

An exploring of the factors that cause stress and burnout among health care assistants in Dublin Hospitals

Diana Pasquali

Student number 1564524

Submitted in partial fulfillment of the requirements of the Bachelor of Arts degree (Social Science Specialization) at DBS School of Arts, Dublin.

Supervisor: Orna Farrell

Head of Department: Dr Bernadette Quinn

April 2014

Department of Social Science

DBS School of Arts

Acknowledgements

3

Abstract

4

Chapter 1

5

1.1:

Introduction

5

1.2:

Literature

Review

7

Chapter**2**

22

2.1:

Methodology

22

2.2:

Materials

and

Apparatus

23

2.3:

Participants

24

2.4:

Design

25

2.5:

Procedure

25

2.6:

Ethics

26

Chapter**3****Findings**

27

3.1:

Shortage

of

staff

and

work

overload

28

3.2:

Undervalued

and

unfair

treatment

30

3.3:

lack

of

training

and

stress

management

32

3.4:

Gender

inequality

and

emotional

labour

33

Chapter	4:	Discussion
36		
4.1:	Shortage of staff and work	overload
37		
4.2:	Undervalued and unfair	treatment
38		
4.3:	Training and stress	management
39		
4.4:	Gender inequality and emotional	labour
41		
4.7:		Conclusion
43		
4.6:	Limitations of the	study
44		
References		
46		
Appendix		
55		

Acknowledgement

I would like to thank my supervisor Orna Farrell who helped me during this project.

My lecturer Annette Jorgensen for her attention and assistance throughout the year.

A big thanks to my fellow students in particular Annette who encouraged me and motivated me when I thought I could not do it.

To my participants who took time out from their busy lives to allow me to interview them. Thank you guys you made this research possible.

I would like to thank my family and friends who supported and motivated me along the way.

To my good friend Sonya who gave me the courage and support when I need it and Rita who inspired me with her positivity when I showed hesitation.

Abstract

The aim of this study was to obtain views and perceptions of factors that cause stress among health care assistants in acute Dublin hospitals.

This study was carried out as a qualitative piece of research with semi structured interviews the 5 participants interviewed were health care assistants working in acute hospital settings.

The Data was analysed using thematic analysis and NVivo 10 software was used to code interviews' and subsequently put into themes. The finding suggest that all health care assistants enjoy their work despite being exposed to poor working conditions in acute hospital settings.

In addition the study reveals that health care assistants were feeling relatively stressed.

The research indicated that the major stressors for participant were: shortage of staff and work overload, undervalued and unfair treatment, lack of training and stress management programmes and gender inequalities and emotional labour.

Chapter 1

1:1 Introduction:

Stress in the workplace is a source of concern in modern society. This research explores factors that cause stress among health care assistants and the influence that gender inequalities holds on stress.

The first section focuses on health care assistants and their role and duties in hospital settings. This research suggests that despite being front liners for a number of years the lack of regulatory policies to define their role makes them invisible workers in health care organisations.

The next section emphasises on causes and effects of burnout among health care workers, it uses different models to explain organisations role in causing stress among healthcare staff. In addition uses a critical approach to assess the validity of the models in relation to stress and burnout in the workplace.

Gender inequalities are still very strong in the Republic of Ireland with female workers earning far less than their male counterparts and the gender division of labour can be seen as a strategy for men to keep power social status and privilege in society.

Finally this research takes on a critical view of women's emotional labour and the degree of which emotional work is expected and at the same time exploited in health care organisations.

The researcher chose this particular topic because believes that despite being a common topic of interest and study very little research has been carried out on health care assistants in the Republic of Ireland. Building on existing studies, this research will highlight the implications and consequences caused by an undefined and unregulated role that health care assistants are exposed to in healthcare settings.

The research question for this study was “what are the factors that cause stress and burnout among nurses and health care assistants?” this research will highlight the implications of gender inequalities within the workplace and how female dominated professions are at higher risks of stress and burnout in Irish society.

1:2 Literature review

Health care assistant.

Although HCAs have been part of the caring team for a number of years and provide direct care to the sick, there is no clear definition of their job description, abilities and skills (Mckenna, Keeney and Hasson, 2004, p. 428) the lack of policy and role definition allows employers to change the HCAs role to match their needs (Bach, Kessler and Heron, 2008, p. 174), which can result in high levels of tension and poor working conditions (Bach, Kessler and Heron, 2012, p. 217).

According to Ryan (2000) In the Republic of Ireland non-nursing staff such as orderlies, ward attendants, auxiliaries and health care assistants have been part of the caring team for a number of years and their role and duties can be changed to suit the needs and policies of the clinical settings they work in (as cited in Mckenna, Keeney and Hasson, 2005b, p. 83).

The Role of the health care assistant emerged at first to perform non- nursing duties and assist nursing staff (Mckenna, Keeney and Hasson, 2004, p. 454) today HCAs are those who provide most of the care (Bach, Kessler and Heron, 2008, p. 177).

According to section 4.6 of the Effective Utilisation of Professional Skills of Nurses and Midwives: Report of the Working Group (DOHC) “The role of the health care assistant is to assist nursing / midwifery staff in the delivery of patient care under the direction and supervision of the Clinical Nurse Manager 2/1, Staff Nurses/Midwives/Public Health Nurses and community Registered General Nurse as appropriate” (Department of Health and Children [DOHC], 2001).

Due to a shortage of qualified staff, an increase in paperwork and new roles, nurses have become more dependent on H.C.As to carry out most of the patient care (Bach, Kessler and Heron, 2008, p. 177) and according to Stone (2000) lack of staff and extreme physical work

resulted in an increase of injuries among HCAs a higher proportion in contrast to staff in other service sectors (as cited in Rakovski, Price-Glynn, 2010, p. 403).

Mckenna, et al, (2004, p.457) argues how HCAs lack of formal training and undefined role can compromise patient safety yet Theze (2004) believes that the HCAs contribution to the health care sector has been extremely valuable (as cited in Burns, 2006, p. 25).

The national training programme developed in in the republic of Ireland in year 2000 was designed for HCAs to acquire more skills to benefit patient care (Mckenna, Keeney and Hasson, 2005a, p. 428) and to ensure higher standard in the workforce (Bach, Kessler and Heron, 2008, p.174).

Despite H.C.A s are responsible for most of the caring work (Bach, Kessler and Heron, 2008, p. 177) they are still subjected to low wage and little autonomy in the workplace (Rakovski, Price-Glynn, 2010, p. 403) and feelings of powerless due to a lack of role clarity and valid skills. (Mckenna, Hasson, Keeney 2004, p. 457).

In 2008 due to cutbacks in the H.S.E all training designed to improve employee's skills were suspended; In 2013 intern contracts were issued to recruit staff at a discount rate and training in Healthcare Support became unnecessary (Mater Misericordiae University Hospital 2013) leaving H.C.As in a vulnerable position (Bach, Kessler, Heron, 2008, p.173) to carry out challenging tasks they are not appropriate trained for (Practice Nurse, 2012).

According to Bach, Kessler, & Heron, (2008), training and occupational growth was related to high levels of job satisfaction among health care assistants (p.185) improved relationship towards patients and capabilities to handle conflict (Goodridge, Johnston, Thomson, 1997, p. 49).

Stress and burnout

Occupational stress and work-related problems are the major cause of health disturbances worldwide (Nako 2010, p. 1).

According to the European Agency for Safety and Health at Work (2005) “Stress is the second most reported work-related health problem, affecting 22% of workers from EU 27”

Stress in the workplace has been considered a health risk since the 1950s and according to Hughes, & Jennings, (2008, p. 1) too much stress can lead to burnout. Maslach (2003) believes burnout is a “psychological syndrome that involves a prolonged response to stressors in the workplace” (p. 189).

The term ‘burnout’ was coined by Freudenberger in 1974 he described it as ‘the signs and symptoms characterised by loss of energy and feelings of life being broken into pieces’ (as cited in Gandi, Wai, Karick and Dagona, 2011, p. 183).

Burnout has been recognised as a significant problem among health care workers Lernihan and Sweeney, (2010, p.1) according to Mimura & Griffiths, 2003 health care workers experience higher level of occupational stress in comparison to employees in other sectors (as cited in Wellis 2011, p. 112) and “higher rates of potential psychiatric illness” (Loretto et al 2005, p. 334).

Job stress has been associated to a variety physical and mental conditions including heart disease depression and anxiety (Nakao, 2010, p. 1) prolonged exhaustion, anger spurts, distrust, and proneness to infections and headaches (Gandi et al, 2011, p. 183).

