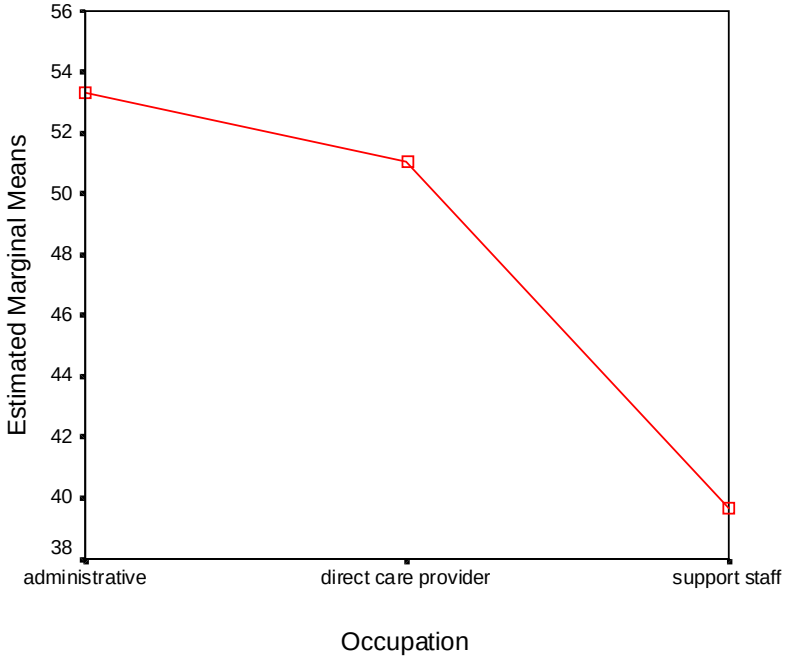

Figure 8: Role Overload Subscale

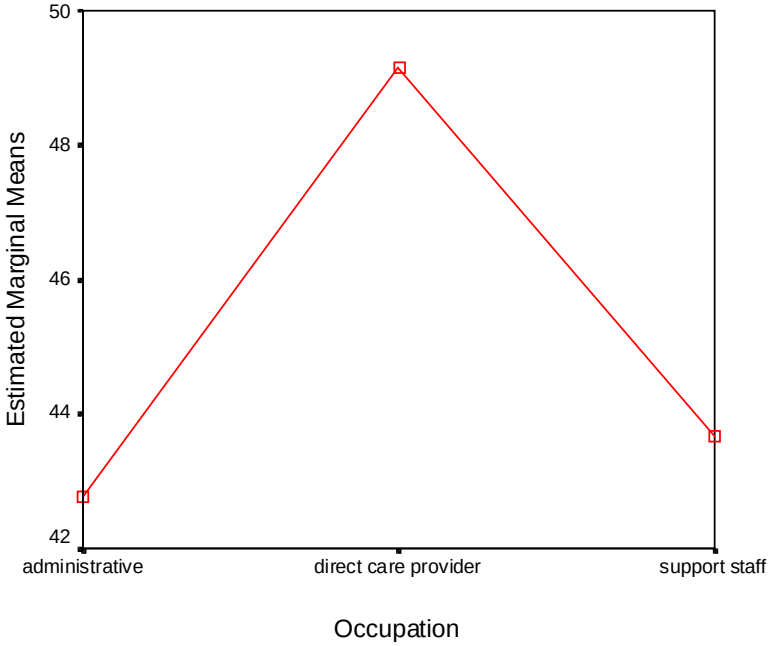

Figure 9: Role Insufficiency Subscale

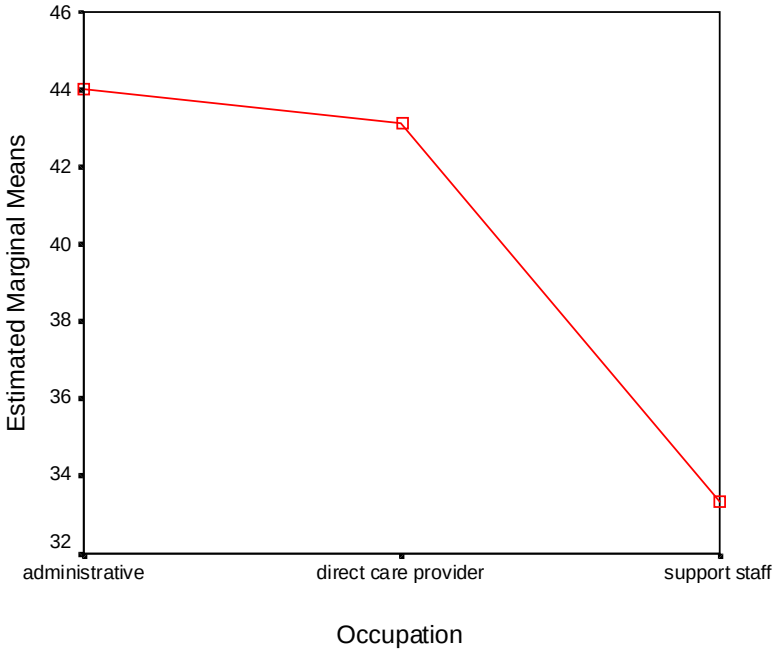

Figure 10: Role Boundary Subscale

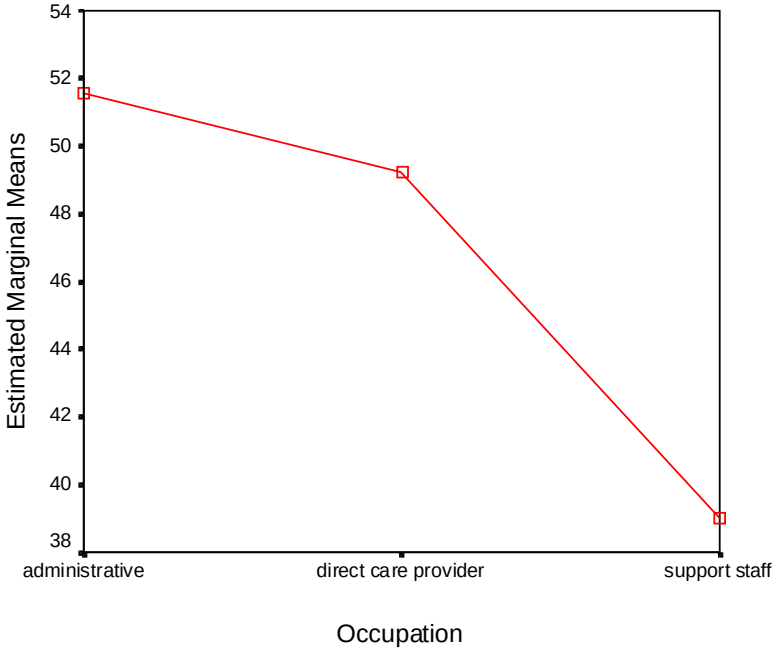

Figure 11: Responsibility Subscale

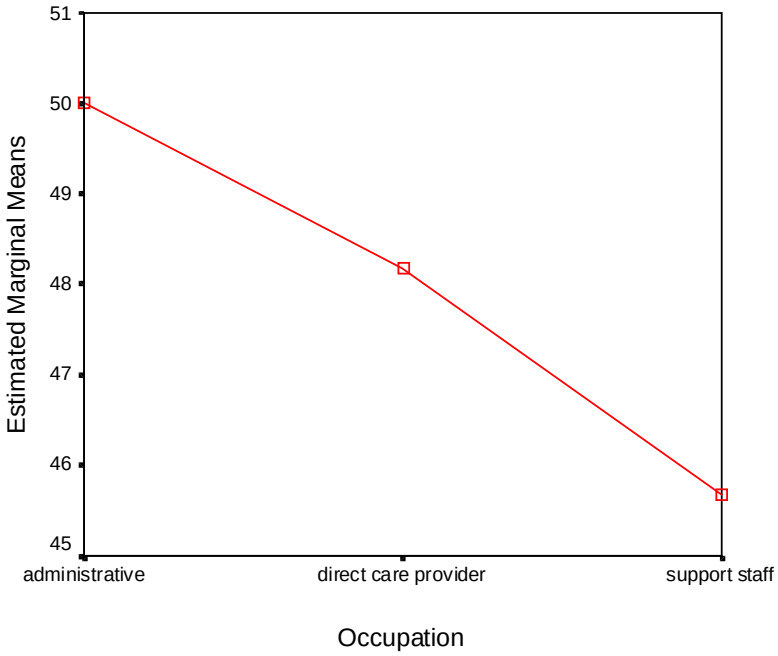

Figure12: Physical Environment Subscale

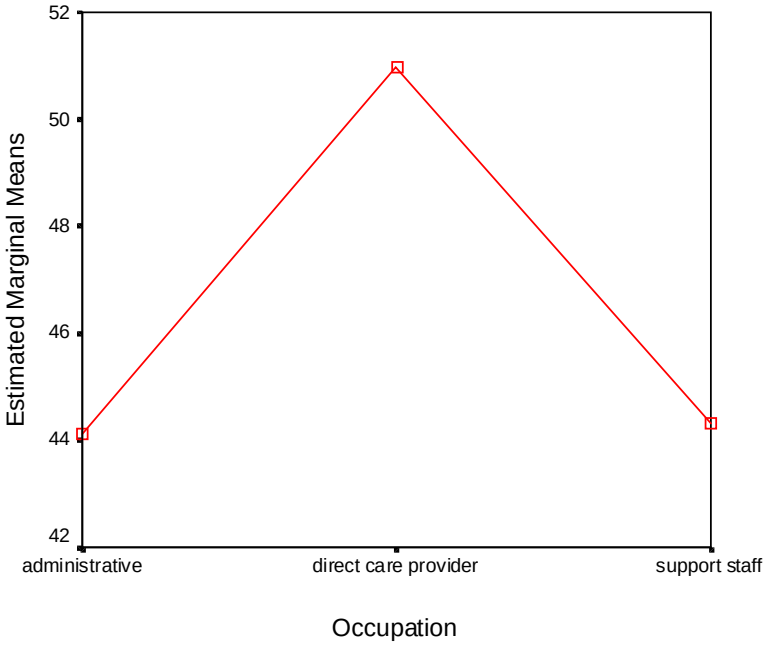

Figure 13: Vocational Strain Subscale

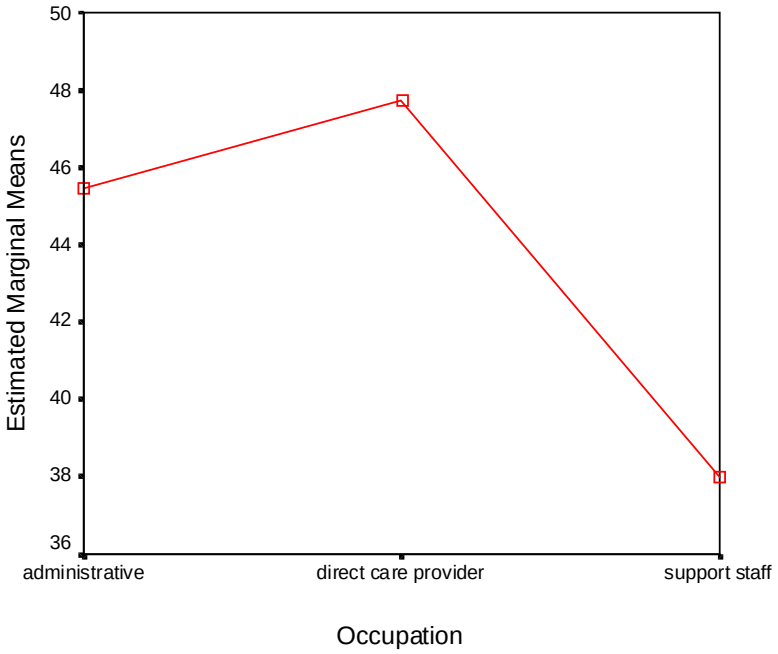

Figure 14: Psychological Strain Subscale

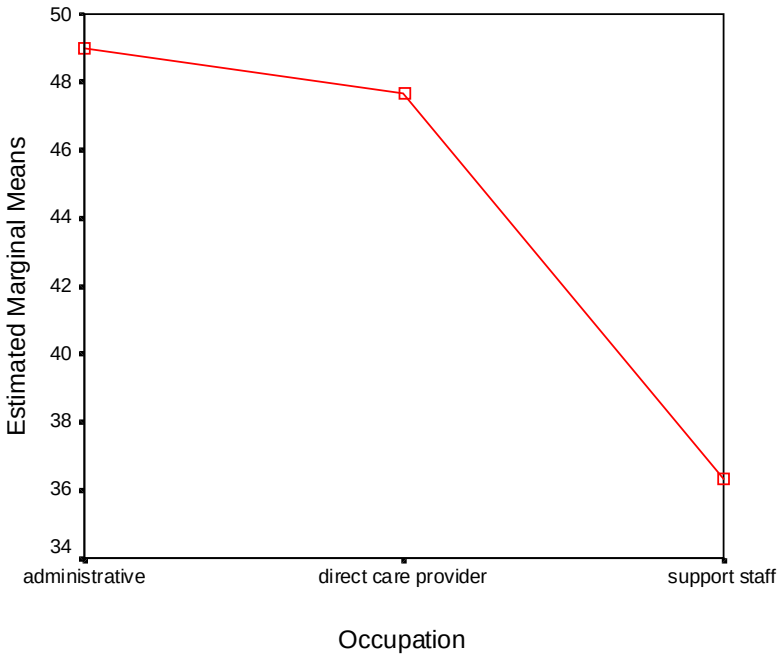

Figure 15: Interpersonal Strain Subscale

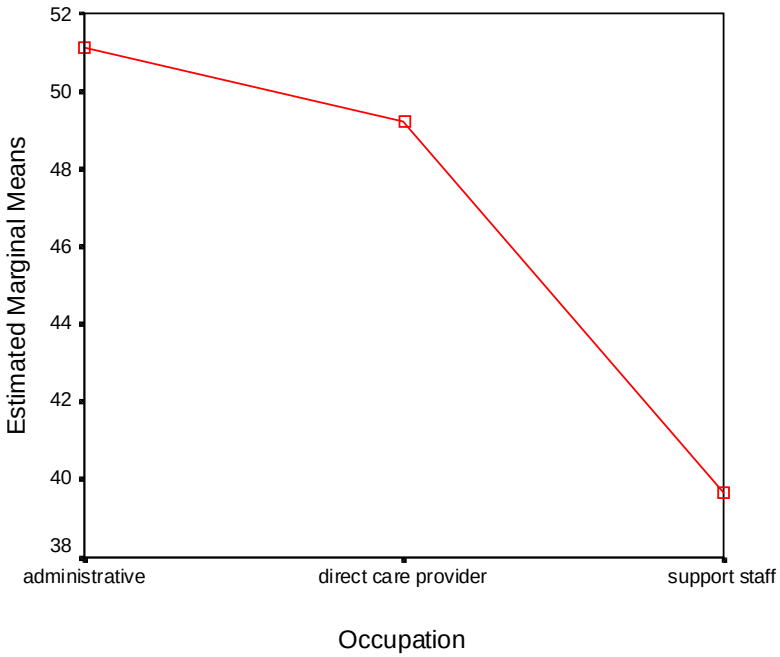

Figure 16: Physical Strain Subscale

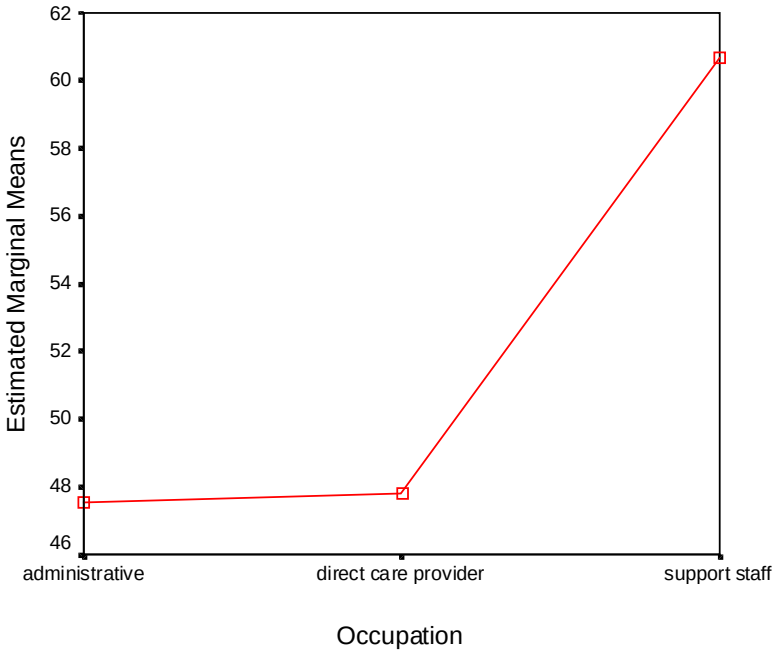

Figure 17: Recreation Subscale

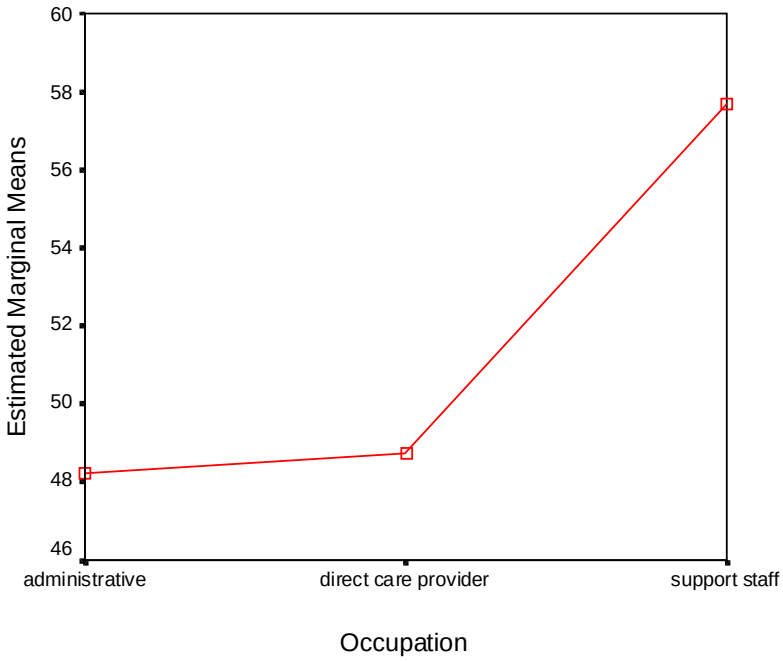

Figure 18: Self-Care Subscale

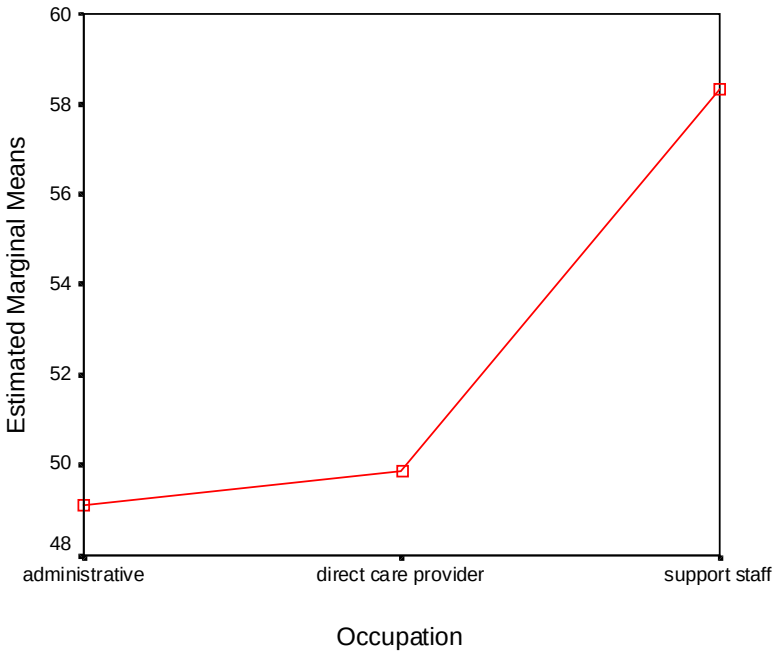

Table 19: Social Support Subscale

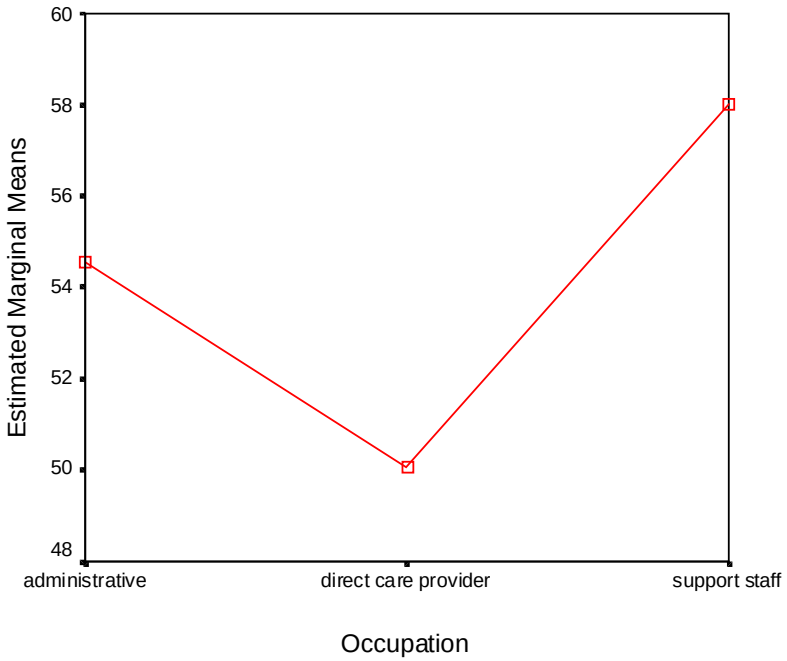

