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## Stress and Job Burnout Among Hospital Administrators in the Greater Saint Louis Area

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# STRESS AND JOB BURNOUT AMONG HOSPITAL ADMINISTRATORS IN THE GREATER SAINT LOUIS AREA

By  
**Amirunissa Rehana Fareed, B.S.**

## An Abstract

Of A Thesis submitted in partial fulfillment  
for the requirements for the degree of  
Master of Health Administration

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## ABSTRACT

The purpose of this study was to investigate stress and job burnout among hospital administrators in the greater St. Louis area. The General Hypothesis were formulated. Five (5) sub-hypothesis were tested. (1) One or more work component can be identified that lead to stress and burnout of Administrators; (2) One or more health problems among Administrators are work related; (3) Individual Administrator's mood is dependent on an outcome of the work environment; (4) Stress and burnout affects the Administrators family and social life; (5) Stress and burnout can be identified among Administrators regardless of hospital size, ownership and nature of governance.

The data gathered for this study was obtained by the questionnaire technique. The questionnaire were mailed to fifty-two (52) hospital Administrators in the greater St. Louis Area. Sixty-Five (65) percent rate of return was achieved on this questionnaire. The collected data was tabulated and analyzed. Several findings provided support for the five (5) sub-hypothesis. Summary of main findings are delineated as follows:

1. Stress and Burn-Out.
  - a. Forty-five (45) percent of Administrators sampled have experienced burned-out from job stress.

- b. Seven Administrators started to experience symptoms by the end of *second* year as compared to nine (9) of them experienced symptoms by the end of third year.
- c. On the Burned Out Scale, majority of the Administrators were on 0 to 2 whereas two of the Administrators were on 6, three were on 7, and only two Administrators were 9 on the scale. The highest of the scale was set at 10 which was completely burned out.
- d. Twenty Administrators were on stage two of burnout, nine of them were on stage one followed by five of them on stage three. The highest of this stage was set at seven.
- e. Several work components were identified as stress producers among the Administrators. The main stress indicators were identified as: status, incongruity, close supervision by Board, conflicting and unclear job descriptions, inadequate recognition of work, too many bosses, incompetent board, and several others. Of the twenty-seven (27) work stress listed, the Administrators indicated twenty (20) of them present on their job. However, the presence of stress were among few Administrators.

2. Health Problems.
  - a. Most of the Administrators did not experience many health problems.
  - b. For those who experienced health problems, the two frequently encountered were colds or sore throats, tight feelings in stomach, etc.
  - c. Several Administrators had occasionally experienced changes in body functions. Some of the high percentages of them experienced shortness of breath, pain and stiffness in arms/legs, leg cramps, acid indigestion, gas pains, bloated feelings and several others.
3. Mood.
  - a. The Administrators experienced various moods at different scales.
  - b. Almost all of the Administrators were moody.
  - c. Some of the work related moods identified were: tense, anger, worn-out, unhappy, felt sorry for things, confused, panic, listless, peeved, anxious, discouraged, restless, fatigued etc.
4. Family and Social Life.
  - a. Data collected was inconclusive. This was due to the fact that several Administrators did not completely answer the questions in the "optional" section of the questionnaire.

b. One of the questions which was answered completely in the "optional" section was the quantity of meals consumed with their family. In view of most sociological studies of family, family togetherness etc in the United States, it is fairly conclusive that Administrative work affected their family and social life. This is concluded because they often worked late hours, took work home, and seldom had the opportunity to have meals with their families.

5. Stress and Burn-Out as Related to Hospital Demographics.

a. This section of the study confirmed the hypothesis that stress and burnout was present among Administrators regardless of hospital size, ownership and governance. More detailed analysis of the data is presented in Chapter 4 and the final Chapter presents a full summary of the findings as well as recommendations for further study. Literature Review is delineated in Chapter 2 of this thesis.

Abstract Approved: \_\_\_\_\_, Thesis Chairperson  
\_\_\_\_\_, Title  
\_\_\_\_\_, Date.

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**STRESS A COMMITTEE IN CHARGE OF THE CANDIDACY**  
IN THE GREATER SAINT LOUIS AREA

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A Collaborative Project Presented to the Faculty of the Graduate School of the  
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for The Degree of  
Master's of Health Administration



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## I. INTRODUCTION

In this age of technological change and growing competitiveness, everyone has an occasional bad day on the job. But when the day turns into weeks, even months, of dissatisfaction and frustration with work, the problem becomes more than a temporary annoyance. Sleeplessness, acid stomach, headaches, irritability, and illness may point to a common culprit - the job. Everyone from a clock puncher to chairman of the board is a potential victim of job burnout a debilitating physical and psychological condition brought about by unrelieved stress on the job.

Job burnout, personal stress and organizational stress is a topic which has become of increasing concern to organizational/ industrial psychologists, occupational/industrial physicians as well as management within the business world. This is further implied by organizations' establishing counseling programs, occupational mental health programs and by the recent insurgence of occupational health services departments in health care organizations.

Recent studies have indicated that the role of the hospital chief executive officer is undergoing substantial change that even more change can be expected. Hospital administrators appear to be broadly engaged in policy level activities and in external representation of the organization (Forrest, Johnson and Mosher, 1977). It is important to develop a managerial role

description, and Henry Mintzberg of McGill University has performed this task admirably in this text, (The Nature of Managerial Work 1973). However, it is essential to note that a role is a pattern behavior associated with a distinctive social position and is often subject to conflicting pressures (Broom and Selznik, 1968). This is the plight of the health care manager.

The manager is the person in charge of a formal organization or one of its subunits. The individual is vested with formal authority over the organizational unit, which leads to the person's two basic purposes:

1. The manager must ensure that the organization produces its specific goods or services efficiently. The executive must design, and maintain the stability of, its basic operations, and must adapt it in a controlled way to its changing environment.
2. The manager must ensure that the organization serves the ends of the persons who control it (The "influencers"). The executive must interpret their particular preferences and combine these to produce statements of organizational preference that can guide its decision making.

Because of the role's formal authority, the manager must serve two other basic purposes as well: act as the key communication link between the organization and its environment, and assume responsibility for the operation of the organization's

status system.

In 1973, (The Organizational Dynamics) by H. Mintzberg delineated ten working roles for the health care manager. These basic purposes are made operational through ten interrelated roles, performed by all managers. These fall into three groupings: Three interpersonal roles, which derive from the manager's authority and status; three informational roles, which derive from the interpersonal roles and access they provide for information; and four decisional roles which derive from the manager's authority and information.

#### Interpersonal Roles

1. The Figurehead Role: The chief executive is a symbol required by the status of office to carryout a variety of social, legal and ceremonial duties in which the individual represents the organization.
2. The Leader Role: The chief executive has interpersonal relationships with subordinates and as the manager hires, trains and motivates them, the leader must essentially bring their needs in accord with those of organization.
3. The Liaison Role: The chief executive has interpersonal relationships with people outside the organization and spends a considerable amount of time developing a network of high-status contacts in which information and favors are traded for mutual benefit and through which the chief executive

exerts community leadership.

#### Informational Roles

1. **The Monitor Role:** The chief executive continuously seeks and receives information about the organization in order to understand changing situations and the organization's environment.
2. **The Disseminator Role:** The chief executive shares some of the environmental information with subordinates.
3. **The Spokesman Role:** The chief executive informs outsiders about the progress, problems, and activities of the organization.

#### Decisional Roles

1. **The Entrepreneur Role:** The chief executive takes the responsibility for bringing about changes in the organization, looking for problems and opportunities, and then initiating projects to deal with them.
2. **The Disturbance-Handler Role:** The chief executive takes charge when organization faces a major disturbance or crisis and deals with the resulting problems.
3. **The Resource Allocator Role:** The chief executive decides who will get what in the organization; establishes priorities, designs the organization, and authorizes all important decisions.
4. **The Negotiator Role:** The chief executive takes charge whenever the organization must enter into crucial negotiations with



other parties; this manager's presence is required because this individual has the information and authority to make decisions that difficult negotiations require (Forrest, Johnson and Mosher, 1977 p. 396).

Although required to perform all of the basic managerial roles, most executives must give special attention to certain roles in certain situations. The need to balance stability and change also may influence managers' attention of roles.

#### PURPOSE OF STUDY

Many contributing factors for stress and job burnout have been theorized for several occupations in past few years. However, a study has not been undertaken in recent years to identify factors that lead to job burnout and stress among hospital administrators within the Greater Metropolitan St. Louis area.

This study will attempt to identify and classify hospital administrator's responses to stress and job burnout. Hopefully, this research will help lay the groundwork for effective treatment strategies to reduce the stress and burnout of hospital administrators.

## II. LITERATURE REVIEW

How important is it for any person to have satisfying work? The question of what role work plays in human life is a concern not only of management. It is a psychological, philosophical, and moral question, one about which scholars have debated endlessly. (George Strauss. "Notes of Power Equalization" in Harold J. Levitt, Ed., The Social Science of Organization Englewood Cliffs, N.J., Prentice Hall, 1963. Page 45-57.)

One group argues that mature human beings require high levels of egoistic and self-actualizing needs - satisfaction from their jobs. The process of growing up involves accepting more challenge and autonomy and becoming more independent. Those who do not have these opportunities (in particular, those who are unable to express themselves meaningfully through work) never reach psychological maturity. (Chris Argyris. Personality and Organization, New York: Harper, 1957). Since the average worker spends nearly a third of his waking hours on the job, if that job does not provide challenge and autonomy, he may suffer real frustrations with results that are costly both to himself and his employer.

Many occupational hazards are limited to a few industries. Black-lung, for instance, strikes workers who spend their lives in coal mines. Radiation affects nuclear - power-plant workers. Job burnout, on the other hand, is not a job specific hazard. It can devastate lives of college professors and chimney

sweeps. It can drain the energy of housewives and taxicab drivers. It can leave nurses and corporate presidents feeling listless and unable to make the smallest decisions.

#### Definition of Job Burnout

"Burned out" is a street expression that refers to the drug addict who is hopelessly addicted. In contemporary usage it is a term to suggest that individuals are tired of the "hassles" that go with their job. To "burn oneself out," according to Webster's New Dictionary, is to "exhaust oneself by too much work or dissipation." (Webster's New World Dictionary, World Publishing, Cleveland, 1978, p. 244.) Within the context of this culminating project, the "burnout" is defined as debilitating psychological condition brought about by work-related frustrations that results in lowered productivity and morale.

Until recently little has been known about psychological burnout. This has changed, however, as social scientists have begun to study the phenomenon, particularly in human service organizations. Burnout is now recognized as a factor in lower morale, impaired employee performance, absenteeism, and job turnover. (Christina Maslach; "Burned-Out," Human Behavior, September 1976, p. 16). Not only are these high-cost variables negatively influenced by burned out employees but apparently the health of such employees can also be impaired. Research undertaken by Christina Maslach has demonstrated that burned out conditions can be correlated with damaging indices of human stress such as exhaustion, insomnia, ulcer and migraine headaches.

(Ibid., p. 16.)

It is important for administrators to understand the dynamics of burnout in order to identify symptoms within staff members. Burned out employees tend to be non-producers. Such employees relate to clients/patients in impersonal ways and often have minimal investment in the organization. As Moslach points out: "There is little doubt that burnout plays a major role in the poor delivery of health and welfare services to people in need of them. They wait longer to receive less attention and less care." (Ibid., p. 16).