Stress is often associated with high workload and low staffing levels, difficult professional relationships, and emotional strains (McVicar, 2003, p. 640) patient handling and conflict views on patient care (Gilworth, et al. 2007, p. 546).

Glasberg Eriksson, Norberg (2007) argue that those who feel 'stress of conscience' by being unable to provide patients with good quality care due to time restrictions show high levels of emotional exhaustion, (p. 400) Grandey, Foo, Groth, and Goodwin, (2012, p.1) emotional demands maltreatment from patients and patient relatives are some of the negative factors that cause occupational stress (Michie and Williams, 2003, p.7) poor management style and unclear roles.

According to Cottini and Lucifora, (2013, p. 960) high demand jobs with low control are linked to poor mental health conditions and Rai, (2010, p.226) suggests that research on burnout have repeatedly included workload as one of the possible factors.

Employees with jobs that have both high workload and little decision involvement are at higher risk of dissatisfaction in their work, depression, psychosomatic disorders and burnout. (Landsbergis 1988, p, 217). Alternatively Hochwalde (2008, p. 343) argues that high levels of empowerment is associated to decreased levels of burnout in the short run, yet in the long run higher levels of empowerment caused burnout in hospital staff.

However occupational stress does not only affect the individual it also affects the organisation according to the International Labour Office 2012, stress is associated with high staff turnover and low productivity (as cited in Tayfur, Bayhan Karapinar and Metin Camgoz, 2013, p. 194).

In addition Health care staff are exposed to Violence more often than in other professions, the offences include threat, physical or sexual assault and very often they are considered part of their work (Zengin, Deryal, Gökçen, Arı Yılmaz and Yıldırım, 2012, p. 115).

Work overload high job demands and little rewards regarding salary promotion or social rewards can result in poor health (Nako, 2010, p. 4).

Maslach & Jackson (1981) introduced the Maslach Burnout Inventory (MBI) to assess burnout among those working in the human profession. Their studies suggested that burnout was characterised by three significant elements: Emotional exhaustion, Depersonalisation and reduced personal accomplishment (as cited in Maslach, Schaufeli, Leiter 2001, p. 402).

Exhaustion triggers a reaction in people to detach themselves mentally and emotionally from their job to cope with work challenges (Maslach, Schaufeli and Leiter 2001, p. 403).

Depersonalization can be seen as a self defence mechanism in which people develop feelings of indifference or even reject their work (Maslach, Schaufeli and Leiter, 2001, p. 399).

Another aspect of the burnout condition is reduced personal accomplishment when the employee feels disappointed and frustrated with achievements in its work (Maslach, Schaufeli and Leiter, 2001, p. 403).

Rai, (2010, p. 236) argues that workload, role conflict, and stress are linked to emotional exhaustion and depersonalization, but not with reduced personal accomplishment and no relationship was found between role ambiguity and burnout. He also found no connection between Role ambiguity emotional exhaustion and depersonalization.

The job demands-resources (JD-R) model suggests that job demands and job resources bring different outcomes, high job demands can lead to exhaustion while lack of resources can trigger withdrawal (Demerouti, Nachreiner, Baker, Schaufeli, 2001, p. 508). Despite many researcher argued about the validity of the (JD-R) model Crawford, LePine, Rich, (2010, p.843) found a relationship between demands and engagement. Job demands can lead to burnout while job resources activates willingness and protects people from tension.

A Study conducted by De Beer, Rothmann & Pienaar, (2012, p. 539) found that the (JD-R) model fit the data well and findings were similarities to other studies, the negative connection between job resources and burnout and the connection between job resources and work commitment emerged quite clearly furthermore the connection between burnout and poor health conditions also arose.

Many studies on personality traits have also being made in the attempt to determine if a possible link between personality and burnout can be made and which types of people are in danger of burnout. Research suggested that those who possess little sense of control, involvement in daily activities, low self-esteem are more prone to burnout particularly on exhaustion. However exhaustion has also been associated to type A behaviour those with an intense lifestyle, highly competitive, aggressive and need to be in control (Maslach, Schaufeli and Leiter, 2001, p. 410-411).

Organisational justice

According to Hubbel, Chory-Assad 2005 organisational justice refers to employee's perception of been treated fairly in the workplace (as cited in Ceylan, Sulu, 2011, p. 65) and employees views of organizational fairness controls and influences their approach and performance in the workplace (Purang, 2011, p. 141).

Simons and Roberson 2003 maintain that organisational justice has a positive effect on employees' attitude at work such as job satisfaction trust and commitment (p. 441-442) and higher levels of organisational performance (Jourdain, Ryerson, Banville, 2013, p 354).

Colquitt (2001, p. 388-399) found four types of organisational injustice that can impact on employees' performance and commitment in the workplace: Distributive justice when

rewards and resources are allocated in harmony with employees' productivity, interpersonal justice represents the degree of respect and dignity people are treated with from the organisation, informational justice the level of information given to employees from managers on the reason for decisions made and procedural justice refers to the degree of employees participation in decision making within the organisation.

Purang, (2011, p. 151) found that distributive justice and procedural justice was positively linked to organisational support as people who believe they are rewarded fairly for their work and included in the decision making process feel supported by the organisation. Jourdain, Ryerson, Banville, (2013, p.361) found that procedural interpersonal and informational justice were connected to exhaustion via distributive injustice.

Organizational injustice was a strong factor linked to emotional exhaustion staff who feel not treated fairly are more likely to develop a cynical attitude toward their job and workplace (Tayfur, Bayhan Karapinar, & Metin Camgoz, 2013, p. 211) which can translate in high levels of absenteeism (Ceylan, Sulu 2011 p. 73).

A study conducted by Jourdain, Ryerson, Banville, (2013, p. 362) revealed that views of organisational injustice were not immediately connected to absenteeism, instead they were associated thought fatigue and psychosomatic conditions.

According to Mc Vicar (2003, p. 640) poor management style and lack of rewards were major factors responsible for stress in the workplace. In addition employees who experience little support from colleagues report high levels of emotional exhaustion and depersonalization (Glasberg, Eriksson and Norberg, 2006, p. 401).

Hospital Training and stress management programmes

According to the health safe authority (HSA) 2001 employers are required under the 1989 Safety Health and Welfare at Work Act to locate and respond to workplace dangers by introducing suitable procedures, to minimise risks for employees, including violence as well as any other hazards in the workplace (p. 2). In addition counselling should be offered to staff who have been victim of violence in the workplace (p. 6). Grandey, Chuen Foo, Groth and Goodwin, 2012, p. 8) argues that health care staff who encounters frequent mistreatment by patients can experience energy depletion which can lead to emotional exhaustion.

According to Goodridge, Johnston, Thomson, (1997, p. 49) suitable training for health care assistants can be very beneficial to improve staff approach towards patients and capability to handle conflict. Aguinis, Kraiger (2009, p. 445-446) sustains that workplace training can improve communication between people and provide skills to evaluate situations which will produce an appropriate response to prevent difficult situations.

Dealing with work related stress is a priority of the European Union which urged its E.U members to implement policies to tackle work related stress. In the EU stress in the workplace is dealt with the introduction of policies and legislations aimed to reduce possible factors responsible for stress (European Parliament 2013).

In the U.K the Health and Safety Executive (HSE) in order to comply with EU policies introduced the Management Standards (MS) approach to support organisations to address possible factors responsible for occupational stress. (Kerr, McHugh & McCrory, 2009, p. 574).

The (MS) approach involves the achievement of an ideal condition in six areas: demands, control, support, relationships, role and organizational change. Each area is provided with a

guideline statement that defines the aims the institution needs to achieve (Cousins et al. 2004, p. 113).

The approach has been a source of debate for some time Nakao, (2010 p. 3) suggests that stress can be the result of a number of different factors therefore it should be dealt by combining different approaches including psychosomatic medicine. Yet a study conducted by Kerr, McHugh & McCrory, (2009, p. 578) provide empirical evidence to suggest that occupational stress can be reduced with the MS method.

Alternatively McDonald (2005) argues that policies designed to change the cultural context of an organisation symbolises tactics of domination instead of empowerment (p.190).

The aiming of the government to empower NHS employees whom had always showed little interest seems a conflict of interest on the government side however this method can be a tactic used by government elites to reduce rebelliousness through the manipulation of its workers identity (McDonald 2005 p. 192).