Table 20: Rational/Cognitive Coping Subscale

Summary

This study investigated the relationship between components of emotional intelligence and indicators of occupational stress in individuals employed in a mental health setting. A significant relationship was found between the Attention subscale of the TMMS and the Role Boundary subscale of the OSI Significant relationships were also found between the Clarity subscale of the TMMS and the Interpersonal Strain subscale of the OSI as well as between the Clarity subscale of the TMMS and the Rational/Cognitive Coping subscale of the OSI. A significant relationship was found between age and the Clarity subscale of the TMMS. A significant relationship was also found between age and three subscales of the OSI: Physical Environment (Occupational Roles Questionnaire), Psychological Strain (Personal Strain Questionnaire), and Self-Care (Personal Resources Questionnaire). Finally, the Attention subscale of the TMMS differed significantly across all three of the occupational groups.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

It has been estimated that occupational stress is directly responsible for the expenditure of up to $300 billion per year by American industry (Cahill, Lansbergis & Schnall, 1995). These expenditures are seen in the costs related to absenteeism, diminished productivity, compensation claims, health insurance, and direct medical expenses. Studies have also shown that occupational stress not only affects those employed in technical and business related fields but those in the service provision fields as well. Research specific to the field of mental health have shown that mental health professionals exhibit moderate to significant levels of stress (Gabel & Oster, 1998; Cushway & Tyler, 1996). The assumption of this study was that emotional intelligence in direct care providers in the mental health field would account for a