It is also important to understand this phenomenon to prevent burnout within oneself. William H. Whyte, Jr., has found that the average administrator works 40 to 45 hours a week in the office and an additional 4 evenings at home. (In George Ritzer, *Working*, Prentice-Hall, Englewood Cliffs, N.J. 1977, p. 206). Work patterns that reflect 70 to 80 hours of time investment per week can create stress, particularly when few administrative successes and/or personal rewards result.

Individuals who tend to burnout appear to be idealistic. Their idealism is rooted in positive perceptions about themselves and about what they believe they can accomplish. An idealistic administrator would, for example, come into an organization with fresh ideas, vibrant enthusiasm, and a strong commitment to strengthen the effectiveness of the organization.

#### Other Causes and Symptoms of Burn Out

The articulations of idealistic convictions can have

positive and negative effects within an organization. When the convictions are congruent with the attitudes of other members, they increase the group's sense of enthusiasm and common commitment to do a better job. When, however, the convictions are not congruent because the values of a group are challenged, most organizations respond in characteristic ways. People become guarded in their communications, conflicts become difficult to resolve, and an environment lacking in trust can emerge. Within such an environment, suggested changes are often sabotaged. And if an administrator's creative and idealistic suggestions are met with repeated resistance, over time the symptoms of burnout are likely to appear.

Burnout, therefore, has its etiology in the failure to realize one's expectations. Thus, one often hears a burned out employee say: "Well, I came here and was determined to give it my best shot. But since they don't seem to care about quality around here, I will find somewhere else where they do care." The frustrations that result when one's expectations are not realized can be compounded if one is motivated by certain basic self-defeating scripts. A script might be defined as a set of powerful values, often consciously developed and adhered to, that form the basis of one's behavior. (Gerald M. Goldbaker and Marilyn Goldbaker define a script as "The life drama which people compulsively live, i.e. the blueprint for life," in *Transactional analysis: Principles and Applications*, Allyn and Bacon, Boston, 1976, p. 1980). A script is the basis for how one approaches life, how one relates to others, and how one spends one's time. Three

scripts can contribute to work frustration and subsequently to a burned out condition: (1) Trust only yourself, (2) Everybody should see the world as I see it, and (3) I'm going to succeed even if it kills me.

Psychological and physiological signs may appear when individuals are entering into a burned out phase in their lives. Psychologically, the individual can become critical, primarily of those who seem to be blocking the successful realization of one's ideals and scripts. Herbert Freudenberger, MD, a psychiatrist who has examined the burned out phenomenon in human service organizations, summarizes the critical attitudes which develop in burned out victims:

*The burned-out victim begins to feel that everyone is out to screw him, and this includes his fellow staff members. This paranoid-like state may be heightened by feelings of omnipotence. This victim feels that he or she knows it all, has been through it all before. The person is more than a little irritated by the stupid, the novices, the incompetents, and the ingrates, both on the staff and among those who come for help - in short, anyone who does not accept his advice. (Herbert Freudenberger, The Staff Burnt-Out Syndrome, Drug Abuse Council, Washington, D.C., 1975, p. 35).*

One of the better indicators of being burned out appears to be a general feeling of depression and an inability to break out of a depressed cycle. Burned out individuals have little enthusiasm for getting up in the morning and going to work. Even activities that formerly were pleasurable seem to bring no happiness. The anger that is felt is often turned in on themselves. While they criticize

others for not permitting them to realize laudable goals, they also feel that they have somehow failed.

A key symptom of administrative burnout is evident when administrators no longer engage in risk-taking behavior. Burned out administrators tend to structure their administrative actions to promote their own security and to minimize hassles. They obstruct with bureaucratic gibberish employees who have creative suggestions for improving the organization. They have little enthusiasm for letting the organization branch into uncharted, but potentially rewarding areas. "No need to fail again" rationalizes the burned out administrator. The net result of such leadership practices is that a dogmatic resignation sets in: The organization's arteries have hardened. When this happens, the organization becomes just one more entity seeking to survive.

Physiological problems may also appeared in burned out individuals:

*There is a feeling of exhaustion and fatigue; inability to shake a cold, feeling psychologically run down; suffering from frequent headaches and intestinal disturbances; and these symptoms may be accompanied by a loss of weight, sleeplessness, depression, and shortness of breath. In short, one becomes psychosomatically susceptible to one or more ailments. (Ibid, p. 15.)*

Research recently undertaken at the University of California in Berkeley has demonstrated that psychological burnout correlates with several damaging indices of human stress, including alcoholism, mental illness, marital conflict, and suicide. In order to cope with physical problems the individual may turn to tranquilizers, drugs or alcohol - solutions that have the potential

for abuse.

### Definition of Stress

Stress has been a hypothetical construct for the psychologist because it is closely related to other topics such as emotion, threat, defense, drive, frustration and adaptation. In fact, concepts included within the study of "stress" were previously included under such headings as threat and frustration. Stress has become of interest to industrial physicians because they are treating the physical symptoms that can result from stressors in the work place, while industrial leaders notice the behavioral effect of stress on the worker, in terms of decreased productivity and increased work time loss.

However, a certain amount of stress is needed within our lives for it pushes us to excel--to exceed our "normal capacity." Too much stress over a period of time can have a disruptive effect on our physiological and psychological systems. (Pellitier, 1978). In Bolton's review (1980) of the recent Cooper and Marshall book (77) he cited the phenomenal growth of stress publications in the last three years. According to Bolton, stress books have glutted the market. Such a large number of books has produced a very confusing array of definitions.

On the basis of Bolton's review, an established definition is needed in any discussion of stress. Therefore, occupational stress here will be defined as, "a situation wherein job-related factors interact with the worker to change (i.e. disrupt or enhance) his or her psychological and/or physiological condition such that



the person is forced to deviate from normal functioning" (Newman and Beehr, 1978, p. 4). A stressor can be anything that induces stress whether it is environmental, such as heat or noise; physiological, such as an injection of a toxic substance; or psychological such as those stressors resulting from fatigue or boredom. So, any one agent can be a stressor in terms of its ability to produce stress in an individual.

### The Economics of Stress

Beehr and Newman (1978) discussed the importance of employee health and the lack of emphasis on employee health in the past. Some employees and some employers are now starting to take a more active role in maintaining their health and preventing illness and are starting to recognize that there is a connection between the psychological and physiological systems. Furthermore, some are beginning to realize that poor health may be due to more than the presence of a single pathogenic agent; the interaction between physiological and psychological systems can affect the health/illness of the individual. Moreover, both employer and employee are becoming increasingly aware of job stress as a factor contributing to the development of all illnesses (Pellitier, 1978; Selye, 1978).

In 1977, \$142.6 billion was spent on personal health services (Health, 1978, p. 387). For example, the average worker's experience may resemble that described by Schwartz (1979) in which he quoted a study performed by Manuso. The estimated average annual pretreatment cost of a person with

chronic anxiety or headache was \$3,394.50. This cost comes from four factors; visits to the Employee Health Center (\$473.14), time away from the job to visit the Employee Health Center (56.61), symptoms which interfere with work (\$2,206.95) and the effects on the boss (\$72.80), co-workers (\$542.88) and subordinates (\$42.12).

Therefore, as a stress increases, the individual becomes more susceptible to illness and health care becomes more expensive. As the morbidity of employees increase, there is a decrease in individual productivity. However, with the initiation of preventive and curative health programs which advocate wellness principles, the opposite occurs. There is decreased absenteeism, less chance of the use of the health care system for "preventable" illness, and improved productivity.

#### Measures of Stress

Three classes of dependent measures of stress are psychological, behavioral and physiological. The psychological measures include such elements as job dissatisfaction, anxiety, insomnia and restlessness, though some of these measures may be also thought of as behavioral measures. Behavioral measures differ by their being directly observable as in the case of smoking, over-eating, frequent medical visits, accidents and stuttering. Physiological measures involve changes in blood composition, skin resistance and ultimately morbidity and mortality.

One example of a psychological measure is job dissatisfaction as studied by Blalack (1977). Job satisfaction was defined

by Blalack as the perceived satisfaction derived by an individual from his work. He found that job satisfaction could not be statistically related to a high turn over rate and low morale of unit managers in a hospital. Blalack (1977) depended upon self reports and if there had been objective reports he might have found a relationship between the high turn over rate and job dissatisfaction (Caplan, 1976 and Levi, 1967).

Physiological measures of stress have been used in research on Type A individuals. Friedman and Rosenman (1974) have found Type A individuals have an increased risk of coronary heart disease (CHD). Based on their 8 1/2 year study of 3,500 men, Friedman and Roseman found Type A behavior to be a coronary-prone behavior pattern. Rosenman and Friedman report that Type A's have been twice as prone to a second myocardial infarction and have had fatal heart attacks twice as frequently as Type B or average individuals. Type B exhibits a low risk behavior pattern in having CHD and has not been researched as thoroughly as Type A behavior. Briefly the characteristics of Type A behavior is as follows:

Competitive	Aggressive
Hyperalert	Feels the pressure of time
Achievement oriented	Explosive speech
Impatient	Always under the challenge
Restless	of responsibility
Tenseness of facial muscles	

Howard (1976) conducted a longitudinal study with 300 top managers from 12 Canadian companies. Overall 61 percent of the managers were classified as Type A's. The Type A's in this study stand out as being significantly different from Type B's on

the majority of health factors. Although when all Type A's blood pressure was taken together it was significantly higher than all of the Type B's. The Type A's reported more stress symptoms and they exhibited higher blood pressures, higher cholesterol and higher triglyceride levels. Additionally, a larger percentage of Type A's were cigarette smokers. In terms of CHD risk, the Type A's were higher than Type B on blood pressure, smoking, and serum lipids (cholesterol and triglycerides). In estimating the risk of CHD, the probability of the average Type A developing CHD in the next six years was 6.3 percent while the average probability according to the American Medical Association is 4.4 percent. Therefore, Howard's data predicts a higher chance of CHD among Type A's.

Jenkins in the 1976 study found that coronary heart disease patients strive more diligently towards achievement, are more perfectionist, tense and unable to relax, put forth more effort and commitment to job and are more active and energetic than the control group. Type A behavior has more support by way of another 8 1/2 year study. Multivariate predictive data analysis of the Western Collaborative Group Study (WCGS) (Brand, et. al. 1976) has confirmed the independent risk status of the Type A behavior pattern in CHD.

In addition to the physiological measure related to Type A behavior there are several others which may or may not be indicative of Type A's. A drop in blood eosinophil cells, which is one of Selye's characteristics of the General Adaptation Syndrome is a consequence of increased triglyceride secretions. Other

measures are EEG, blood pressure, blood cretin/cretinic ratio and GSR readings. Lastly, GSR (galvanic skin resistance) can detect sweat variations during stress even if sweat droplets are not found. But most of these measures work best if the physiological measure is obtained immediately after the stressor occurs.

Behavioral symptoms are another dependent measure of stress. These measures are obtained through self-report and observational methods. The individual furnishes information about his behavior and this is later assessed in terms of normal behavior or abnormal behavior for that individual. These measures are obtained on behaviors such as smoking, over-eating, medical visits, accidents, stuttering, etc.