Sewell and Wilkinson, (1992) argue that “strategies based upon the internalisation of values appeal to organisational elites since they appear to be more effective and less costly than methods which require direct control and surveillance” (as cited in McDonald, 2005, p. 192).

The HSE policy for “Prevention and Management of Stress in the workplace” adheres to regulations supplied by the Health and Safety Authority, whom is responsible for the promotion workplace health and safety in the republic of Ireland. The HSA strategy “Work positive” was established in partnership with the UK Health and Safety Executive and both approaches share similarities in their strategies (Health & Safety Authority [HSA] 2013).

Work positive as management standards consists of “risk assessment and hazard reduction” The strategies aims at recognising possible threats of stress and placing measures to address the dangers that cause occupational stress. (Health and Safety Authority [HSA] 2013)

The three Interventions strategies created by the HSE are: Primary, secondary and tertiary interventions.

Primary (Promotion and Prevention) strategies aimed at the organisation by creating a supportive atmosphere through the implementation of health and safety policies and staff awareness of supportive programs.

Secondary (aimed at Management) through assisting employees in the management of stress by encouraging staff to take responsibility for their own health and providing stress management and wellbeing workshops to increase their ability to cope with workplace stressors.

Tertiary (Minimisation) to manage, or treat symptoms of existing stress-related problems by referring employees to support services which includes Confidential advice, guidance support and employee assistance programmes (EAP) (Health and Safety Authority [HSE] 2011p. 14-15).

In spite of efforts and financial cost in the development of management strategies to address occupational stress in the UK and Ireland many workers are still unaware of the stress reduction strategies (Wells, 2011, p. 113) additionally Jones-Berry, (2013) states that anxiety, stress and depression are the primary factors that cause sickness among nurses (p. 12).

Despite “Role ambiguity and role conflict” have been identified as possible causes of occupational stress (Health Service Executive 2012) HCAs are still unregulated and powerless by their undefined role (Mckenna, Hasson and Keeney, (2004, p. 457) while still waiting McKenna, Hasson and Keeney, (2004) “for policy makers to sort out the mess” (p. 457) the overlapping of duties between nurses and HCAs are still creating tension in hospital wards (Bach, Kessler and Heron 2012, p. 207).

The Irish Nurses and midwives organisation (I.N.M.O) (2013) urged Health Service Executive for an implementation of policies to protect nurses from workplace stress. According to the I.N.M.O (2013) “This stress is being compounded by the failure of management’s right across the country to implement existing support structures.”

Gender inequality

Despite women’s increase participation in the labour force occupations which are predominantly female continue to hold low pay and low social status (Mullin 1999, p. 62).

The sexual division of labour is clear in both paid and voluntary labour, and it continues to be supported through a gendered education structure which encourages and guide men and women in entering different fields of work. (O Sullivan, 2012, p. 382).

The inclusion and segregation of the nursing profession within health care system is a patriarchal strategy for men to keep power (Clarke and O’Neill, 2001, p. 356) since the majority of men gain from the patriarchal division in terms of privilege, social status, power and authority (Connell as cited in O’ Connor 2000, p 3).

In health-care organisations the nursing profession is still overshadowed by management and the medical profession. Despite many efforts to advance in the organisation, the lack of power surrounding the female profession leaves nursing still struggling to break the glass ceiling (Tracy, 2006, p. 503). Medicine and management male occupations by tradition dominate the upper levels and the traditionally female occupation such are nursing are found at the lower levels of the hierarchy. (Tracy, 2006, p. 503) with men having (i.e. better than 1; 2) chances of being promoted while women employed in female dominated professions have the least. (O’ Connell 2000, p. 95).

The public sector despite promoting gender equality and having a transparent pay scale bonuses and other discretionary payments were still available to men. (Russell, Smyth and O'Connell 2005, p. 26).

Jobs which are mainly performed by men are valued more than jobs usually done by women (O' Connor 2000, p. 86) male staff employed in the caring profession will earn more than their female counterparts (Guy, and Newman, 2004, p. 292).

Yet Hakim (2006) maintains that the connection between occupational segregation and pay gap is casual high pay jobs require overtime and unsociable hours and such jobs do not appeal to mothers (p.282-284). Still many female dominated professions involve overtime and unsociable hours, according to Santamaria (2000, p.20) work overload, high responsibility irregular and unsociable hours are some factors that contribute to stress within the nursing profession.

McVicar, (2003) argues that newly qualified nurses in comparison to police officers are facing inequality in pay (p. 638) supports a current scheme proposed by the H.S.E

In 2012, the department of health /HSE proposed a plan to save money, which involves recruiting newly qualified nurses and midwives at a discount rate. The plan is to offer them a 2-year contract at 80% a current nurses' salary. If they work overtime, any of the additional payments will be based on their lower salary, which will save the HSE approximately 4m per year (Bohan, 2013).

Emotional Labour

Emotional work is perceived as a women's job (Gray, 2010, p. 350) and has been linked to women's weaker status in society and the belief that to provide comfort and boost the welfare of others it's still women's work (Malcolm, 2012, p. 256). Mann, (2005) suggests that emotional labour in health care settings involves the expressing interest kindness and compassion while repressing frustration or antipathy when relating to others (as cited in Grandey, Foo, Groth and Goodwin 2012, p. 1).

Emotional labour according to Hochschild (1983) involves the withholding or stimulation of feelings to maintain a calm and reassuring appearance that generates in people a sense of safeness and comfort (as cited in Gray, 2010, p. 349). Meier, Mastracci and Wilson (2006) believe emotional labour is the projection of feelings according to the situation, the ability to relate to others through seeing different sides of the matter and integrate it with the requirements of the organization (p. 899).

Bolton, (2000) refers to emotional labour as challenging and demanding work beneficial to the organisation therefore it should be valued as such (p. 580) Meier, Mastracci and Wilson, (2006, p. 905) it promotes productivity Gray, (2009, p. 357) which is fundamental for a functional health service .

To show emotions that contradict real feelings can be particularly demanding, (Maslach, Schaufeli and Leiter, 2001, p. 414). Baumeister et al, (2007) suggests that faking or repressing feelings can trigger stress and exhaustion (as cited in Grandey, Chuen Foo, Groth and Goodwin 2012, p. 2) and those who responds to maltreatment from patients by repressing their feeling may compromise their health (Grandey, Foo, Groth, & Goodwin, 2012, p. 8).

Hochschild argues that in patriarchal and capitalist organizations emotional labour is exploited, the workers feelings and emotions are used by the organization to increase its financial gains (as cited in Malcolm 2012, p. 257)

The Health service has become a market driven organization where emotional work is expected (Staden, 1998, p. 154-155) to be free (Thompson, 2003, p. 33) and smiling is a standards of required behaviour (Snow, 2006, p. 7).

And the emotional labour provided by women is overlooked and underpaid although vital to the organisation (Meier, Mastracci and Wilson 2006 p. 899).

Conclusion

The increase of stress and stress related illnesses has been a source of concern in modern society. Occupational stress has been linked to poor working conditions, lack of job clarity, inexistent or inefficient policies, low staffing and work overload.

The role of the Health care assistant emerged at first to carry out non nursing duties and support the nursing staff with the delivery of patient care, today health care assistants are those who are responsible for most of patient care.

The evolving of the role in combination with low staffing levels has been responsible for high levels of tension and distress among the health care workers. Stress in the workplace has been linked to emotional and physical such as depression, anxiety, infections, headaches and heart disease.

In the UK and Republic of Ireland new strategies have emerged to tackle stress in the workplace however despite high financial cost and investment by the respective governments' research suggests that many workers are unaware of the facilities within their workplace.

Gender inequalities are still very strong in Ireland with male workers earning more than their female counterparts and the gendered education structure which guides men and women towards different fields of work.

Finally this research takes on a critical view of women's emotional work and the intensity in which emotional labour is expected for free and used by organisations to increase its profits.

Emotional labour can be viewed as another way to exploit women in which women's emotions are used by the organization to increase financial profits

Chapter 2

2:1 Methodology

The aim of this research was to explore factors responsible for stress among health care assistants working in acute Dublin hospitals.

This study was carried out as a qualitative piece of research the researcher believed that a qualitative approach was the most suitable method to capture people's perceptions and experiences concerning stress including accessibility to stress management services and hospital attitude towards the female dominated profession. According to Dallos and Vetere, (2005) qualitative methods "allows participants' "voices to be heard and individuals experience to be understood in fullness" (p 50).

A qualitative interview schedule of 18 questions was designed by the researcher to address the research question and organise the interviews. The data was collected with 5 semi structured interviews to allow the researcher to alter questions to suit the situation and participants' in the event unexpected information would emerge.