greater ability to manage levels of self-reported occupational stress. This study was designed to assess the potential of emotional intelligence to serve as a proactive moderator of occupational stress in those employed in a mental health setting.

Restatement of the Methodology

A correlational design was selected to investigate the extent to which variations in levels of emotional intelligence correspond with variations in reported levels of emotional intelligence. This study intended to answer three research questions: (a) is there a relationship between emotional intelligence and occupational stress; and (b) is age a factor with regard to the strength of the relationship between emotional intelligence and occupational stress; and (c) is there a significant difference in the relationship between emotional intelligence and occupational stress among clinical and non-clinical personnel?

Data were obtained from 39 individuals currently employed in a mental health setting. The participants completed a demographic survey as well as two self-administered questionnaires: The trait Meta-Mood Scale (TMMS), which measured

emotional intelligence, and the Occupational Stress Inventory (OSI), which measured occupational stress. Statistical tests of significance were performed to investigate the relationship between these two variables.

Conclusions

Research Question 1

The first hypothesis predicted that there would be no statistically significant relationship between emotional intelligence and occupational stress. Significant relationships were found at the 0.05 level between: Attention subscale of TMMS and the Role Boundary subscale of the OSI (negative correlation), the Clarity subscale of the TMMS and the Interpersonal Strain subscale of the OSI (negative correlation), and Clarity and the Rational/Cognitive Coping subscale of the OSI (positive correlation). Therefore, the first null hypothesis was partially rejected.