#### The Effect Of Occupational Variables On Stress

Many articles have been published concerning the effect of occupational variables on stress. Kasl (1978) identified six classes of occupational variables which relate to stress. They are:

- Characteristics of the individual
- Behavioral setting
- Social environment
- Task
- Role
- Physical environment

First, the characteristics of the individual refer to a predisposition or personality traits the individual brings with him to work. It has been found that different individuals may respond to the same stressor in different ways and one stressor may cause two different reactions within the same individual at different times. Because stress does not generalize across major demographic groups, House (1974) states that there may be important

individual (physiological or social environmental) variables mediating the reaction due to a stressor. The interest in the characteristics of the individual arises from the need to better place an individual in a job that fits his characteristics.

Some of these characteristics of the individual are psychological characteristics such as the need for clarity and self-esteem (Kahn, 1973). Clarity enables an individual to know what is expected of him. He is not confused about his duties or responsibilities. Self-esteem means that he has a high regard for his own worth. These characteristics are also discussed in roles. Here they are viewed as a part of the individual that he brings into the work environment and are not inherent in the job. Another characteristic of the individual is his physical condition (Bloomfield, et al., 1978). Cooper (1970) demonstrates that one's health and physical fitness can contribute to one's outlook and response when stress occurs. He states that physical exercise can be relaxing after a long mental workout. This indicates that stress on one system can be relieved by stress on another.

The last of these psychological characteristics is life stages (Rahe, 1974). Career and/or family change occur directly or indirectly to all those experiencing the work environment. Goals, values, and experiences help aid in the development of the ability to withstand stress. Based on this Rahe (1974) and Antonovsky (1974) have concluded that the way a person views his life stages is a function of the experiences of that particular individual. By experiencing or anticipating stressful events, an individual is more able to counter or at least prepare for an

oncoming event (Antonovsky, 1974).

A second class of occupational variables is aspects within the behavioral setting which can include time pressure, travel and poor working conditions. Trense (1977), a British industrial journalist, described these characteristics as frequently leading to basic feelings of insecurity. The crush of things to do or places to go or poor conditions where one is to work adds just another increment of stress.

A third class of occupational variables, social environment, is also addressed by Trense (1977). Company size, job security and opportunity for advancement are but three areas of occupational stress within social environment. In small businesses an individual may know almost everyone in the firm and the pressures may not be as great as those in larger organizations. But, there may be less chance for advancement in a small business than in a large one due to the existence of fewer levels. In a small business advancement may depend on the retirement or death of an employee. Additionally, company size can bring about stress due to impersonal dealings within the office. As Trense (1977) states, the glass walls which give the illusion of "oneness" within the office actually serve to separate individuals from each other. The bureaucratic effect of big business can make certain areas of an organization more stressful than others (Zaleznik, 1977). The effect of these occupational stressors, as in the case of many stressors, depends on how the individual perceives the stress. Just as Harrison (1978) detailed in his Person-Environment Fit Theory, the problem occurs when there is disparity between the

individual's needs and what the environment offers as a reward.

A fourth class of occupational variables is related to the task performed. Today with mechanization, much of the labor consists of paced work (machine and self). Self-paced rather than machine paced seems to be less of a stressor to the individual. Likewise, responsibility for things rather than people is also less stressful (Frankenhauser, 1976). Another subclass of this category is the weekly work schedule, not just the usual eight to five o'clock day, five days a week, but twelve hour shifts up to five consecutive days. One example of this type of schedule is the twelve hour shifts of Texaco and Gulf Refinery workers with breaks of three, five, or eight consecutive days off (Richard, Note 1). Some studies state it takes a person from two to three days to recover from the disturbance of the body's internal clock after working such a schedule (Baker, 1980). However, there appears to be an easing of this disturbance when there are large numbers of individuals working shift within the same geographic area.

The fifth class of variables is role, which has been studied extensively by Kahn (1973). He has been credited with defining and explaining the relationship between role ambiguity, role conflict and role overload. Role ambiguity can result from the absence of role clarity. "Role ambiguity is the discrepancy" states Kahn (1973) "between the amount of information a person has and the amount he requires to perform his role adequately." Such a discrepancy may produce stress. Role conflict is an objective measure of logically incompatible demands upon an



individual (focal person) by two or more persons whose jobs are interdependent with his own. Role conflict, when measured by Kahn, focuses on how much one wants to focal person's behavior to change. Role overload refers to the type of stressor experienced by certified public accountants (CPA) in mid-April -- simply, too much work. Howard et al. (1976) found that their serum cholesterol is elevated to its highest level around April 15, but it subsides soon thereafter. April 15 is also the time that CPAs feel most stressed.

In another example:

*Quantitative overload is related to how self-esteem among administrators but not among professors. The self-esteem of professors was related to qualitative overload (Kahn, 1973, p. 5).*

This seems to indicate again that individual characteristics have an extraordinary influence on perceived stressors. This linkage seems to hold true for each of the types of variables mentioned so far.

The sixth and last class of variable to be discussed is physical environment. Noise and extremes of heat and cold are influenced by individual differences or preferences, but to a lesser extent than other factors in the physical environment (Stokols, 1978). That is to say, there probably is an optimal range of noise or heat which, when exceeded causes stress within most individuals.

#### Strategies to Reduce Occupational Stress

Newman and Beehr (1979) reviewed the research and

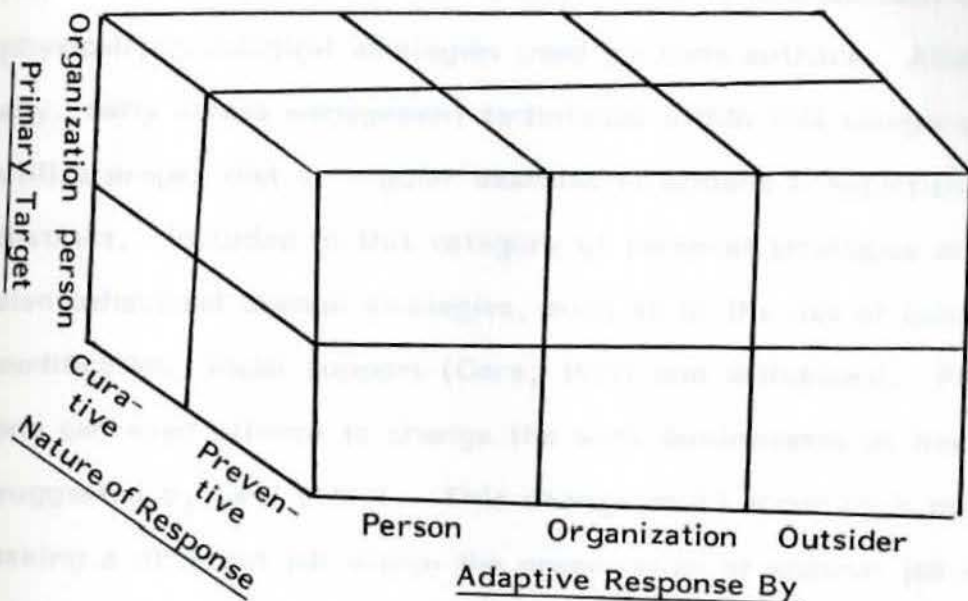
gathered information on personal and organizational strategies for handling job stress. To aid in their systematic examination of the literature, they created a general matrix (Figure 1). The matrix has twelve cells indicating the target of the adaptive response, the nature of the response (curative and/or preventive) and the doer of the adaptive response.

First, the target can be either an aspect of the person (physiological, psychological, etc.) or an aspect of the organization (structure, job design, etc.) which will undergo change or modification in the strategy for coping with stress. Second, the nature of the response can be curative and/or preventive. Third, the adaptive response to the job stress may be made by (A) the person, (B) the organization or (C) a person or organization outside the focal organization. The Newman and Beehr paradigm (Figure 1) is useful in classifying any strategy to reduce or prevent occupational stress. The following is a discussion of various adaptive strategies which have attempted to reduce occupational stress. This study focuses on creating a taxonomy for personal strategies to reduce occupational stress. Organizational and outside consultant strategies will be discussed because occasionally a person may use an organizational strategy to reduce his own stress.

(A) Personal strategies for handling the psychological aspects of job stress include meditation (Peters, et al., 1977), relaxation, planning ahead, and modification in one's philosophy of life/self (Selye, 1974). Selye (1974) has studied stress for over 40 years and believes that adopting a philosophy of life

FIGURE I

Matrix For A Review Of  
Adaptive Responses To Job Stress\*



Newman and Beehr (1979)

which emphasizes simplicity of style and positive thinking among other aspects will reduce one's distress.

Since he is a physiologist, much of his work has been dealing with the nature of the subject. That is to say this his work is more closely akin to that of a physician than that of a psychologist. However, his research tends to overlap with the physical/physiological strategies used by some authors. Additionally, many stress management techniques within this category utilize proper diet or regular exercise to achieve a reduction in distress. Included in this category of personal strategies are also behavioral change strategies, such as in the use of behavior modification, social support (Gore, 1974) and withdrawal. Finally, one can even attempt to change the work environment as has been suggested by Levi (1967). This change could occur by a person taking a different job within the organization or another job in a different organization.

(B) Organizational strategies for combating occupational stress have been aimed at changing the organization structure, programs, etc., such as Person-Environment Fit by Harrison (1978). There are also organizational strategies aimed at changing role or task/job characteristics. A number of articles on these topics have been written by Kahn and Quinn (1970) and Caplan (1975, 1976) and Johnsen (1978). In fact, the Johnsen study or Balao project changed the design of a ship, its training and organizational structure. These changes yielded more job satisfaction, an improved record of good ship maintenance and operational efficiency in addition to other significant improvements.

(C) Strategies by persons and organizations outside the focal organization may "focus on the cause (stressor) or the effect (human or organizational consequences of the job stress)" (Newman and Beehr, 1979, p. 31). One of these strategies aimed at the person in electrically induced relaxation as used by Feinberg, Stabler, and Coley (1974).

### III. THEORETICAL ORIENTATION

The Literature Review delineated the causes and symptoms of burn-out as well as stress relating to work. It further exemplified the psychological, physiological aspects, the economics, strategies etc.

A study of 130 occupations found the career of "Manager/Administrator" one of the most stressful of all occupations. (How to Deal with Stress on the Job. U.S. News and World Report, March 13, 1978, p. 80). This will not come as a surprise to practicing health administrators, who daily confront a multitude of pressures, challenges and criticisms. The purpose of this project is to study stress and job burn-out among hospital administrators in the Greater Saint Louis Area. The Saint Louis Area was chosen primarily due to the fact that the researcher's domicile, time and financial constraints, and other factors such as,

- . good mix of hospital size, governance, hospital type, varied socio-cultural background of the people in the area.
- . appropriate number of hospitals i.e. (52). Also university affiliations of hospitals.
- . all major market test of new products and/or services are conducted in this area prior to introduction in the U.S. market.

. no such study has been conducted in this area.

Also, since the literature is general and universally applicable, the Saint Louis Area being cosmopolitan metropolis is considered a good or appropriate match for such a study.

### HYPOTHESIS

General Hypothesis: Work, work related, family life, and other components can be identified that lead to stress and burnout of Administrators.

Sub-Hypothesis #1: One or more work component can be identified that lead to stress and burn-out of Administrators.

Sub Hypothesis #2: One or more health problems among Administrators are work related.

Sub Hypothesis #3: Individual Administrator's mood is dependent on an outcome of work environment.

Sub Hypothesis #4: Stress and burn-out affects the Administrators family and social life.