The researcher also believed that open questions were more suitable to access information on participants' views on stress in the workplace. In addition open questions would allow a more detailed answer and provide a wider picture on factors responsible for stress among health care assistants working in acute hospitals in Dublin.

A thematic analysis data led approach was used for describing, analysing, identifying, and reporting themes and similar patterns of thought among participants. After all the interviews will be coded and analysed themes will be created to find meaning.

According to Braun & Clarke 2006 “A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (p 10).

The researcher choose a data led approach because it provides a rich description and more detailed analysis of the data. (Braun & Clarke 2006).

Additional information on socio demographic characteristics was also completed to match participants’ views on stress in the workplace.

Participants were recruited with two different methods: purposive and snow ball sampling to ensure suitability in answering the research question.

The software Nvivo 10 was used to code and organise the data and sequentially put into themes.

2:2 Materials and Apparatus

A semi structure interview guide with open ended question the questions were examined by the researcher supervisor to ensure compliance with D.B.S ethical standards.

Dictaphone Philips FLH0622 was used to record interviews which were later transcribed on a password protected Toshiba satellite C-50-A-156 laptop model.

A locked drawer was used to store participants’ information.

The software Nvivo 10 was used to code and organise the data and sequentially put into themes

2:3 Participants.

The local community centre in Dublin 12 was contacted by the researcher to recruit participants to volunteer for the study.

Notices were put up on the notice board after authorization was obtained.

Participant used for the study were recruited with 2 different sampling techniques

Initially a purpose sampling method was used to select participants to take part in the project at first 6 health care assistants agreed to volunteer however many refused for a variety of reasons, including time constraints. Among the 6 participants three were uncomfortable with the interview being recorded they felt confidentiality and anonymity could not be preserved if interviews were taped and consequently withdraw from the study.

Participants who agreed to take part in the study were asked to invite colleagues who also would be interested to participate in the research project. The final 2 participants were recruited with a snow ball sampling method through the other participants

All 5 participants who took part in the study were female 4 of them are employed on a full time basis while one of them works part time. The part time participant had previously worked in the hospital full time for a number of years. All participants are Irish and between 25- 57 years of age.

Information on the interview questions was emailed prior interview to allow participants to gather some thoughts around the subject and to reassure them that no personal information would be requested at any time.

2:4 Design

1 interviews took place in a public setting and 4 at the researcher's house and all interviews lasted between 20 to 30 minutes. A standard set of questions was used by the researcher to gain knowledge on participant's views on factors responsible for stress among health care workers. However a variation among the questions occurred. Probing, rephrasing, and change of questions took place. Although many questions remained the same additional questions were added to the interview. The researcher believed that the change of questions was necessary to allow participants to disclose information on their experience regarding factors responsible for stress in the workplace.

2:5 Procedure.

Participants who met the criteria were contacted prior interview to provide volunteers with an explanation of the topic and the purpose of the research. Reassurance that no personal information would be asked and anonymity and confidentiality was assured at all times. Participants were informed that all data including Interviews would be stored in a locked location and transcribed in a password protected computer.

1 interview was conducted in a public place while 4 took place at the researchers' home.

All participants were informed on their rights to withdraw from the research project at any time, interviews would be discontinued upon participants request and any questions that

created discomfort did not have to be answered. Participants were aware that any form of discomfort would be address by the researcher in accordance with the DBS ethical guidelines.

After participants were informed of their rights to withdraw, stop the interview at any time and refuse to answer any question a consent form and demographic information were also completed by participants.

2:6 Ethics

Informed consent was obtained from all participants who took part in the study.

Reassurance was given that all information received would be handled with confidentiality and participants' names would be changed to prevent any form of identification.

In agreement with DBS ethical standards participants were informed both verbally and in writing that they had the right to terminate the interview at any time, questions did not have to answered. They were also aware of the possibility to withdraw from the study at any time if required.

Chapter 3

Findings

In this chapter the main themes that arose from the five interviews will be outlined and clarified with participants quotes. Quotes from participant interviews will be identified by Pseudonyms: Mara, Pamela, Rosemary, Jane and Alice.

The four main themes that emerged are;

Shortage of staff and Work overload

Lack of training and Stress management

Unvalued and unfair treatment

Gender inequalities and emotional labour

Emotional labour was not a source of concern to participants in the study, only a limited amount was found much less than expected.

3:1 Shortage of staff and Work overload

All interviewees who took part in this study were highly concerned with the ongoing staff shortages within the hospital. Although all participants enjoyed working as health care assistants each one of them felt that staff shortages was causing a lot of discomfort and stress among hospital employees. One participant believed that it was preventing her from getting job satisfaction while another stated that it was making her feel very tired. All five participants interviewed felt that staff shortages was a major stressor it was described as:

“There is an awful shortage of staff” (Jane) “we can’t cope”, (Mara) “it’s not safe to work like this “(Rosemary).

“People are not being replaced when they are out sick anymorepeople when they go on annual leave are not being replaced” (Jane).

Shortages of staff within the hospital was dealt by taking some staff off one ward and placing them on another ward for the day.

“They move staff, they change staff numbers they shuffle them around to make it look good on paper but they still don’t have the right amount of staff” (Jane).

Two participants argued that the absence of an adequate number of caring staff on the ward was not only causing stress among staff but it was causing discomfort among patients too.

Alice felt that the delay in assisting patient’s requests induced by lack of hospital care workers was causing patient to become abusive and more demanding which in turn resulted in very stressful situations for health care providers. Rosemary revealed experiencing frustration and guilt by patients’ distress caused by prolonged waiting.

“when you have no one to help you and you can’t do the job on your own sometimes when you see patients getting distressed because they have to wait that’s kinda stressful you feel that you should be doing something to help them but there’s nothing you can do if you have to wait for help”(Rosemary).

Another two of the participants interviewed worked in the hospital for a number of years and believed that staff shortages was a feature of recent times. The hospital decision to keep staff levels at a minimum comes from the government plans to save money. The excessive workload sustained by health care assistants seems to be connected to a shortage of staff. The hospital strategies aimed at cutting expenses by keeping personnel at a minimum and by adding extra tasks to the health care assistant's workload which were previously performed by outside cleaning agencies.

We have to wash the beds like deep clean them before Noonan used to do it every 6 weeks they used to take them away hose them down and bring them back but now the hospital stopped that cut backs I guess..... now we have to do it (Alice).

Work overload was identified as another major stressor among health care assistants. All five participants frequently mentioned excessive workload as one of the major causes of stress in the workplace. The group related to not having sufficient time during the shift to complete their tasks and disclosed feelings of frustration regarding the high quantity of work that needed to be done. One health care assistant Pamela shared feeling irritated by having to stay back to finish her job.

“Some evenings when you are supposed to be finished at 4 o'clock and you are still there at 7 o'clockthat's one thing I dislike” (Pamela).

The unmanageable workload that most health care assistants are exposed to was producing stressful outcomes such as involuntary overtime and feelings of resentment towards the workplace.

Some interviewees felt that nurse's unavailability to help with the delivery of patient care was another factor responsible for work overload among health care assistants. Mara indicated that many nurses believed that any job that did not involve paper work or medication could be appointed to health care assistants. Participants also argued that experiencing numerous interruptions by other workers who were continuously delegating tasks was also a source of stress.

“Well the fact that there is not enough time to do everything. You are trying to do one thing then someone else comes along and gives you another job and they expect you to do it they think that because you are a care attendant you have much more time than them but as a fact that’s not true. It’s probably the complete opposite because you are a care attendant people ask you to do things constantly All the time” (Jane).

The absence of a clear job description was another factor that caused overexertion among health care assistants one of the participants clearly stated that

“you also have the stress from people above you with five or six people looking for you do things at the same time and they don’t realise that there is only one of you and there is maybe four of them and anything that is not their job or they are not capable of doing it’s your job all of a sudden. So it can be very stressful” (Rosemary).

3:2 Unvalued and unfair treatment

Among the health care assistants interviewed many believed that the hospital did not acknowledge or value their staff for the work they did. In addition they felt that staff were treated unfairly and favouritism towards those who held higher positions within the hospital was very common behaviour. One participant went on to express concern about nurses poor attitude towards health care assistants while another participant felt that unfair treatment was experienced by nursing staff too. When Pamela was asked her views if all staff were treated as equals she responded

“No absolutely not everyone is not treated the same I mean health care attendants are treated a lot different than nurses are and its put on them that they are here to help us and I have heard them saying let them do it, they can do it It’s a complete different treatment between nurses and health care assistants say I” (Pamela).