These results suggest that as the ability to attend to ones emotions increases, feelings of conflict with supervisory figures and uncertainty regarding lines of authority in the workplace decreases. The significance of the relationship between Clarity and Interpersonal Strain suggests that as ones ability to discriminate between emotions increases, an individual is less likely to report frequent quarrels or excessive dependency on family members and is more apt to spend time with family and friends rather than withdrawing or isolating. These results also suggest that those individuals reporting a greater ability to discriminate between their emotions are also better able to: set and follow priorities, think through consequences, and make a better distinction between work and home life. These results are consistent with Jensen's (1996) explanation of the neurophysiology of the perception of stress. According to Jensen, knowing what one is feeling allows the individual the ability to effectively process the potentially stressful stimulus and thereby preventing restrictive or primal reactions. Goleman's (1995) concepts of self-awareness and self-regulation are also consistent with these finding, suggesting that the ability to effectively discriminate or self-regulate emotions decreases

the likelihood of ineffective boundary setting and problem solving.

Research Question 2

The second hypothesis predicted that there would not be a statistically significant relationship between age and emotional intelligence and age and occupational stress. The correlations between age, emotional intelligence (TMMS subscales: Attention, Clarity, and Repair) and Occupational Stress questionnaires (Occupational Roles and Personal Strain and Personal Resources) were significant with regard to: (a) the relationship between age and the Clarity subscale of the TMMS (positive correlation); (b) the relationship between age and the Physical Environment subscale of the Occupational Roles Questionnaire (negative correlation); (c) the relationship between age and the Psychological Strain subscale of the Personal Strain Questionnaire (negative correlation); and (d) the relationship between age and the Self-Care subscale of the Personal Resources Questionnaire (positive correlation). Therefore, the second null hypothesis was partially rejected.

These results suggest that the ability to moderate internal levels of occupational stress may in fact increase with age, with regard to the three identified subscales of the OSI. The significant correlation between age and the Clarity subscale of the TMMS suggests that the abilities of self-assessment, self-monitoring, and self-regulation may be in part, inherent in the aging process of an individual. According to Goleman (1995), emotional intelligence can be learned. This does not imply that emotional intelligence is necessarily automatically learned throughout the lifespan but rather may be learned if addressed more specifically. This may account for the absence of significant correlations between all of the subscales.

The results with regard to the relationship between age and Physical Environment are inconsistent with earlier findings (Osipow, et. al. 1985) and suggest that older adults report less exposure to high levels of noise, heat, cold, light and other physically distressing stimuli than younger adults. Younger adults may also report more erratic work

schedules and feelings of isolation.

The results of this study are consistent with research (Goleman, 1995; Mayer & Salovey, 1997) that has found positive relationships between age and emotional intelligence with regard to self-awareness and effective handling of distressing emotions. This relationship was evident in this study in the negative relationship between age and Psychological Strain, suggesting that older adults were less likely to report feelings of depression, anxiety, irritability, unhappiness. Also suggestive of the idea of emotional intelligence as a learned concept is the finding in this study of a positive relationship between age and Self-Care. This finding suggests that as age increased, the individual was more apt to report engaging in regular physical exercise, eating healthy, sleeping at least 8 hour each night, avoiding harmful substances, and utilizing relaxation techniques.

Research Question 3

The third hypothesis predicted that there would be no statistically significant relationship between emotional intelligence and occupational stress among clinical and non-clinical personnel. The relationship between emotional intelligence and occupational stress across the three occupational groups did not differ significantly with the exception of the Attention subscale of the TMMS. Therefore, the third null hypothesis was partially rejected. It is important to note the small sample size overall, and especially the limited number of the support staff and administrative staff groups when interpreting these results. Another factor that may account for this particular result could be the differences in perceived stress levels when working directly with mental health clients in a therapeutic environment versus in a non-therapeutic environment. The mean score for occupational stress in the direct care provider was greater than that of either the administrative personnel or the support staff. Given the small group size, it is interesting to note the trend in the data that suggest both higher emotional intelligence and lower occupational stress in support staff as compared to both administrative and direct care staff, although not at a significant level.

The findings of this study appear to be inconsistent with earlier research (Bureau of Labor Statistics, 2003) which suggest that administrative support and managerial positions constitute 63.5% of those reporting that they experience anxiety, stress, and neurotic disorders in private industry. In research conducted by Sowa and May (1994) it was found that counselors did not differ from their professional counterparts with regard to experiencing stress. However, these results do appear to be consistent with research specific to mental health professionals (Kirkaldy & Siefen, 2002; Storey & Billingham, 2001), which suggest that mental health professionals experience significant work related stress.