Sub Hypothesis #5: Stress and burn-out can be identified among Administrators regardless of hospital size, ownership and nature of governance.

### Rationale for Hypothesis Selection

Many of us spend majority of our awake hours at some type of work either professional or domestic. Our daily lives are filled with challenges, opportunities, problems, frustrations, anxiety, and interfacing with others. Also, often the pressures of

meeting deadlines, as well as working with limited resources among all other things, especially career/progress stagnation eventually leads us to stress and/or burn-out. Hospital Administrator's job encounters all the above factors, therefore hypothesis #1 was formulated.

All other hypotheses were formulated upon careful investigation of literature, other studies which generally indicated that work, work related, family, health, mood and other such components lead to stress and burn-out. These hypotheses were formulated to see if this will be true among hospital Administrators as it was in other professions.

Lastly, the researcher selected the #5 sub-hypothesis because it was her general belief that stress and burn-out could be present regardless of the size, type, ownership and governance of the hospital. The researcher concluded this belief again by reading several articles and literature.



#### IV. METHODOLOGY

The purpose of the study is to isolate and describe components of the work environment which causes burn-out and stress among hospital Administrators, and its effect on their health, family life, productivity, etc.

The data gathered for this study was obtained by the questionnaire technique. (See Appendix C.) The questionnaires were mailed to fifty-two (52) hospital Administrators' in the Greater St. Louis Area.

##### Questionnaire Development

To allow for the easiest and quickest method of tabulating the data, an extensive questionnaire was designed with yes/no, multiple choice questions and some modified four-point likert scale.

In the modified four-point Likert scale questions, the Administrators' were asked to respond to statements by giving answers ranging from strong agreement to strong disagreement.

The methodology is advantageous in that it provides for a preliminary search for data of variables that seem to cause stress and job burn-out. Once the suspected indicators have been identified, a more sophisticated study can be developed, using greater scientific techniques of measurement.

A cover letter was used to briefly explain the purpose of the survey and to request their participation. Furthermore, an "Agreement of Informed Consent" was mailed along with the questionnaire. This "Agreement" has provision for signature of both the researcher and the respondent.

#### Description of the Research Instrument

Primary instrument utilized in this research was a questionnaire. The other system used in this study was personal interview. The questionnaire survey related to seven basic areas: (1) Demographic information, (2) Work Stress, (3) Job Burn-out, (4) Health, (5) Mood, (6) Life Style, and (7) Eating Habits. The demographics section basically was a discovery of the respondents' personal data such as age, education, experience, marital status and salary. It also collected information about the type, size and governance of the hospitals. This section of the questionnaire was developed to substantiate hypothesis #5 -

*"Stress and burn-out can be identified among Administrators regardless of hospital size, ownership and nature of governance".*

The next section has fifty-seven (57) questions and covers work-stress checklist. Basically, this stress inventory gave the respondents to check 'yes' or 'no' to the questions asked. All the questions relate to work and work environment. Hypothesis #1 relates to this section. The hypothesis states -

*"One or more work component can be identified that lead to stress and burn-out of Administrators".*

Third section of the research questionnaire dealt with Job Burn-Out. It contains twenty-one (21) questions. The purpose of this section is self-explanatory and it relates to hypothesis #1, 2 and 4.

The next four (4) sections contain several questions on health, mood, life style and eating patterns. These sections were developed to discover findings relating to hypothesis, #2, 3 and 4. The above questions were selected to collect necessary data to identify several occupational variables which relate to stress such as, characteristics of the individual, behavioral setting, social environment, task, role, physical environment, health and family life. It is the contention of the researcher and those who were consulted that the questions developed would achieve the set objectives.

#### Instrument Development and Reliability

Literature search indicated that there was no questionnaire readily available which covered all the items intended for this study. For this matter, parts of several questionnaires from other studies were accumulated. The demographic section was developed by the researcher herself.

The section(s) on work stress and Job Burn-Out was adapted from the National Work Stress and Job Burn-out Survey. This survey was conducted under the auspices of the National Institute of Occupational Safety and Health by Professor(s) Veninga and Spradley of the Department Anthropology, Macalaster College

in St. Paul, Minnesota. The reliability of this NIOSH study is stated as  $\geq 90\%$ .

Most of the questions in other sections were adopted from the study conducted by Hector Nova, M.D. for his dissertation for Doctor of Public Health degree at the University of Texas Health Sciences Center - School of Public Health. The reliability of this study was also in the 90% group.

The entire research instrument was reviewed and pre-tested by a senior regional health Administrator of a large health corporation. This administrator was one of the participants in pre-testing the questionnaire.

#### Pre-Testing

The questionnaire was completed by three professionals prior to distribution and minor corrections were made to clarify intent of statements.

#### Description of Research Sample

Aggregate responses to the demographic questions are shown in Table(s) 1 thru 10 (pp. 36 - 41) Chapter 5.

The research sample was selected from all the hospitals in the metropolitan area. Initially, the names of the hospitals were taken from the yellow pages of the telephone company. This was later checked against the hospital directory published by the Missouri Hospital Association.

Though there was a large universe of subjects, this

study was limited to the Administrators or the Chief Executive Officers (CEO) of the hospital(s). Other subjects in the universe would have been Assistant Administrators, Associate Administrators, Administrative Assistants, Departmental Administrators or Administrators of all the hospitals in the State of Missouri. Time and funding constraints did not permit to undertake a study of this magnitude.

The majority of respondents (57.1%) have held Administrative jobs between 3 to 5 year periods. Other 14.3% were in the job 1-2 years whereas a total 5.7% indicated 6-10 years and above in the job.

Further, their educational accomplishments were mostly at Masters level with only exception of a few (2.8%) at the Associate degree level. Majority of the respondents (54.28%) had achieved MHA degree, 11.42% achieved MBA degrees whereas 31.42% indicated other Masters as their Terminal degree.

The age of respondents were fairly distributed between 26-65 years. The majority of respondents (28.57%) were in 46-55 years. This followed by a tie between the groups 26-35 years and 56-65 years both indicating 25.7% and lastly 20% of the respondents were between 36-45 years.

Most of the respondents (74.28%) indicated that they are presently married. The other 25.71% indicated their marital status as single. The questionnaire did not attempt to ask if any of them are divorced or not. Lastly, it was interesting to note

that the majority of respondents (57.1%) were Administrators from hospitals with over 350 beds, and 88.57% have over 250 employees. Forty percent (40%) of the respondent hospitals are owned by Church/religious order, 11.4% are publicly owned, and 48.5% by other.

Of all the demographics, one of the data which may influence the results is the manner the hospitals are governed. Majority of the respondents (54.2%) indicated that their hospitals are governed by the Board of Directors, 17.1% by the Board of Trustees, 11.42% by Corporate Division Management, 11.42% by Public and 2.8% by Proprietors.

### Responses

Fifty-two (52) questionnaires were distributed for which at least thirty-five (35) i.e. 65 percent return was required for an adequate analysis of results.

First responses started to trickle after two weeks upon mailing the questionnaire. Several respondents refuse to participate without giving reason and some indicating non-availability to time. At the end of third week, a total of twenty-one (21) responses were received.

A follow-up letter (See Appendix D) was mailed along with another copy of questionnaire requesting the Administrator to respond. This effort brought in another nine (9) completed responses.

The total of thirty (30) responses was short by five (5) responses to meet the target of 65% participation. Therefore, the last resort was to make personal contact with non-participating administrators. This effort brought in three (3) completed responses and two (2) personal interviews to a total of thirty-five (35) completed responses.

The above return was facilitated by mailing a pre-mailing a pre-addressed return envelope enclosed with the questionnaire. As the responses were received, a tally sheet indicated the remaining outstanding responses which was used for follow up techniques.

#### Compilation of Responses

All returned questionnaires are included in the final results, regardless of whether each item was completed with the exception of the Optional Section. Individual surveys have been tallied to produce aggregate totals of each item.

Many respondents did not answer questions in the "Optional" Section and indicated that it was too long. Therefore none were attempted.

## V. RESULTS AND ANALYSIS

The questionnaire survey was related to seven basic areas: (1) Demographic information, (2) Work Stress, (3) Job Burn-Out, (4) Health, (5) Mood, (6) Life Style, and (7) Eating Patterns.

The questionnaire provided information concerning the respondent themselves. The characteristics of the samples were analyzed.

Table 1.  
Jobs Held in Administration

	Number	Percent
1	5	14.3
2	5	14.3
3 to 5	12	57.1
6 to 10	1	5.7
Over 10	1	5.7

Table 1 shows that the majority (57.1%) of the respondents have held administrative jobs between 3 to 5 years. Ten or 14.3% respondents indicated the duration of administrative tenure to be 1-2 years. This was followed by 5.7% indicating 6-10 years and above 10 years respectively.



Table 2.  
Number of Years in Present Job

	Number	Percent
1	9	25.71
2	10	28.5
3 to 5	4	11.42
6 to 10	5	14.28
Over 10	7	20.0

Table 2 indicates that 58% of respondents were in their present job for two years or less 25.71% were in their first year while 28.5% were in their second year. The next highest percentage of 20% were in the job over 10 years.

Table 3.  
Age of Respondents

	Number	Percent
25 or Under	0	0.0
26 to 35	9	25.7
36 to 45	7	20.0
46 to 55	10	28.57
56 to 65	9	25.7

The age breakdown is fairly evenly distributed between 26 to 65 years though there were few respondents (20% in the 36 to 45 age group. The majority (28.57%) were in 46 to 55 age group, whereas 25.7% were in the 26 to 35 range and 56 to 65 group respectively.

Table 4.  
Marital Status

	Number	Percent
Single	9	25.71
Married	26	74.28

Table 4 indicates that 74.28% of the respondents were married relative to a 25.71% of respondent having a single status. This questionnaire did not seek information about living together or other living arrangements.

Table 5.  
Educational Level

	Number	Percent
Associate Degree	1	2.8
MHA	19	54.28
MBA	4	11.42
Masters - Other	11	31.42

The MHA degree is noted as an accomplishment for 54.28% of the respondent. This was followed by 31.42% indicating other Masters as their terminal degree. However, respondents did not specify any specialties of other Masters. Next 11.42% respondents indicated the MBA as their educational level and finally a few 2.8%, obtained an Associate degree.

Table 6.  
Income Level

	Number	Percent
\$24,000 to \$30,000	3	8.57
\$30,100 to \$36,000	2	5.71
\$36,100 to \$42,000	7	20.0
\$42,100 to \$48,000	3	8.57
\$48,100 to \$54,000	7	20.0
Over \$54,000	13	37.14

An analysis of collected data indicates that the majority (85.71% of hospital administrators' income exceeds thirty-six thousand dollars. Further, 8.57% of the sample earn between \$24 - 30,000 whereas 5.7% earn \$30,100 - 36,000.

Among the 85.71%, a total of 20% reported income of \$36,100 - 42,000, 8.57% made \$42,100 - 48,000, 20% earned \$48,100 - 54,000 while 37.14% administrators made over \$54,000 per year.

Table 7.  
Hospital Size - Capacity

Number of Beds	Number	Percent
50 - 100	6	17.1
101 - 150	3	5.71
151 - 200	3	8.57
201 - 250	2	5.71
251 - 300	2	5.71
Over 350	12	57.1

Table 7 presents the results on hospital size, by bed capacity, of which 57.1% of sample indicate over 350 beds. The next largest percentage (17.1%) were in the 50-100 bed range.