Mara emphasised how health care assistants were blamed for patient actions that were beyond their control while Alice criticised the lack of respect some managers displayed towards health care assistants by not acknowledging them when they entered the ward. When Alice was asked if managers treated the staff fairly she answered:

“With care assistants? No not at all they are all for the nurses well they go on as they are but they probably don’t care about anyone I don’t know if they do but there is one assistant director of nursing that when she comes in and doesn’t even say hi to us and when she sees a nurse she is all smiles” (Alice).

One participant complained about injustices from managers in the allocation of annual leave by not allowing staff members to avail of days off when needed. She added that staff, including nurses were only granted annual leave according to the ward needs without taking into consideration staff demands. Still managers enjoyed the privilege to take annual leave whenever they pleased.

Yet another health care assistant felt that at ward level the treatment was very fair and the workload was shared equally however the hospital attitude towards those who were at the lower level of the hierarchy was very poor. when asked if staff were valued she felt that it was hard to know because all staff are under so much pressure but still managers should express more gratitude towards their staff.

Pamela argued that the hospital showed very little respect towards its employees despite carrying out valuable work while Alice sustained that the hospital showed high level of disinterest towards the staffs’ well-being. Most participants when asked if they felt treated fairly and valued by the organisation they responded:

“Not especially no we are just a number really “(Mara) No they don’t you have to be a manager to be valued (Rosemary) I think you’re just a number there and they don’t.... You’re just there and they don’t care (Alice).

Most participants revealed a cynical attitude regarding hospitals approach towards staff while others clearly revealed feelings of anger and frustration.

All five participants interviewed perceived injustice to be common behaviour while four out of five believed that staff were not valued within the hospital.

3:3 Lack of training and Stress management

When participants were asked about their views on the hospital support system and training to deal with difficult patients and situations most participants agreed that no support was provided to staff. Only one participant expressed a positive view of her experience of training provided by the hospital.

“Well yeah we have done all the courses all the courses are there you know to help you how to deal with difficult patients anything they came up with we have done. The courses are there for you to take ... I know all of them and they do teach you how to handle situations I mean difficult situations” (Pamela).

Four out of the five health care assistants interviewed argued that despite dealing with difficult patients and patients family members on a regular basis hospitals were not providing any training to assist staff. Security staff was the only support system mentioned by the participants.

One participant felt that confrontation from patients and patient’s relatives was a recurrent problem and the lack of skills from preventing unpleasant situations from re-happening was causing distress among staff.

Most participants felt that training would be very helpful and should be provided.

“I never got any training on how to deal with difficult patients we should be trained on how to deal with them situations but we don’t”(Rosemary).

One participant added that most of the support comes from co-workers who will intervene and help the staff who are experiencing difficulties.

“No I never attended a course, the nurses or care assistants will help you, the day I was attacked by a patient I started shouting and the nurses came to help. We called security I filled an incident form and I kept working until I finished my shift” (Mara).

When Mara was asked what support was provided for her after the attack she answered that no support was ever offered to her in addition she was made feel responsible for the attack, she stated:

“No actually I was given out to from a manager, she told me that I need to stay, keep at a distance when I look after him. I was so annoyed and I told her that it wasn’t possible because he wears a pad and needs to be changed, but she wouldn’t listen to me she kept telling me to look after him from a distance” (Mara).

Among the five participants interviewed only two health care assistant were aware of the hospitals stress management system and one of them believed that it was inefficient.

Another participant Jane had only just discovered the existence of stress management programmes within the organisation despite being employed in the hospital for a number of years.

“Only recently I seen a leaflet going around for stress but I think myself the only reason it is going around is quite a lot of people are out with stress related illnesses and they feel they have to do something but it has not always been so readily available or advertised or maybe it was available and I didn’t see it but it has been advertised more of late” (Jane).

Alice and Mara had no knowledge of the hospital stress management programmes while Rosemary demonstrated a very limited understanding of stress intervention. In addition Mara communicated how the lack of staff at ward level would prevent health care assistants from attending stress management classes during working hours.

“If there are any stress management classes in the hospital am sure they are not for us they wouldn’t let us attend them we are too understaffed the definitely wouldn’t be for us” (Mara).

3:4 Gender inequalities

When participants were asked about gender inequalities within the hospital one of them felt that gender differences among health care assistants were creating disadvantage for male rather than for female staff. She went on to explain that male health care assistants and male

nurses could feel more intimidated by women because many times female patients don't want to be cared for by men. Gender inequalities within the hospital was mentioned by three participants as source of disadvantage for women even though all of them expressed different views.

Rosemary believed patients were the ones lacking respect towards female staff mostly male patients who would dismiss advice from women especially when asked to do something they didn't want to do.

"I think if it was male to male and women to women as in male patients with male staff and women patients to women staff I think it would be a bit different because I think sometimes with men they can try I don't know, they wouldn't listen to a woman they would listen to a man better like if you are asking them to get out of bed if you are asking them I don't know anything they don't want to do"(Rosemary).

Alice and Pamela suggested that men were more respected by all staff including managers who are less likely to challenge male employees despite being less productive in the workplace.

While Alice indicated that hospital managers could be very critical of female health care assistants while they would tolerate rebellious behaviour from male staff. Pamela believed that female health care assistants are expected to carry out additional and better quality work than their male counterparts.

"You know so there is a lot more put on women than there is on men so there is a complete difference between how the men and the women are treated" Pamela.

Although most participants were aware of existing inequalities produced by gender differences in the workplace they also understood that the imbalances were confined to workload and respect from staff and patients. Interviewees revealed certainty that gender was not creating a pay gap or any other form of inequalities within the hospital however Rosemary clearly stated awareness of men receiving extra payments for carrying out similar tasks.

“Well it’s just the way society works but I do think it’s our fault too we don’t stick together as a group. If you take the porters as an example they are quite respected in the hospital and they get paid more than us. The porters in A&E they get extra for cleaning spillages like body fluids we don’t and we clean them too absolutely men and women are not treated equally in the hospital or in society” (Rosemary).

Three out the five participants argued that the work would be valued more if the staff in the caring profession were predominantly male. One participant stated that she was unsure but not surprised if it would be better paid.

Many interviewees believed that women lack of assertiveness could be responsible for many gender inequalities within the workplace.

According to participants men would not accept such poor working conditions while another participant felt that men unlike women will demand respect.

Rosemary argued that jobs carried out by women are valued less than jobs carried out by men and hospitals expect women to supply emotional labour.

“yeah I think so well I don’t know really....well it does come across that women are more caring than men and you are expected to smile, be more caring in nature than men yes it would be valued differently ..I think women are not valued as much as men all professions dominated by women are not valued as much as professions that are male dominated” (Rosemary).

Chapter 4

Discussion

The aims of this research are to assess factors that are responsible for stress and burnout among health care assistants working in acute Dublin hospitals.

The research seeks to understand women's position in Irish society and the relationship between gender and poor working conditions in the workplace.

The information obtained from participants supplied important understanding on stressful circumstances health care assistants are exposed to when working in acute hospital settings.

The findings of the research show that health care assistants are subjected to high amount of stress and little support from the organisation. In spite of efforts and financial costs from the HSE to develop a strategy to address stress in the workplace the research confirmed that workers knowledge of stress reduction facilities in the hospital is very limited. In addition information on gender inequalities was inconsistent and conflicting while emotional labour was only mentioned by one participant. Further research will be needed in the area to

determine if gender inequalities could be responsible for poor working conditions within hospital organisations.

4:1 Shortage of staff and Work overload.

This study found that even though participants disclosed enjoying working as health care assistants many revealed that the poor working conditions associated with their role was causing feelings of dissatisfaction and overall stress. All participants in this study reported experiencing some degree of tension and pressure linked to the absence of adequate staff levels and overwork which was clearly identified as a major cause of occupational stress among health care assistants working in acute hospital settings.

The results from the study correspond with existing literature review which suggests that stress is often associated with low staffing levels and work overload. Poor working conditions such as staff shortages and work overload have been identified in many studies as a source of stress in the workplace. According to (Wellis 2001) Stress has been acknowledged as a significant problem among health care staff and studies on burnout have repeatedly included workload as one of the possible factors Rai (2010) and low staffing levels (McVicar, 2003 p. 640).