In conclusion, using the subscale descriptions and score interpretative descriptions of the OSI, these results suggest:

- As the ability to attend to ones emotions increases, feelings of conflict with supervisory figures and uncertainty regarding lines of authority decreases. (Attention and Role Boundary)
- As the ability to discriminate between emotions increases, frequent quarrels, and excessive dependency on family and isolating/withdrawing from other is less likely. (Clarity and Interpersonal Strain)
- As the ability to discriminate between emotions increases one's ability to follow priorities, think through consequences, and make a distinction between home and work life also increases. (Clarity and Rational/Coping)
- The abilities of self-assessment, self-monitoring, and self-regulation may increase as age increases. (Age and Clarity)
- As age increases, one is less likely to be sensitive to physically distressing environments and to report work schedules as erratic and increased feelings of isolation.(Age and Physical Environment)
- As age increases, reports of feeling depressed, anxious, irritable or unhappy were less likely. (Age and Psychological Strain)

- As age increases the likelihood of engaging in regular exercise, eating healthy, avoiding substance abuse, and utilizing relaxation techniques also increases.
- Direct care professionals tend to experience high levels of occupational stress as compared to administrative or support staff. Support staff reported the lowest levels of occupational stress.

Recommendations for Mental Health Professionals

Research has shown that occupational stress is experienced by mental health professionals (Gabriel & Oster, 1998; Cushway & Tyler, 1996; Storey & Billingham, 2001; Gillis & Kim, 2004). Goleman (1995) points out that key to managing stress are two main concepts: self-awareness and self-regulation. Given the results of this particular study, it appears that those individuals responsible for direct care provision to mental health clients are less likely to encompass within themselves those attributes described as necessary by Goleman in managing stress and serving as the foundation for emotional intelligence. Taking this into consideration, direct care providers of mental health services may need to attend to their own personal emotional well being as well as to that of their clients. Providers of mental health services should recognize the importance of personal health, both physical and emotional. Implications of this study may be especially important to administrative personnel in mental health settings, in that being cognizant of employee stress levels and providing/encouraging participation in clinical supervision, employee assistance programs, continuing education with regard to self help, fitness programs, peer related support groups, etc. may serve to benefit not only the individual practitioner but, also the clients that they serve.

Recommendations for Future Research

Additional studies are necessary to examine the effects that regular stress reduction activities and/or programs provided to mental health practitioners have on perceived levels of stress. It may also be informative to study the effectiveness of client treatment in

clients treated by mental health practitioners who report high levels of occupational stress and low levels of emotional intelligence in comparison to treatment effectiveness in clients treated by mental health practitioners who report low levels of occupational stress and high levels of emotional intelligence. The sample in this study is relatively small and is limited with regard to generalizability. The extent of this research warrants further investigation of this topic, given the possible trend in the data with regard to differences between clinical and non-clinical staff, utilizing a larger random sample that would allow for greater generalizability.

Summary

Overall, the current study suggests that direct care providers in the mental health experience moderate to high levels of occupational stress despite levels of emotional intelligence. Further investigations should be done to determine the relationship between self-reports of emotional intelligence versus actual implementation of its'tenents in mental health practitioners.

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APPENDIX A

Volunteers Needed to Participate in a Study

Volunteers are needed to participate in a study examining emotional intelligence occupational stress. Kelly D. Lill, a doctoral candidate at Barry University in the Adrian Dominican School of Education will be conducting the study.

The study involves the completion of a demographic form and two surveys. This process will take approximately forty-five minutes and can be accomplished on agency time (during departmental staff meetings). The qualifications to participate include being at least 18 years of age, being able to speak/read English, and being currently employed.

The study is strictly voluntary. There will be neither a penalty for not participating, nor any reward for participation. Participants are free to withdraw from the study at any time without negative consequences.

Confidentiality will be safeguarded. No names will be used any of the collected data.

If you are interested in participating in the study, an opportunity will be made during your scheduled staff meeting on _____. For further information, please contact Kelly D. Lill at (352) 589-0622 or (352) 742-1346.
Thank you for your consideration.

Kelly D. Lill
Ph.D. Candidate

Catharina M. Eeltink, Ph.D.
Faculty Advisor

APPENDIX B

Barry University
Informed Consent Form

Your participation in a research project is requested. The title of the study is An Examination of the Relationship Between Emotional Intelligence and Occupational Stress in a Mental Health Setting. The research is being conducted by Kelly D. Lill, a student in the Leadership and Education department at Barry University, and is seeking information that will be useful in the field of mental health. The aims of the research are to examine the extent of the relationship between emotional intelligence and occupational stress and gather data that may assist in the development of proactive strategies to prevent occupational stress. In accordance with these aims, the following procedure will be used: collection of data via survey administration. We anticipate the number of participants to be 100.

If you decide to participate in this research, you will be asked to do the following: complete a demographic information form, complete an emotional intelligence inventory, and complete an occupational stress inventory. The anticipated time necessary to complete the demographic form and both inventories is 45 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects on your employment.

There are no known risks to you as a participant of this study. Although there are no direct benefits to you as a participant, your participation in this study may help our understanding of the relationship between emotional intelligence and occupational stress.