Table 8.  
Hospital Size - Employees

Number of Employees	Number	Percent
50 - 100	2	5.71
151 - 200	2	5.71
Over 250	31	88.57

A total of 88.57% of the survey population indicated that they have over 250 employees in their institutions. Five point seventy-one percent had 151 - 200 employees and another five point seventy-one percent had 50 - 100 employees.

Table 9.  
Hospital Ownership

Owner	Number	Percent
Church/Religious Order	14	40.0
Public	4	11.4
Other	17	48.5

Forty (40) percent indicate ownership by Church or Religious order, 11.4% a rein Public Ownership and 48.5% did not explain their ownership, though it is assumed to be private proprietary.

Table 10.  
Governance

Type	Number	Percent
Board of Trustees	6	17.1
Board of Directors	19	54.2
Proprietor	1	2.8
Corporate Division Management	4	11.42
Public	4	11.42
None of the Above	1	2.8

A majority (54.2%) of hospitals are governed by a Board of Directors whereas 17.1% are governed by a Board of Trustees. The next largest percent (11.42%) are governed by corporate division management and by the public respectively. A small (2.8%) sample indicated "none of the above" and did not offer an explanation.

#### Work Stress

A series of stress factors were presented to the Administrators from which they had a choice to indicate its presence or absence. The eleven (11) high stress indicators present are as follows: 57.1% indicated "the work is never done", 42.8% indicated "unrealistic deadlines", 57.1% must take work home to finish it", 25.7% indicated "responsibility for too many people", 42.8% said that they had "inadequate help to do the work", and another 42.8% had "inefficient subordinates".

Analysis of further data indicates that 40% of the respondents cited "inadequate financial rewards" as a source of stress. Whereas 62.28% acknowledge "too much red tape". "No hope for increased" advancement was voiced by 13% of the respondents followed by 25.71% indicating "no hope for more freedom on the job".

Lastly, three groups of equal percentage (25.71%) indicated "status incongruity", "boss or board supervises too closely", and "conflicting and unclear job description".

However, 4-5 respondents (i.e. 11.4 to 14.2%) reported the presence of stress in almost all questions.

One of the reasons a high percentage reported, a non-presence of stress may be due to the fact that the majority of administrators are fairly new in their jobs or in the "honeymoon" stage of their careers.

Table II.  
Work Stress

Stress	Present		Absent	
	No.	Percent	No.	Percent
The work is never done	20	57.1	14	40.0
Unrealistic deadlines	15	42.8	20	57.1
Must take work home to finish it	20	57.1	15	42.8
Responsibility for too many people	9	25.7	26	74.2
Inadequate help to do the work	15	42.8	20	57.1
Inefficient subordinates	15	42.8	20	57.1
Threat of being laid off or fired	4	22.42	31	88.5
Inadequate health insurance	2	5.71	33	94.28
Inadequate pension plan	4	11.42	31	88.5
Inadequate financial rewards	14	40.0	21	60.0
Have to work too fast	4	11.42	31	88.5
No time for coffee or lunch breaks	4	11.42	31	88.5
No time off for personal affairs	8	22.8	27	77.14
No variation in the pace of work	4	11.42	31	88.5
Have to work too slowly	5	14.28	30	85.7
No flexibility in starting and quitting	2	5.71	33	94.28
Not enough work to do	-	-	35	100.0
Required to look busy	-	-	35	100.0
Not enough responsibility	4	11.42	31	88.5
Mind, skills, and abilities not used	4	11.42	31	88.5
Overqualified for the job	4	11.42	31	88.5

Table II. (Cont.)  
Work Stress

Stress	Present		Absent	
	No.	Percent	No.	Percent
No change for personal growth	4	11.42	31	88.5
Unfriendly fellow workers	4	11.42	31	88.5
Demands too much teamwork and cooperation	4	11.42	31	88.5
No support from the medical group	5	14.28	30	85.7
No one shows personal interest in you	-	-	35	100.00
Too much red tape	22	62.28	13	37.1
No hope for advancement	5	14.28	30	85.7
No hope for increased earnings	13	37.1	22	62.8
No hope for learning new things	2	5.71	33	94.28
No hope for more freedom on the job	9	25.71	26	74.28
Sex, age, and/or racial discrimination	-	-	35	100.0
Need "pull" to get ahead	4	11.42	31	88.5
No chance for transfer in the organization	4	11.42	31	88.5
Lack authority to carry out your job	5	14.28	30	85.7
Can't do what you do best	5	14.28	30	85.7
Inadequate recognition for your work	5	14.28	30	85.7
The work has little meaning to you	4	11.42	31	88.5
Lack of job security	4	11.42	31	88.5



Table II. (Cont.)  
Work Stress

Stress	Present		Absent	
	No.	Percent	No.	Percent
Status incongruity	9	25.7	26	74.28
Narrowly specialized and repetitious tasks	2	5.71	33	94.8
Never learn anything new	-	-	35	100.00
Requires little or no skill	-	-	35	100.00
Can't see end product of your work	2	5.71	33	94.28
Monotonous work	2	5.71	33	94.28
Boss or Board gives you little or no feed- back	-	-	35	100.00
Too many bosses	5	14.28	30	85.7
Boss or Board supervises too closely	9	25.7	26	74.28
Overcritical Boss or Board	2	5.71	33	94.28
Boss has retired on the job	5	14.28	30	85.7
Incompetent Boss or Board	5	14.28	30	85.7
Can't communicate with the Boss or Board	5	14.28	30	85.7
Conflicting and unclear job description	9	25.71	26	74.28
Excluded from decision- making process	4	11.42	31	88.5
Can be fired without chance of peer review	4	11.42	31	88.5
Can't refuse unethical work assignments	-	-	35	100.00
Can't blow the whistle on illegal or unethical activities	-	-	35	100.00

Table II. (Cont.)  
Work Stress

Stress	Present		Absent	
	No.	Percent	No.	Percent
Have no say in how work is done	-	-	35	100.00

### Job Burnout

In this section the respondents were given a choice to strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. The statements were arranged in a non-sequential manner to avoid biased responses.

Eleven (11.4%) of the respondents indicated dissatisfaction with their present job.

Only 5.71% of the respondents indicated that they would not choose their present type of work again whereas 25.71% were neutral. Further a small percentage (11.42%) felt bored with their work most of the time. A total of 14.28% of respondents said that they would not encourage their friend to pursue a career such as theirs. When asked "if I had enough money to live comfortably for the rest of my life, I would continue to work at my present job", surprisingly 48.57% respondents disagreed whereas 14.2% neither agreed nor disagreed. Therefore; 62.77% indicated some dislike for their present occupation.

Twenty (20) percent of the respondents feel trapped in their present job and a total of 17.14% respondents generally

don't like their jobs. Another 8.57% of the respondents neither disagreed nor agreed with the statement.

#### Burned Out From Job Stress

When asked, "Have you ever burned out from job stress?" A total of 45.71% responded positively compared with 54.28% responding negatively.

#### Onset of Symptoms

A total of 20% indicated that they started to experience symptoms by the end of first year, 25.71% by the end of third year. Further, 34.28% indicated "other" with no further explanation provided by them.

#### Burned Out Scale

On a scale of 0- not burned out to 10- completely burned out, a majority (34.28%) of respondents placed themselves at 2; 20% at 3 on the scale; 5.71% were at 6, 8.57% at 7 and 5.71% placed themselves at 9. Only 14.28% of the respondents placed themselves at 0 on the scale indicating not burned at all.

#### Knowledge About Work Stress

On another scale of 0 to 10 about knowledge about work stress prior to this survey, 25.71% of the respondents placed themselves on 5, and 20% on 8. (Zero equals no work stress and 10 equals stressful). The others are shown in Table 16.

Table 12.  
Job Burnout

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
All in all, I am satisfied with my job	26/74.2%	5/14.2%	-	4/11.42%	-
Doing my job well gives me a good feeling	26/74.2	9/25.7	-	-	-
If I were free to go into any type of work, I would choose my present job.	14/40	9/25.7	9/25.7	2/5.71	-
My work is interesting.	17/48.57	14/40	4/11.42	-	-
I feel bored with my work most of the time.	-	4/11.42	2/5.71	20/57.14	9/25.71
If a friend were interested in a job like mine, I would encourage him/her.	10/28.57	18/51.4	3/8.57	3/8.57	2/5.71
If I had enough money to live comfortably for the rest of my life, I would continue to work.	14/40	12/34.2	6/17.14	3/8.57	-

Table 12. (Cont.)  
Job Burnout

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
If I had enough money to live comfortably for the rest of my life, I would continue to work at my present job.	9/25.7	4/11.42	5/14.2	17/48.57	-
On most days, time drags on the job.	2/5.71	-	2/5.71	9/25.7	12/34.28
I often feel trapped in my present job.	-	7/20	-	21/60.0	7/20.0
In general I don't like my job.	3/8.57	3/8.57	3/8.57	14/40.0	12/34.28
My job requires that I keep learning new things.	14/40	10/28.57	3/8.57	4/11.42	4/11.42
My job requires that I work very fast.	5/14.2	5/14.2	14/40	9/25.71	2/5.71
What I do at work is more important to me than the money I earn.	9/25.71	12/34.28	5/14.28	9/25.71	-
My job requires that I work very hard.	12/34.28	14/40	9/25.71	-	2/5.71

Table 12. (Cont.)  
Job Burnout

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I have a lot to say about what happens on my job.	17.48.57	10/28.57	-	8/22.8	-

Table 13.  
Have You Ever Burned Out From  
Job Stress?

	Number	Percent
Yes	16	45.71
No	19	54.28

Table 14.  
Start To Experience Symptoms

	Number	Percent
By the end of first quarter	7	20.0
By the end of third year	9	25.71
Other	12	34.28

Table 15.  
Burned Out Scale

Scale	Number	Percent
0 Not burned out	5	14.28
1	12	34.28
2	7	20.0
3	2	5.71
4	2	5.71
5	-	-
6	2	5.71
7	3	8.57
8	-	-
9	2	5.71
10 Completely burned out	-	-

Table 16.  
Knowledge About Work Stress and Job Burnout,  
How to Cope With it Prior to Reading Survey

Scale	Number	Percent
(0 = no work stress and 10 = Stressful)		
0, 1, 3, 3, 6 & 10	-	-
4	3	8.57
5	9	25.71
7	2	5.71
8	7	20.0
9	3	8.57
10	-	-



Table 17.  
Stage of Burnout

	Number	Percent
Stage One	9	25.71
Stage Two	20	57.4
Stage Three	5	14.28
Stage Four	-	-
Stage Five	-	-
Other	2	5.71

Stage of Burnout

This question asked the respondent to identify their perceived burnout stage.

Table 17 shows that the majority (57.4%) of the population sampled were at stage two - "occasionally I am under stress but don't feel burned out. I don't always have as much energy as I once did".

Another 25.71 percent placed themselves at Stage One - "My job is exciting and I have no burnout symptoms". This was followed by 14.28 percent of population placing themselves at Stage Three - "I am definitely burning out and have one or more symptoms of burnout, such as emotional exhaustion or physical symptoms". Finally, 5.71 percent of population sampled checked "other" on stage of burnout. However these respondents did not give any further explanation.

## Job Burnout Signals

Table 18 points out one signal in the "severe" category, eleven signals in the "moderate" category, twenty-one signals were identified in the "mild" category, and almost all signals were identified in the "Have not experienced this" category.