Many health care assistants expressed annoyance and dissatisfaction with the hospital unwillingness to provide a safety environment as the working conditions were defined as unmanageable by many. The hospitals solution to assign additional tasks which were previously performed by outside agencies to health care assistants became a source of stress for many.

In addition health care assistants were constantly asked to perform tasks by other health care workers too. Work overload was also caused by an undefined role which meant that tasks that were non- nursing duties could be freely assigned to health care assistants. The findings of this study are consistent with a study conducted by Bach, Kessler, & Heron 2012 who argue that the lack of policy and role definition that health care assistants are exposed to can cause high levels of tension and poor working conditions (p. 217).

The lack of job satisfaction and physical and emotional tiredness had been identified by participants as a result of a poor working environment.

Another important sources of occupational stress for health care assistants was patient discomfort which included becoming more demanding and distressed by the delay in assistance which resulted in high levels guilt and anxiety among hospital staff.

Participants “Stress of conscience” as not been able to provide adequate patient care as a result of lack of adequate staff numbers revealed distress among participants in the present study. These findings are consistent with the results of Glasberg Eriksson, Norberg (2007) who argue that those who feel ‘stress of conscience’ by being unable to provide patients with good quality care due to time restrictions show high levels of emotional exhaustion (p 400).

4:2 Undervalued and unfair treatment

Despite all participants felt treated unfairly and undervalued within the workplace their views and observations on the cause considerably differed.

All the health care assistants interviewed felt the hospital did not acknowledge or value their staff for the work they did. In addition they felt that staff were treated unfairly and favouritism towards those who held higher positions within the hospital was very common behaviour.

For some participants unfair treatment was from nurses who would expect health care assistants to deliver most of the patient care while others believed managers were those responsible for promoting unjust treatment within the hospital organisation.

Inappropriate treatment from managers included refusing to concede annual leave to staff when needed, ignoring staff and blaming them for circumstances beyond their control.

Many participants felt that that poor management style was causing distress among staff.

The results of the present study are consistent with the findings of existing literature (Mc Vicar 2003, p. 640), (Michie, Williams 2003, p.7) maintain that poor management style and lack of rewards were major factors responsible for stress in the workplace.

Most health care assistants revealed a cynical attitude towards the hospital environment while others disclosed feelings of distress and negative viewpoints related to the lack of respect they experienced in the organisation. Many health care assistants believed they did not receive the appreciation they deserved.

The findings of this study is consistent with research conducted by Tayfur, Bayhan Karapinar, & Metin Camgoz (2013) who found that organizational injustice was a strong factor linked to emotional exhaustion and staff who feel not treated fairly are more likely to develop a cynical attitude toward their job and workplace (p.211).

All five participants interviewed believed that health care assistants were often subjected to injustice while four out of five believed that the hospital displayed lack of interest towards staff.

4:3 Training and Stress management

Several studies have revealed that training in the workplace can lead to better communication between people and provide skills to evaluate situations which will result in an appropriate response to prevent difficult situations (Aguinis, Kraiger 2009 p 445,446).

Training can also increase feelings of empowerment which contribute to job satisfaction according to Bach, Kessler, & Heron, 2008 training and occupational growth is related to high levels of job satisfaction among health care assistants. (p185).

Despite most health care assistants argued in favour of training and revealed concern by lacking skills necessary to deal with challenging situations four out five participants had not received any training during their employment in the hospital.

Findings from the study disclosed that lack of knowledge to deal with difficult situations were found to be another cause of distress among health care assistants working in acute hospital settings.

The study established that even though health care assistants were often experiencing inappropriate behaviour from patients and patient relatives specific workshops and training to support and advice staff are not a common practice in most acute hospitals.

One health care assistant stated that despite being victim of a physical attack from a patient no stress management programme or counselling was ever offered to her.

In spite of regulations from the health safe authority (HSA) 2001 which states that employers are required under the 1989 Safety Health and Welfare at Work Act to locate and respond to

workplace dangers by introducing suitable procedures, to minimise risks for employees, including violence in the workplace (p.2) results from the present study revealed that hospitals were not adhering to Health and safety legislations.

It was evident that providing a safe environment to staff was not being prioritised in acute hospital settings in addition programmes to empower staff were not seem to be considered of great importance to hospital managers.

Although most participants' revealed feeling relatively stressed none of them had participated in a stress management programme.

Results from the study disclosed that staff s access to information and resources regarding stress intervention training was very limited as most participants were unaware of the existence of such programmes within acute hospital settings.

The findings of the study correspond to existing research that stress management programmes were not being promoted in acute hospital settings. Wells (2011) argues that in spite of financial costs and efforts by the HSE to develop a stress management strategy to address stress in the workplace many workers are still unaware of the stress reduction strategies. While the Irish Nurses and midwives organisation (I.N.M.O) (2013) appealed for an implementation of existing policies to protect nurses from stress in the workplace.

4:4 Gender inequalities and emotional labour.

Gender inequality is a controversial subject throughout the world. Several studies suggest that jobs performed by women are valued less than jobs performed by men and occupations which are predominantly female hold low pay and low social status. Additionally male staff working in the caring profession receive higher salaries than their female counterparts (Mullin 1999, p 1).

The data that emerged from the present study was that the gender inequalities played a role in the hospital environment however the gender inequalities experienced by health care assistants were confined to feelings of disrespect from staff and patients. Staff believed that being a woman was creating difficulties in completing ones job and producing conflict between patients and staff. According to health care assistants often managers would show more respect to male workers.

However despite these challenges data collected suggested that most participants believed that other gender related inequalities did not apply to hospital staff.

The findings of this study contradicts previous research which highlights inequalities in pay, status and working conditions. A wide examination of several reports found a report from Hakim which supports results from this research.

Hakim (2006) maintains that the connection between occupational segregation and pay gap is casual high pay jobs require overtime and unsociable hours and such jobs do not appeal to working mothers (p, 282-284).

Only one health care assistant showed knowledge of pay inequalities within the hospital with a male dominated profession receiving extra payments to carry out additional tasks while female dominated professions were expected to carry out the same task for free.

Emotional labour was only mentioned by one participant who felt that that women were expected to provide emotional work for free.

Most participants believed that lack of respect from staff and managers was the only form of gender discrimination experienced by women within the hospital.

Yet when health care assistants were asked if they thought the work would be valued differently if staff within the caring profession were predominately male a common believe that emerged was that the working conditions would be very different. Most participants

believed that the working conditions would be superior while two health care assistants added that it would be paid better.

However many health care assistants considered women's lack of assertiveness as a major factor responsible for gender inequalities in the workplace.

Conclusion

In analysing health care assistants experiences of working in acute hospital settings the data collected from the research reveals that health care assistants were feeling relatively stressed and frustrated by the unpleasant working conditions.

Poor working conditions combined with inadequate access to resources including workshops and stress management programmes are major factors that cause stress in the workplace. The finding of this study corresponds to existing literature according to (McVicar, 2003, p. 640) stress is often associated with high workload and low staffing levels, and emotional strains.

Despite all health care assistants enjoyed their work feelings of dissatisfaction and unhappiness towards the hospital environment emerged.

Shortage of staff and work overload was not only causing distress to staff it was causing distress to patients too who were experiencing prolong waiting due to lack of staff available to assist them when needed. In addition participants revealed feeling uncomfortable and guilt by the distress patients were experiencing.

Lack of training was an issue that concerned many health care assistants who felt that the absence of skills to deal with difficult situations was leaving them vulnerable to abuse and from patients and patients' relatives. Many revealed that aggressive behaviour was quite common in the hospital environment these findings are in consistency with Zengin, Deryal, Gökçen, Arı Yılmaz and Yıldırım, (2012, p. 115) who maintain that health care staff are exposed to Violence more often than in other professions, the offences include threat, physical or sexual assault which very often they are considered part of their work.

Most participants felt that being a woman was causing disadvantage in the workplace however most of gender inequalities mentioned by participants were related to lack of respect from patients and managers. Inequalities in pay and emotional labour was very conflicting more research is needed to establish the level of inequalities experienced by hospital staff.

The present study suggests for the implementation of existing strategies to protect staff from the dangers of stress in hospital settings. Additional training to empower and provide health care workers with suitable skills to prevent and handle conflict when it arises.

Limitation of the study

Although this research provides valuable insight into factors that cause stress among health care assistants working in acute settings there are several limitations to this study

The study was carried out with a small sample of five health care assistants and according to Ritchie and Lewis 2010 a sample that is too small can “contain too little diversity to explore the varying influences of different factors”(p 85).