As a research participant, information you provide will be held in confidence to the extent permitted by law. Any published results of the research will refer to group averages only and no names will be used in the study. Data will be kept in a locked file in the researcher's office. Your signed consent form will be kept separate from the data. All data will be destroyed after 5 years.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Kelly D. Lill, at (352) 589-0622, my supervisor, Dr. Catharina Eeltink, at (321) 235-8402, or the Institutional Review Board point of contact, Ms. Avril Brenner, at (305) 899-3020. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Kelly D. Lill and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____ _____

Signature of Participant *Date*

_____ _____ _____ _____

Researcher *Date* *Witness* *Date*

(Witness signature is required only if research involves pregnant women, children, other vulnerable populations, or if more than minimal risk is present.)

APPENDIX C

DEMOGRAPHIC SURVEY

Please complete this demographic survey so that we may obtain some general information about you. Your responses are confidential.

Please write in answers (where appropriate) or circle the number of your response.

1. Your age: _____

2. Gender: 1. Female
   2. Male

3. Your ethnicity:
   1. African- American
   2. Caucasian
   3. Hispanic
   4. Asian
   5. Other: _____

4. Educational level:
   1. Less than high school diploma
   2. High school diploma
   3. Some college
   4. Undergraduate degree
   5. Graduate degree

5. Occupational status:

    1. Administrative
    2. Direct care provider
    3. Support staff

6. Number of years in the field of mental health/human services:

    1. 0-5 years
    2. 5-10 years
    3. 10-15 years
    4. 15-20 years
    5. over 20 years

APPENDIX D

TRAIT META-MOOD SCALE

Please read each statement and decide whether you agree with it. Circle the number that is your answer.

		Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
1.	The variety of human feelings makes life more interesting.	5	4	3	2	1
2.	I try to think good thoughts no matter how badly I feel.	5	4	3	2	1
3.	I don't have much energy when I am happy.	5	4	3	2	1
4.	People would be better off if they felt less and thought more.	5	4	3	2	1
5.	I usually don't have much energy when I'm sad.	5	4	3	2	1
6.	When I'm angry, I usually let myself feel that way.	5	4	3	2	1
7.	I don't think it's worth paying attention to your emotions or moods.	5	4	3	2	1

8.	I don't really care much about what I'm feeling.	5	4	3	2	1
9.	Sometimes I can't tell what my feelings are.	5	4	3	2	1
10.	If I find myself getting mad I try to call myself down.	5	4	3	2	1
11.	I have lots of energy when I feel sad.	5	4	3	2	1
12.	I am rarely confused about how I feel.	5	4	3	2	1
13.	I think about my move constantly.	5	4	3	2	1
14.	I don't let my feelings interfere with what I am thinking.	5	4	3	2	1
15.	Feelings give direction to life.	5	4	3	2	1
16.	Although I am sometimes sad, I have a mostly optimistic outlook.	5	4	3	2	1

		Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
17.	When I am upset I realize that the "good things in life" are illusions.	5	4	3	2	1
18.	I believe in acting from the heart.	5	4	3	2	1
19.	I can never tell how I feel.	5	4	3	2	1
20.	When I am happy I realize how foolish most of my worries are.	5	4	3	2	1
21.	I believe it's healthy to feel what every emotion you feel.	5	4	3	2	1
22.	The best way for me to handle my feelings is to experience them to the fullest.	5	4	3	2	1
23.	When I become upset I remind myself of all the pleasures in life.	5	4	3	2	1
24.	My belief and opinions always seem to change depending on how I feel.	5	4	3	2	1

25.	I usually have lots of energy when I'm happy.	5	4	3	2	1
26.	I am often aware of my feelings on a matter.	5	4	3	2	1
27.	When I'm depressed, I can't help but think of bad thoughts.	5	4	3	2	1
28.	I am usually confused about how I feel.	5	4	3	2	1
29.	One should never be guided by emotions.	5	4	3	2	1
30.	I'm in too good of a mood, I remind myself of reality to bring myself down.	5	4	3	2	1
31.	I never give in to my emotions.	5	4	3	2	1
32.	Although I am sometimes happy, I have a mostly pessimistic outlook.	5	4	3	2	1

		Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
33.	I feel at ease about my emotions.	5	4	3	2	1
34.	It's important to block out some feelings in order to preserve your sanity.	5	4	3	2	1
35.	I pay a lot of attention to how I feel.	5	4	3	2	1
36.	When I'm in a good mood, I'm optimistic about the future.	5	4	3	2	1
37.	I can't make sense out of my feelings.	5	4	3	2	1
38.	I don't pay much attention to my feelings.	5	4	3	2	1
39.	Whenever I'm in a bad mood, on pessimistic about the future.	5	4	3	2	1
40.	I never worry about being in too good a mood.	5	4	3	2	1
41.	I often think about my feelings.	5	4	3	2	1
	I'm usually very clear about my feelings.	5	4	3	2	1

42.						
43.	No matter how badly I feel, I try to think about pleasant things.	5	4	3	2	1
44.	Feelings are a weakness humans have.	5	4	3	2	1
45.	I usually know my feelings about a matter.	5	4	3	2	1
46.	It is usually a waste of time to think about your emotions.	5	4	3	2	1
47.	When I am happy I sometimes remind myself of everything that could go wrong.	5	4	3	2	1
48.	I almost always know exactly how I am feeling.	5	4	3	2	1

APPENDIX E