A 5.71 percent of population sampled indicated the severe signal of having trouble waking up. Whereas in the moderate section 31.4 percent felt emotionally and physically exhausted, 34.28% indicated that they can't enjoy their leisure, and another 5.71 percent had lost efficiency on the job. This was followed by 11.4 percent respondents stated they felt jaded and lacked interest in their work. The other respondents answering the moderate section were as follows: 11.42 percent have trouble waking up, 8.57 percent get headaches, 11.42 percent get neck aches, 5.71 percent get shoulder aches, 11.42 percent eyes itched, 5.71 percent felt dizzy and 11.42 percent have a drinking problem.

The three highest percentage of burnout signals in the "mild" category were as follows: 34.28% feel emotionally and physically exhausted, 28.5 percent can't enjoy their leisure, and 28.57 percent have trouble getting to sleep.

Table 18.  
Job Burnout Signals

	0	1	2	3
Feel emotionally and physically exhausted.	12/34.28	12/34.28	11/31.42	-
Can't enjoy my leisure.	23/65.71	10/28.57	12/34.28	-
Have lost my efficiency on the job.	27/77.14	5/14.28	2/5.71	-
Feel jaded and lack interest in my work.	27/77.14	4/11.42	4/11.42	-
Have trouble getting to sleep.	25/71.42	10/28.57	-	-
Have trouble waking up.	23/65.71	6/17.14	4/11.42	2/5.71
Get headaches.	9/25.71	9/25.71	3/8.57	-
Get neck aches.	27/77.14	5/14.28	4/11.42	-
Have shoulder aches.	26/74.28	5/14.28	2/5.71	-
Eyes itch.	27/77.14	5/14.28	4/11.42	-
Have lost my appetite.	31/88.57	4/11.42	-	-
Have shortness of breath.	35/100	-	-	-
Experience nausea.	35/100	-	-	-
Feel dizzy.	29/82.85	4/11.42	2/5.71	-
Have stomach upset.	27/77.14	8/22.85	-	-
Have a drinking problem.	27/77.14	4/11.42	4/11.42	-
Smoke too much.	27/77.14	8/22.85	-	-
Get frequent backaches.	31/88.57	4/11.42	-	-
Have ulcers.	31/88.57	4/11.42	-	-
Have colitis.	31/88.57	4/11.42	-	-
Get constipated.	35/100	-	-	-
Get canker sores.	31/88.57	4/11.42	-	-
Get frequent colds.	31/88.57	4/11.42	-	-

Table 18. (Cont.)  
Job Burnout Signals

	0	1	2	3
Have high blood pressure.	31/88.57	4/11.42	-	-
Heart skips beats.	31/88.57	-	-	-
Heart races	31/88.57	-	-	-

0 - Have not experienced this

2 - Moderate

1 - Mild

3 - Severe

### Health in General

To obtain information that would indicate what the administrator perceived their general health to be, respondents were given two choices, excellent or good.

Table 19 shows that 65.7 percent of administrators' perceive their health to be "good", and 34.28 percent indicated their health to be "excellent".

Table 19.  
Health in General

Health	Number	Percent
Excellent	12	34.28
Good	23	65.71

Table 20.  
Hospitalization

	Number	Percent
Yes	4	11.42
No	31	88.57
Frequency	1	
Length of stay	7	
Average Sick Leave:	2 Days	

### Hospitalization

A majority of administrators (88.5%) answered they had not been hospitalized while 11.42 percent of administrators sampled had been hospitalized. The average frequency of hospitalization was one (1), length of stay given was seven (7) days, and finally the average such leave reported was two (2) days.

### Body Function Experience

For the majority of the questions relating to body function experience, most of the respondents 'never' experienced or "occasionally" experienced the symptoms.

Eight respondents or 22.85% of the sample experienced shortness of breath or trouble in breathing as compared to 77.14% who never experienced such trouble. In other experience, 37.1% of the respondents reported occasional pain or stiffness in arms or legs compared to 62.85% reporting no such occurrence. Further,

40% reported, occasional leg cramps, 22.85% experienced acid indigestion, heartburn or acid stomach, 22.85% had occasional gas or gas pains, another 22.85% had occasional bloated or full feeling.

In experience 2, 5.71% of the sample experienced frequent cold or sore throats as compared to 25.71% experienced on occasion and 68.5% respondents stated they never experienced the cold.

In experience 23, 5.71% of the sample experienced tight feeling in stomach as compared to 22.85% felt it occasionally and 7.42% never experienced the feeling.

In analyzing Table 21, it is apparent that majority of the respondents have never felt any of the body function experiences. For those who occasionally experienced body function, there were eight (8) items on high scale whereas the others were relatively low.

Table 21.  
Body Function Experience

Experience	Never	Occasionally	Frequently	Constantly
	No/%	No/%	No/%	No/%
Shortness of breath or trouble breathing	27/77.14%	8/22.85%	-	-
Frequent colds or sore throats	24/68.5	9/25.71	2/5.71	-
Fever, chills, and aching all over	30/85.7	5/14.28	-	-
Itching skin, skin rash, allergic skin reactions	30/85.7	5/14.28	-	-

Table 21. (Cont.)  
Body Function Experience

Experience	Never	Occa- sion- lly	Fre- quently	Con- stantly
	No/%	No/%	No/%	No/%
Back pain	30/85.7	5/14.28	-	-
Pain or stiffness in your arms or legs	22/62.85	13/37.1	-	-
Tearing or itching of eyes	31/88.57	4/11.42	-	-
Persistent numbness or tingling in any part of your body	31/88.57	4/11.42	-	-
Ringing or buzzing in ears	31/88.57	4/11.42	-	-
Severe headaches	31/88.57	4/11.42	-	-
Fainting spells or dizziness	31/88.57	4/11.42	-	-
Nervous or shaking inside	35/100.00	-	-	-
Times when you feel sweaty or trembly	31/88.57	4/11.42	-	-
Increased urination	30/85.7	5/14.28	-	-
Alarming pain or pressure in your chest	30/85.7	5/14.28	-	-
Pain down your arms	35/100	-	-	-
"Racing" or pounding heart	35/100	-	-	-
Leg cramps	21/60	14/40	-	-
Periods of severe fatigue or exhaustion	22/62.85	7/20	-	-
Acid indigestion, heartburn, or acid stomach	27/77.1	8/22.85	-	-

Table 21. (Cont.)  
Body Function Experience

Experience	Never	Occa- sion- lly	Fre- quently	Con- stantly
	No/%	No/%	No/%	No/%
Gas or gas pains	27/77.4	8/22.85	-	-
Nausea or vomiting	31/88.75	4/11.42	-	-
Tight feeling in stomach	25/71.42	8/22.85	2/5.71	-
Boated or full feeling	27/77.14	8/22.85	-	-
Feeling of pressure in the neck	31/88.5	4/11.42	-	-
Trouble digesting food	35/100	-	-	-
Blurred vision	31/88.5	4/11.42	-	-
Dryness in the mouth	30/85.7	5/14.28	-	-
Stomach pains	31/88.57	4/11.42	-	-

#### Mood Scale

Table 22 presents the various moods respondents undergo in their course of their normal work experience. A fairly large number of mood encounters were listed. The respondents were to answer one of the five scales of their moods in the form of "not at all," "a little," "moderately," "quite a bit," and "extremely."

For simplicity in analyzing such a complex and long list, only five (5) randomly selected mood results have been delineated in the following text.



Eight point fifty-seven percent were tense quite a bit as compared to 5.71% respondents were tense moderately and 40% respondents reported a little tense. Fifteen or 14.28% were not all tense.

A majority of respondents (40%) were a little angry compared to 14.28% respondents reported "not at all", and "moderately" respectively.

When asked about "worn out", only 48.57% reported negatively whereas the other 25.71% indicated "a little", followed by 8.57% who were extremely worn out, and 5.71% were quite a bit worn out. Another 5.71% indicated they were moderately worn out.

Further, 68.57% of the sample indicated that they were not unhappy as compared to 31.5% respondents reported unhappiness at different scales.

When asked if the respondents felt sorry for things done, majority (62.85%) of the respondents reported negatively and 34.28% stated "a little".

However, in reviewing Table 22, one will note that the hospital administrators experienced different moods at different scale. Almost all respondents were moody by the indicators on this scale.

Table 22.  
Mood Scale

Mood	Not At All	A Little	Moder- ately	Quite A Bit	Extremely
	No/%	No/%	No/%	No/%	No/%
Friendly	-	2/5.71	5/14.28	23/65.71	5/14.28
Tense	15/42.8	14/40	2/5.71	3/8.57	-
Angry	15/42.8	14/40	5/14.28	-	-
Worn Out	17/48.57	9/25.71	2/5.71	2/5.71	3/8.57
Unhappy	24/68.57	5/14.28	2/5.71	2/5.71	2/5.71
Clear-Headed	-	5/14.28	3/8.57	15/42.8	7/20.0
Lively	-	2/5.71	3/8.57	14/40	15/42.8
Confused	27/77.14	3/8.57	4/11.42	-	-
Sorry for Things Done	22/62.85	12/34.28	-	-	-
Shaky	31/88.57	4/11.42	-	-	-
Listless	29/82.8	2/5.71	4/11.42	-	-
Peeved	22/62.85	7/20	3/8.57	3/8.57	-
Considerate	-	2/5.71	12/34.28	14/40	7/20

Table 22. (Cont.)  
Mood Scale

Mood	Not At All	A Little	Moder- ately	Quite A Bit	Extremely
	No/%	No/%	No/%	No/%	No/%
Sad	24/68.57	9/25.71	24/5.71	-	-
Active	-	-	4/11.42	17/48.57	14/40
On Edge	24/68.57	9/25.71	2/5.71	-	-
Grouchy	22/62.85	9/25.71	2/5.71	2/5.71	-
Blue	24/68.57	9/25.71	2/5.71	-	-
Energetic	2/5.71	3/8.57	7/20.	14/40	9/25.71
Panicky	27/77.14	4/11.42	4/11.42	-	-
Hopeless	29/82.8	4/11.42	2/5.71	-	-
Relaxed	4/11.42	14/40	9/25.71	9/25.71	-
Unworthy	31/88.5	2/5.71	2/5.71	-	-
Spiteful	31/88.5	2/5.71	-	2/5.71	7/20
Sympathetic	-	4/11.42	14/40	10/28.57	4/11.42
Uneasy	24/68.57	5/14.28	-	2/5.71	-
Restless	19/54.28	10/28.57	4/11.42	2/5.71	-

Table 22. (Cont.)  
Mood Scale

Mood	Not At All	A Little	Moder- ately	Quite A Bit	Extremely
	No/%	No/%	No/%	No/%	No/%
Unable to Concentrate	27/77.14	5/14.28	2/5.71	-	-
Fatigued	25/71.42	5/14.28	3/8.57	-	-
Helpful	-	2/5.71	10/28.57	15/42.85	7/20
Annoyed	17/48.57	12/34.28	4/11.42	2/5.71	-
Discouraged	20/57.14	9/25.71	2/5.71	4/11.42	-
Resentful	23/65.7	8/22.8	2/5.71	-	2/5.71
Nervous	22/62.85	9/25.7	4/11.42	-	-
Lonely	27/77.14	4/11.42	12/34.28	-	2/5.71
Miserable	29/82.85	4/11.42	12/34.28	-	-
Muddled	31/88.5	4/11.42	-	-	-
Cheerful	-	4/11.42	9/25.7	14/40	9/25.71
Bitter	31/88.5	2/5.71	2/5.71	-	-
Exhausted	27/77.14	6/17.14	2/5.71	-	-
Anxious	20/57.14	10/28.57	5/14.28	-	-