The presence of the Dictaphone prevented participants expressing themselves freely during the interview. Two interviewees during the meeting referred to the Dictaphone as intimidating. Post interview they disclosed feeling less spontaneous and limited with their answers despite all information that was given was authentic. The researcher believes that feelings of intimidation towards the Dictaphone restricted participant's answers which prevented descriptive data to emerge.

Inexperience from the researcher to ask amplificatory and explanatory probes to allow deep detailed information to arise.

Questions on gender were too wide more specific questions and additional probes were needed to gather a better understanding on health care assistants' perceptions on factors responsible for gender inequalities in acute hospital settings.

References

Al, B., Zengin, S., Deryal, Y., Gken, C., Yılmaz, D., & Yıldırım, C. (2012). Increased Violence Towards Health Care Staff. *Journal Of Academic Emergency Medicine / Akademik Acil Tip Olgu Sunumlari Dergisi*, 11(2), 115-124. doi:10.5152/jaem.2012.033.

Aguinis, H., & Kraiger, K. (2009). Benefits of training and development for individuals and teams, organizations, and society. *Annual review of psychology*, 60, 451-474. Retrieved March 20th, 2013 from google scholar.

Bach, S., Kessler, I., & Heron, P. (2008). Role redesign in a modernised NHS: the case of health care assistants. *Human Resource Management Journal*, 18(2), 171-187. doi:10.1111/j.1748-8583.2007.00066.

Bach, S., Kessler, I., & Heron, P. (2012). Nursing a Grievance? The Role of Healthcare Assistants in a Modernized National Health Service. *Gender, Work & Organization*, 19(2), 205-224. doi:10.1111/j.1468-0432.2009.00502.

Bohan, C. (2013, January 5). Nurses protest plan to pay graduates 80 per cent salary. *The Journal*. Retrieved December 30th 2013 from <http://www.thejournal.ie/nurses-protest-croke-park-742160-Jan2013>.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. Retrieved November 20, 2013 from google scholar.

Browne, P. (2012). An Investigation of Nurse's Work-Life Balance in Public Sector Hospitals in Ireland. Retrieved January 7, 2014 from EBSCO *host* database.

Burns, S. (2006). Developing the health care assistant role. *Primary Health Care*, 16(2), 21-25. Retrieved January 7, 2014 from EBSCO *host* database.

Ceylan, A., & Sulu, S. (2011). Organizational injustice and work alienation. *E+ M Ekonomie a Management/E+ M Economics & Management*, 2011(2). Retrieved April 10 2014 from google scholar.

Chênevert, D., Jourdain, G., Cole, N., & Banville, B. (2013). The role of organisational justice, burnout and commitment in the understanding of absenteeism in the Canadian healthcare sector. *Journal of Health Organization & Management*, 27(3), 350. doi:10.1108/jhom-06-2012-0116.

Clarke, J. J., & O'Neill, C. S. (2001). An Analysis of How The Irish Times Portrayed Irish Nursing During the 1999 Strike. *Nursing Ethics*, 8(4), 350-359. Retrieved December 20, 2013 from EBSCO *host* database.

Colquitt, J. A. (2001). On the Dimensionality of Organizational Justice: A Construct Validation of a Measure. *Journal Of Applied Psychology, 86*(3), 386-400. Retrieved January 7th 2013 from EBSCO host database.

Cottini, E., & Lucifora, C. (2013). Mental Health and working conditions in Europe. *Industrial & Labor Relations Review, 66*(4), 958-988. Retrieved January 5th 2013 from EBSCO host database.

Cousins, R., MacKay, C. J., Clarke, S. D., Kelly, C., Kelly, P. J., & McCaig, R. H. (2004). 'Management Standards' work-related stress in the UK: Practical development. *Work & Stress, 18*(2), 113-136. doi:10.1080/02678370410001734322.

Crawford, E. R., LePine, J. A., & Rich, B. (2010). Linking job demands and resources to employee engagement and burnout: A theoretical extension and meta-analytic test. *Journal of Applied Psychology, 95*(5), 834-848. doi:10.1037/a0019364.

Dublin Business School Ethical Guidelines for Research with Human Participants & Procedures for Ethical Approval 2012. Retrieved November 20 2013 from moodle at D.B.S.

De Beer, L., Rothmann Jr., S., & Piennar, J. (2012). A confirmatory investigation of a job demands-resources model using a categorical estimator. *Psychological Reports, 111*(2), 528-544. doi:10.2466/01.03.10.PR0.111.5.528-544.

Demerouti, E., Nachreiner, F., Baker, A. B., & Schaufeli, W. B. (2001). The Job Demands-Resources Model of Burnout. *Journal of Applied Psychology, 86*(3), 499-512. Retrieved January 7 2013 from EBSCO host database.

Department of Health and Children (DOHC) (2001) Effective Utilisation of Professional Skills of Nurses and Midwives: Report of the Working Group. Retrieved December 20, 2013, from, <http://www.dohc.ie/publications/all.html>.

European Parliament (2013) Directorate general for internal policies. Policy department A: employment policy. Occupational health concerns: stress-related and psychological problems associated with work. Retrieved December 20, 2013, from, [http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/507455/IPOL-EMPL_ET\(2013\)507455_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/507455/IPOL-EMPL_ET(2013)507455_EN.pdf).

Gandi, J. C., Wai, P. S., Karick, H., & Dagona, Z. K. (2011). The role of stress and level of burnout in job performance among nurses. *Mental Health in Family Medicine*, 8(3), 181-194. Retrieved October 20, 2013 From EBSCOhost database.

Grandey, A., Foo, S., Groth, M., & Goodwin, R. E. (2012). Free to be you and me: A climate of authenticity alleviates burnout from emotional labour. *Journal of Occupational Health Psychology*, 17(1), 1-14. doi:10.1037/a0025102.

Gilworth, G., Bhakta, B., Eyres, S., Carey, A., Chamberlain, M., & Tennant, A. (2007). Keeping nurses working: development and psychometric testing of the Nurse-Work Instability Scale (Nurse-WIS). *Journal of Advanced Nursing*, 57(5), 543-551. doi:10.1111/j.1365-2648.2006.04142.

Glasberg, A. L., Eriksson, S. S., & Norberg, A. A. (2007). Burnout and 'stress of conscience' among healthcare personnel. *Journal of Advanced Nursing*, 57(4), 392-403. doi:10.1111/j.1365-2648.2007.04111.

Goodridge, D., Johnston, P., & Thomson, M. (1997). Impact of a nursing assistant training program on job performance, attitudes, and relationships with residents. *Educational Gerontology*, 23(1), 37-51. doi:10.1080/0360127970230104.

Guy, M., & Newman, M. A. (2004). Women's Jobs, Men's Jobs: Sex Segregation and Emotional Labour. *Public Administration Review*, 64(3), 289-298. doi:10.1111/j.1540-6210.2004.00373.

Hakim, C. (2006). Women, careers, and work-life preferences. *British Journal of Guidance & Counselling*, 34(3), 279-294. Retrieved November 20, 2013 from google scholar.

Haybatollahi, S. M. (2009). Work stress in the nursing profession: An evaluation of organizational causal attribution. *Social psychological studies* 20. Retrieved October 10, 2013 from google scholar.

Health and Safety Authority (HSA) (2011). Work-Related Stress A Guide for Employers. Retrieved November 20, 2013 from http://www.hsa.ie/eng/Publications_and_Forms/Publications/Occupational_Health/Work_Related_Stress_A_Guide_for_Employers.pdf.

Hochwalder, J. (2008). A longitudinal study of the relationship between empowerment and burnout among registered and assistant nurses. *Work*, 30(4), 343-352. Retrieved October 10, 2013 from EBSCO host database.

Hughes, R. G., & Jennings, B. M. (2008). Work Stress and Burnout among Nurses: Role of the Work Environment and Working Conditions. Retrieved October 20th, 2013 from Google scholar.

Jones-Berry, S. (2013). Too much pressure: NHS employers must invest in nurses' wellbeing. *Nursing Standard*, 28(2), 12-13. Retrieved December 12 2013 from EBSCO host database.

Kerr, R., McHugh, M., & McCrory, M. (2009). HSE Management Standards and stress-related work outcomes. *Occupational Medicine*, 59(8), 574-579. doi:10.1093/occmed/kqp146.

Kessler, I., Heron, P., Dopson, S., Magee, H., Swain, D., & Askham, J. (2010). The nature and consequences of support workers in a hospital setting. *Final report. NIHR Service Delivery and Organisation programme*. Retrieved January 5 2013 from google scholar.