Table 22. (Cont.)  
Mood Scale

Mood	Not At All	A Little	Moder- ately	Quite A Bit	Extremely
	No/%	No/%	No/%	No/%	No/%
Ready to Fight	26/74.28	7/20	-	2/5.71	-
Good-Natured	-	5/14.28	11/31.42	12/34.28	7/20
Gloomy	27/77.14	4/11.42	4/11.42	-	-
Desperate	31/88.5	4/11.42	-	-	-
Sluggish	26/74.28	9/25.71	-	-	-
Rebellious	27/77.14	5/14.28	3/8.57	-	-
Helpless	28/80	4/11.42	3/8.57	-	-
Weary	22/62.85	9/25.71	4/11.42	-	-
Bewildered	29/82.85	6/17.14	-	-	-
Alert	2/5.71	2/5.71	7/20	-	-
Deceived	27/77.14	3/8.57	3/8.57	2/5.71	-
Furious	24/68.57	11/31.4	-	-	-
Efficient	-	3/8.57	7/20	22/62.8	3/8.57
Trusting	-	2/5.71	17/48.57	14/40	2/5.71

Table 22. (Cont.)  
Mood Scale

Mood	Not At All	A Little	Moder- ately	Quite A Bit	Extremely Extremely
	No/%	No/%	No/%	No/%	No/%
Full of Pep	2/5.71	4/11.42	12/34.28	12/34.28	5/14.28
Bad-Tempered	22/62.85	9/25.71	4/11.42	-	-
Worthless	31/88.5	2/5.71	2/5.71	-	-
Forgetful	22/62.85	10/28.57	3/8.57	-	-
Carefree	17/48.57	7/20	9/25.71	-	2/5.71
Terrified	31/88.5	2/5.71	2/5.71	-	-
Guilty	31/88.5	4/11.42	-	-	-
Vigorous	3/8.57	2/5.71	9/25.71	14/40	7/20
Uncertain About Things	24/68.57	11/31.4	-	-	-
Bushed	27/77.14	4/11.42	4/11.42	-	-

Table 23.  
Meals With Family Per Week

Number 2 Meals/Week	Number	Percent
2	2	5.71
3	2	5.71
4	2	5.71
5	6	17.1
7	2	5.71
8	2	5.71
9	5	14.2
11	2	5.71
12	2	5.71
14	5	14.2
21	5	14.2

Meals With Family Per Week

In Table 23 the largest component of respondents i.e. 17.1% reported that they had five (5) meals per week with their family. This was followed by 14.2% reporting nine (9) meals per week with their family whereas another 14.2% had fourteen (14) meals.

The other respondents reported 2 meals (5.71%), 3 meals (5.71%), 4 meals (5.71%), 7 meals (5.71%), 8 meals (5.71%), 11 meals (5.71%) and 12 meals (5.71%) respectively.

Generally, sixteen (16) meals are considered normal with the family which is broken down to two (2) meals per day for five working days and six (6) meals on the weekend. Considering this

generalization, only 28.4% of the respondents had normal meals with their family as compared to 71.6% who do not have the opportunity for family meals.

#### SUMMARY

Findings of the Hawthorne studies related to physical and job satisfaction were made. The results of Hawthorne's research that show work hours and administrative job people to work longer and (in some cases) longer and longer of stress and anxiety to work the same way in the world of industry.

All research data was gathered by Dr. Leta McGraw's technique with a following follow-up with a case study, a personal interview was included.

Thirty-two (32) questionnaires were administered to the business executives in the Greater New York Area for which a 10% rate of return was guaranteed otherwise \$25.00 cash.

The questionnaire was designed to gather information about the demographic information, work stress, job satisfaction, health, and life style and eating patterns. The data gathered from the questionnaires were tabulated and analyzed.



## VI. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

As stated in the Research Methodology Section, the purpose of this study is to isolate and describe components of the work environment which causes burn-out and stress among hospital administrators, and its effect on their health, family life, productivity etc.

### SUMMARY

Review of the literature related to stress and job burn-out was made. The review of literature indicated that many managers and administrators are prone to work stress and job burn-out. Sources and types of stress and burn-out were also surveyed in the review of literature.

All research data was gathered by the questionnaire technique with a telephone follow-up and in some cases, a personal interview was included.

Fifty-two (52) questionnaires were distributed to the hospital administrators in the Greater Saint Louis Area for which a 65% rate of return was considered adequate, i.e. 35 responses.

The questionnaire was designed to gather information about the demographic information, work stress, job burn-out, health, mood, life style and eating patterns. The data gathered from the questionnaire were tabulated and analyzed.

Subsequent to the data analysis conclusions were drawn and recommendations presented.

### CONCLUSIONS

As stated in the theoretical orientation section, this study was to study stress and job burnout among hospital administrators in the Greater Saint Louis Area. For this purpose, five (5) specific hypothesis were established. They are:

1. One or more work component can be identified that lead to stress and burnout among administrators.
2. One or more health problems among administrators are work related.
3. Individual administrators mood is an outcome of work environment.
4. Stress and burnout affects the administrators family and social life.
5. Stress and burnout can be identified among administrators regardless of hospital size, ownership, and nature of governance.

Several findings provide some support for the above five hypothesis. Summary of main findings are delineated as follows:

1. Stress and Burnout -
  - a. Forty-five (45) percent of the administrators sampled have experienced burnout from job stress.
  - b. Seven administrators started to experience symptoms by the end of first year as compared to nine (9) of them experienced symptoms by the end of third year.
  - c. On the Burnout Scale, majority of the administrators were on 6, three were on 7, and only two administrators were 9 on the scale.  
Scale: Zero equals not burned out and ten equals completely burned out.
  - d. Twenty administrators were on stage two of burnout, nine of them were on stage one followed by five of them on stage three.
  - e. Several work components were identified as stress producers among the administrators.  
The main stress indicators were identified as: status incongruity, close supervision by the Board, conflicting and unclear job descriptions, inadequate recognition of work and too many bosses, incompetent board. Of the twenty-seven (27) work stresses listed, the administrators indicated twenty (20) them present on

their job. However, stress was present among few administrators.

2. Health Problems -

- a. Most of the administrators did not experience any health problems.
- b. The two frequently health problems experienced were frequent colds or sore throats by two administrators, and tight feeling in stomach by two administrators. However, the limitation of the study cannot objectively identify these experiences or outcome to the work environment.
- c. Several administrators had occasionally experienced changes in body functions. Some of the high percentages of them experienced the following: Shortness of breath, pain and stiffness in arms/legs, leg cramps, acid indigestion, gas pains, and bloated feelings.

3. Mood -

- a. Almost all of the administrators were moody.
- b. Some of the work related moods were identified to be the following: tense, anger, worn-out, unhappy, feet sorry for things, confused, panick, listless, peeved, anxious, discouraged, restless, and fatigues.

4. Family and Social Life -
  - a. The data collected was inconclusive. This was due to the fact that several administrators did not completely answer the questions in the "optional" section of the questionnaire.
  - b. One of the questions which was answered completely in the "optional section" was the quantity of meals consumed with their family. In view of most sociological studies of family, family togetherness etc. in the United States; it is fairly conclusive that most administrators work affected their family and social life.  
This is concluded because they often worked late hours, took work home, and seldom had the opportunity to have meals with their families.
5. Stress and Burnout as Related to Hospital Demographics -
  - a. The study sample consisted of six (6) hospitals having 50-100 beds, two (2) had 101-150 beds, three (3) had 151-200 beds, two (2) had 201-250 beds, another two (2) were in 251-300 category, and finally twelve (12) of the hospitals over 350 beds. This study finds that some

stress and burnout is present among administrators regardless of the hospital size.

- b. Forty (40) percent of the hospitals are owned by Church/Religious order as compared to 11.4% had public ownership.

The other 48.5% indicate "other" and did not offer any explanation.

Analysis of data indicate that stress and burnout was present among administrators regardless of hospital ownership.

- c. This study finds that the area hospitals had several types of governance. Six (6) of them had board of trustees, nineteen (19) of them are governed by the board of directors, one (1) is a proprietary hospital, whereas four (4) of the area hospitals are governed by corporate division management as compared to four (4) of the hospital are public, and one (1) of the hospital was not in any of the above category and did not provide explanation. Stress and burnout was found to be present among administrators regardless of hospital governance.

## RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER STUDY

It is not infrequent that a research project raises more questions than it answers. From the many anticipated suggestions for further research, six were selected which are especially important.

1. The relation between objective job stresses and the subjective perception of them should be further studied.
2. More knowledge is needed about individual differences in susceptibility to stress and strain about successful methods by which administrators cope with stress.
3. There should be comparative evaluations of the many different attempts to improve job design in such a way to humanize administrative work.
4. There should be more research on how to change job stress, how to improve the fit between the administrator and his job, and how to increase participation and social support.
5. The current study was confined to the administrator, or chief executive, and it is believed similar research should also focus on assistant as well as

associate administrators.

6. The linkage of job stress and strain to actual health disorders should be more thoroughly explored in studies involving complete medical examination and/or epidemiological studies.

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## APPENDIX A

November 3, 1982

Dear Hospital Administrator:

The area of Job Burnout and Stress has stimulated a good deal of interest in business and industry recently. Many individuals have speculated on its acceptance or rejections by health professionals; however few have specifically attempted to impartially investigate the topic. Health Care Managers have received some attention in the literature, but little effort has been expended consulting them concerning burnout, stress and their health.

My Master's thesis is an attempt to determine the causes, nature of stress and burnout and its effect on your health. Also, an attempt will be made to determine its effect on productivity. Fully realizing that we are beset from all sides with demands on our time, I have structured the enclosed 40 page questionnaire to make it as easy as possible for you to answer quickly. All it requires is 20-30 minutes of your time to check the appropriate blanks, fold the sheets, put them in the stamped return envelope and drop it in your nearest mailbox.

The findings of this study will be made available to appropriate professional groups upon request. Should you have any questions or requests please feel free to contact me at the address and/or telephone below.

As you all know, the results of a questionnaire are only as good as the response rate, and therefore, an early reply (within one week) would be greatly appreciated. I shall be deeply appreciative of your assistance and cooperation, and trust that your response to this request will be timely.

Thank you for your help.

Sincerely yours,

Rehana Fareed  
3148 McClay Road  
St. Charles, Missouri 63301

314/441-0167 (Residence)  
314/768-8201 (Work)

RF/

Enclosures

QUESTIONNAIRE

APPENDIX B

AGREEMENT OF INFORMED CONSENT

I hereby authorize the researcher Rehana Fareed to use the attached information in the completion of an education research project. The nature and purpose of the disclosure is to compile group data.

I understand the researcher will insure the anonymity of my specific responses.

I acknowledge that no guarantee or assurance has been made as the result that may be obtained.