Landeweerd, J. A., & Boumans, N. G. (1994). The effect of work dimensions and need for autonomy on nurses' work satisfaction and health. *Journal of Occupational & Organizational Psychology*, 67(3), 207-217. Retrieved January 6st 2013 from EBSCO host database.

Landsbergis, P. A. (1988). Occupational stress among health care workers: A test of the job demands-control model. *Journal of Organizational Behaviour*, 9(3), 217-239. Retrieved December 20, 2013 from EBSCO host database.

Lernihan, E., & Sweeney, J. (2010). Measuring levels of burnout among care workers. *Learning Disability Practice*, 13(8), 27-33. Retrieved October 20, 2013 from EBSCO host database.

Malcolm, I. (2012). "It's for Us to Change that": Emotional Labour in Researching Adults' Learning-Between Feminist Criticality and Complicity in Temporary, Gendered Employment. *Adult Education Quarterly: A Journal of Research and Theory*, 62(3), 252-271. Retrieved December 12 2013 from EBSCO host database.

Maslach, C. (2003). Job burnout: new directions in research and intervention. *Current Directions in Psychological Science (Wiley-Blackwell)*, 12(5), 189. doi:10.1111/1467-8721.01258.

Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2(2), 99-113. Retrieved October 20, 2013 from EBSCO host database.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52(3), 97-422. Retrieved October 20, 2013 from EBSCOhost database.

Mater Misericordiae Hospital 2013 Intern Support Staff – Sample Role Descriptions
Retrieved December 20, 2013 from
<http://www.mater.ie/careers/opportunities/intern%20schemes>.

McKenna, H. P., Hasson, F., & Keeney, S. (2004). Patient safety and quality of care: the role of the health care assistant. *Journal of Nursing Management*, 12(6), 452-459. doi:10.1111/j.1365-2834.2004.00514.

McKenna, H., Keeney, S., & Hasson, F. (2005). Views on the ground: teaching and clinical assessors' views on vocational training for healthcare assistants in Ireland. *Journal of Clinical Nursing*, 14(4), 426-434. doi:10.1111/j.1365-2702.2004.01059.

Mckenna, H. P., Keeney, S., & Hasson, F. (2005). Health care assistants: the views and perceptions of course co-ordinators in the Republic of Ireland. *Journal of Nursing Management*, 13(2), 165-172. doi:10.1111/j.1365-2934.2004.00471.

McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of advanced nursing*, 44(6), 633-642. Retrieved December 20, 2013 from Google Scholar.

Meier, K. J., Mastracci, S. H., & Wilson, K. (2006). Gender and emotional labour in public organizations: An empirical examination of the link to performance. *Public Administration Review*, 66(6), 899-909. Retrieved December 10, 2013 from Google Scholar.

Michie, S., & Williams, S. (2003). Reducing work related psychological ill health and sickness absence: a systematic literature review. *Occupational and Environmental Medicine*, 60(1), 3-9. Retrieved January 6 2013 from Google Scholar.

Mostert, F. F., Rothmann, S., Mostert, K., & Nell, K. (2008). Outcomes of occupational stress in a higher education institution. *Southern African Business Review*, 12(3), 101-127. Retrieved January 6 2013 from Google Scholar.

Mullin, C. (1999). Nursing is women's work! The female domination of the nursing profession has negatively affected the value of their labour and status (Doctoral dissertation, National College of Ireland). Retrieved October 10th 2013 from Google Scholar.

Nakao, M. (2010). Work-related stress and psychosomatic medicine. *Biopsychosocial Medicine*, 44-11. doi:10.1186/1751-0759-4-4.

O'Sullivan, S. (2012). Onwards and Upwards? Gender and Work in Ireland. *Sociology Compass*, 6(5), 376-388. doi:10.1111/j.1751-9020.2012.00458.

O Connor, P. (2000). Ireland: A man's world? *Economic and Social Review*, 31(1), 81-102. Retrieved January 5, 2014 from Google Scholar.

Purang, P. (2011). Organisational justice and affective commitment: the mediating role of perceived organisational support. *Asian Academy of Management Journal*, 16(1), 141-156. Retrieved April 5, 2014 from EBSCO host database.

Rai, G. S. (2010). Burnout among Long-Term Care Staff. *Administration in Social Work*, 34(3), 225-240. doi:10.1080/03643107.2010.480887.

Rakovski, C. C., & Price-Glynn, K. (2010). Caring labour, intersectionality and worker satisfaction: an analysis of the National Nursing Assistant Study (NNAS). *Sociology Of Health & Illness*, 32(3), 400-414. doi:10.1111/j.1467-9566.2009.01204.

Robbins, J. M., Ford, M. T., & Tetrick, L. E. (2012). Perceived unfairness and employee health: A meta-analytic integration. *Journal Of Applied Psychology*, 97(2), 235-272. doi:10.1037/a0025408.

Russell, H., Smyth, E., & O'Connell, P. J. (2005). *Degrees of equality: gender pay differentials among recent graduates* / Helen Russell, Emer Smyth, Philip J. O'Connell. Dublin: Economic and Social Research Institute, 2005. Retrieved January 5, 2014 from EBSCO host database.

Schaufeli, W. B. (1993). The construct validity of two burnout measures. *Journal of Organizational Behaviour*, (7), 631. Retrieved January 5, 2014 from EBSCO host database.

Snow, T. (2006). HSE workshops urge trusts to implement anti-stress standards. *Nursing Standard*, 20(42), 7. Retrieved December 20, 2013 from EBSCO host database.

Staden, H. (1998). Alertness to the needs of others: a study of the emotional labour of caring. *Journal of Advanced Nursing*, 27(1), 147-156. doi:10.1046/j.1365-2648.1998.00498.

Support increases for mandatory regulation of assistants. (2012). *Practice Nurse*, 42(15), 7.

Retrieved January 5, 2014 from EBSCO host database.

Tayfur, O., Bayhan Karapinar, P., & Metin Camgoz, S. (2013). The mediating effects of emotional exhaustion cynicism and learned helplessness on organizational justice-turnover intentions linkage. *International Journal of Stress Management*, 20(3), 193-221. doi:10.1037/a0033938.

Thompson, A. (2003). Special Series on Girls and Women in Education. *Curriculum Inquiry*, 33(1). Retrieved January 2nd 2014 from Jstor database.

Tracey, C. (2006). The glass ceiling in Irish healthcare: a nursing perspective. *Journal of Health Organization & Management*, 20(6), 502. doi:10.1108/14777260610702253.

Wells, J. (2011). The impact of stress amongst health professionals. *Journal of Mental Health*, 20(2), 111-114. doi:10.3109/09638237.2011.556161.

APPENDICES

Stress among health care assistants

My Name is Diana Pasquali and I am an undergraduate student in Social Science at the Dublin Business School. I am conducting a research project on factors that cause stress among health care assistants employed in acute Dublin Hospitals.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact Diana Pasquali at 1564524@mydbs.ie.

Thank you for participating in this study.

Participant Signature: _____ Date: _____

GENERAL INFORMATION

Name:

Age:

Are You: Male Female

Address:

Are You Living: with Parent(s)/Guardian(s) with Partner/Flatmates independently Other _____

Number of Children:

Ages of Children:

Number of Children still living at home:

EDUCATION

Highest level of Education attained: Leaving Cert. 3rd level Cert. 3rd level Diploma

Degree Postgrad. Other_____

Name(s) of Educational Institute(s) attended:

Current course being undertaken:

OCCUPATION:

Are you currently employed? yes no

Number of hours a week worked:

CONTACT DETAILS

Phone Number:

Email:

Questions

Tell me the story on how you became a Health Care Assistant?

Do you like working as a Health care Assistant?

What do you like most about your job?

What is that you most dislike about your job?

Do you think health care assistants are subjected to stress in the workplace?

What causes stress among health care assistants?

Do you think that shortage of staff and work overload are factors that contribute to occupational stress?

Are you aware of the hospital s support system to prevent and cope with stress?

Do you think the current support system is adequate to help staff to deal with stress?

Do you think your workplace provides you with adequate support and training when dealing with difficult patients or situations?

Have you any suggestions on what could help you or other care assistants to prevent or cope with stress?

Do you feel treated fairly in the hospital environment?

If not why?

Do you think the hospital values their staff?

Do you feel about gender in the hospital? Do you think men and women are treated equally?

If the staff within the caring profession were predominately male do you think the work would be valued differently?

Why?

Is there anything you would like to add to the interview?