\_\_\_\_\_  
Signature of Respondent indicating understanding of above agreement

\_\_\_\_\_  
Signature of Researcher indicating agreement to responsibility for maintenance of anonymity of respondents

A. DEMOGRAPHIC INFORMATION (Cont.)

6. Income

- Under \$24,000
- \$24,000 to \$30,000
- \$30,100 to \$36,000
- \$36,100 to \$42,000
- \$42,100 to \$48,000
- \$48,100 to \$54,000
- Over \$54,000

7. Hospital Size - Capacity

- Under 50 Beds
- 50 - 100 Beds
- 101 - 150 Beds
- 151 - 200 Beds
- 201 - 250 Beds
- 251 - 300 Beds
- 301 - 350 Beds
- Over 350

8. Hospital Size - Employees

- Under 50
- 50 - 100
- 101 - 150
- 151 - 200
- 201 - 250
- Over 250

9. Hospital Ownership

- Proprietary
- Investor - Owned (Local)
- Investor - Owned Corporation
- Community
- Church/Religious Order
- University
- Other

10. Governance

- Board of Trustees
- Board of Directors
- Proprietor
- Corporate Division Management

## B. WORK-STRESS CHECKLIST

In order to assist you in taking a stress inventory, the following work-stress checklist was prepared. Every item on this list has been found stressful to some Administrative Personnel.

Please read this list carefully, checking the appropriate space as to whether each particular work stress is Present or Absent in your job.

Present	Absent	Work Stress
_____	_____	11. The work is never done
_____	_____	12. Unrealistic deadlines
_____	_____	13. Must take work home to finish it
_____	_____	14. Responsibility for too many people
_____	_____	15. Inadequate help to do the work
_____	_____	16. Inefficient subordinates
_____	_____	17. Threat of being laid off or fired
_____	_____	18. Inadequate health insurance
_____	_____	19. Inadequate pension plan
_____	_____	20. Inadequate financial rewards
_____	_____	21. Have to work too fast
_____	_____	22. No time for coffee or lunch breaks
_____	_____	23. No time off for personal affairs
_____	_____	24. No variation in the pace of work
_____	_____	25. Have to work too slowly
_____	_____	26. No flexibility in starting and quitting
_____	_____	27. Not enough work to do
_____	_____	28. Required to look busy
_____	_____	29. Not enough responsibility
_____	_____	30. Mind, skills, and abilities not used
_____	_____	31. Overqualified for the job

B. WORK-STRESS CHECKLIST (Cont.)

Present	Absent	Work Stress
_____	_____	32. No chance for personal growth
_____	_____	33. Unfriendly fellow workers
_____	_____	34. Demands too much teamwork and cooperation
_____	_____	35. No support from the medical group
_____	_____	36. No one shows personal interest in you
_____	_____	37. Too much red tape
_____	_____	38. No hope for advancement
_____	_____	39. No hope for increased earnings
_____	_____	40. No hope for learning new things
_____	_____	41. No hope for more freedom on the job
_____	_____	42. Sex, age, and/or racial discrimination
_____	_____	43. Need "pull" to get ahead
_____	_____	44. No chance for transfer in the organization
_____	_____	45. Lack authority to carry out your job
_____	_____	46. Can't do what you do best
_____	_____	47. Inadequate recognition for your work
_____	_____	48. The work has little meaning to you
_____	_____	49. Lack of job security
_____	_____	50. Status incongruity
_____	_____	51. Narrowly specialized and repetitious tasks
_____	_____	52. Never learn anything new
_____	_____	53. Requires little or no skill
_____	_____	54. Can't see end product of your work

## B. WORK-STRESS CHECKLIST (Cont.)

Present	Absent	Work Stress
_____	_____	55. Monotonous work
_____	_____	56. Boss or Board gives you little or no feedback
_____	_____	57. Too many bosses
_____	_____	58. Boss or Board supervises too closely
_____	_____	59. Overcritical Boss or Board
_____	_____	60. Boss has retired on the job
_____	_____	61. Incompetent Boss or Board
_____	_____	62. Can't communicate with the Boss or Board
_____	_____	63. Conflicting and unclear job description
_____	_____	64. Excluded from decision-making process
_____	_____	65. Can be fired without chance of peer review
_____	_____	66. Can't refuse unethical work assignments
_____	_____	67. Can't blow the whistle on illegal or unethical activities
_____	_____	68. Have no say in how work is done

### C. JOB BURNOUT CHECKLIST

You don't have to be burned out to answer these questions. In fact, if you cope well with stress, you can help us understand the important issue-how to survive!

For questions through , I am interested in finding out if you agree or disagree with the statements given below. Please circle the most appropriate answer where:

SA = Strongly Agree:                      A = Agree:  
 NAD = Neither Agree or Disagree:      D = Disagree:  
 SD = Strongly Disagree :

- |     |  |    |   |     |   |    |
|-----|--|----|---|-----|---|----|
| 69. | All in all, I am satisfied with my job.  | SA | A | NAD | D | SD |
| 70. | Doing my job well gives me a good feeling  | SA | A | NAD | D | SD |
| 71. | If I were free to go into type of work, I would choose my present job.   | SA | A | NAD | D | SD |
| 72. | My work is interesting.  | SA | A | NAD | D | SD |
| 73. | I feel bored with my work most of the time.  | SA | A | NAD | D | SD |
| 74. | If a friend were interested in a job like mine, I would encourage him/her.                                     | SA | A | NAD | D | SD |
| 75. | If I had enough money to live comfortably for the rest of my life, I would continue to work.                   | SA | A | NAD | D | SD |
| 76. | If I had enough money to live comfortable for the rest of my life, I would continue to work at my present job. | SA | A | NAD | D | SD |
| 77. | On most days, time drags on the job.   | SA | A | NAD | D | SD |
| 78. | I often feel trapped in my present job.  | SA | A | NAD | D | SD |
| 79. | I general I don't like my job.   | SA | A | NAD | D | SD |

C. JOB BURNOUT CHECKLIST (Cont.)

80. My job requires that I keep learning new things. SA A NAD D SD
81. My job requires that I work very fast. SA A NAD D SD
82. What I do at work is more important to me than the money I earn. SA A NAD D SD
83. My job requires that I work very hard. SA A NAD D SD
84. I have a lot to say about what happens on my job. SA A NAD D SD
85. Have you ever burned out from job stress?  Yes  
 No

86. How long after your present job began did you start to experience symptoms of burnout?

by end of first month  
 by end of first year  
 by end of third year  
 after five years  
 other \_\_\_\_\_

87. On the following scale, indicate by circling a number where you feel you are:

0 1 2 3 4 5 6 7 8 9 10

not burned out \_\_\_\_\_ completely burned out

88. Before you read this, how much knowledge did you have about stress, job burnout, and how to cope with it? (Circle a number.)

0 1 2 3 4 5 6 7 8 9 10

None \_\_\_\_\_ some \_\_\_\_\_ a great deal



### C. JOB BURNOUT CHECKLIST (Cont.)

I feel jaded and lack interest in my work.	0	1	2	3
I have trouble getting to sleep.	0	1	2	3
I have trouble waking up.	0	1	2	3
I get neck aches.	0	1	2	3
I have shoulder aches.	0	1	2	3
My eyes itch.	0	1	2	3
I have lost my appetite.	0	1	2	3
I have shortness of breath.	0	1	2	3
I experience nausea.	0	1	2	3
I feel dizzy.	0	1	2	3
I have stomach upset.	0	1	2	3
I have a drinking problem.	0	1	2	3
I smoke too much.	0	1	2	3
I get frequent backaches.	0	1	2	3
I have ulcers.	0	1	2	3
I have colitis.	0	1	2	3
I get constipated.	0	1	2	3
I get canker sores.	0	1	2	3
I get frequent colds	0	1	2	3
I have high blood pressure.	0	1	2	3
My heart skips beats.	0	1	2	3
My heart races.	0	1	2	3

C. JOB BURNOUT CHECKLIST (Cont.)

89. Job burnout often goes through stages. Indicate which stage you feel you are in:

\_\_\_\_\_ Stage One: My job is exciting and I have no burn-out symptoms.

\_\_\_\_\_ Stage Two: Occasionally I am under stress but don't feel burned out. I don't always have as much energy as I once did.

\_\_\_\_\_ Stage Three: I am definitely burning out and have one more symptoms of burnout, such as emotional exhaustion or physical symptoms.

\_\_\_\_\_ Stage Four: Burnout has reached a crisis stage. I am obsessed with work frustrations. I think my job is bad for me. The symptoms of burnout that I am experiencing won't go away.

\_\_\_\_\_ Stage Five: I am in need of help. I feel completely burned out. I'm completely devastated by job burnout and I often wonder if I can go on.

\_\_\_\_\_ Other: (explain) \_\_\_\_\_

90. Read each of the following symptoms that can signal job burnout. Circle each one according to the following scale:

0 - I have not experienced this

1 - Mild

2 - Moderate

3 - Severe

I feel emotionally and physically exhausted. 0 1 2 3

I can't enjoy my leisure. 0 1 2 3

I have lost my efficiency on the job. 0 1 2 3

HEALTH INFORMATION

91. In general, how would you describe your health?

- Excellent ..... 1
- Good ..... 2
- Fair ..... 3
- Poor ..... 4

92. During the past 6 months, have you been hospitalized for any reason?

- Yes ..... 1
- No ..... 2

A. IF "YES:" How many times: \_\_\_\_\_  
Times

B. For a total of how long? \_\_\_\_\_  
Days

93. During the past month, about how many days of sick leave did you take? \_\_\_\_\_ (PLEASE WRITE "0" IF NONE)

Days

HEALTH INFORMATION (Cont.)

94. PLEASE INDICATE ABOUT HOW OFTEN YOU USED EACH OF THE FOLLOWING MEDICATIONS DURING THE PAST MONTH:

Medications	Not At All	Less than once a week	1 - 2 times a week	3 - 4 times a week	Every Day
a. Aspirin or headache medicine	1	2	3	4	5
b. Aids for stomach or digestion problems	1	2	3	4	5
c. Laxatives	1	2	3	4	5
d. Cough, cold or sinus medicine	1	2	3	4	5
e. Medication to pep you up	1	2	3	4	5
f. Medication to calm you down	1	2	3	4	5
g. Prescription medicines:					
1. _____ (Please specify)		2	3	4	5
2. _____ (Please specify)		2	3	4	5
3. _____ (Please specify)		2	3	4	5

## HEALTH INFORMATION (Cont.)

## HEALTH INFORMATION (Cont.)

95. THE FOLLOWING QUESTIONS CONCERN YOUR BODY FUNCTIONS. PLEASE TRY TO ANSWER EACH QUESTION BY CIRCLING A NUMBER TO INDICATE HOW OFTEN YOU HAVE EXPERIENCED EACH OF THE FOLLOWING ITEMS WITHIN THE PAST YEAR.

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Constantly</u>
1. Shortness of breath or trouble breathing	1	2	3	4
2. Frequent colds or sore throats	1	2	3	4
3. Fever, chills, and aching all over	1	2	3	4
4. Itching skin, skin rash, allergic skin reactions	1	2	3	4
5. Back pain	1	2	3	4
6. Pain or stiffness in your arms or legs	1	2	3	4
7. Tearing or itching of eyes	1	2	3	4
8. Persistent numbness or tingling in any part of your body	1	2	3	4

## HEALTH INFORMATION (Cont.)

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Constantly</u>
9. Ringing or buzzing in ears	1	2	3	4
10. Severe headaches	1	2	3	4
11. Fainting spells or dizziness	1	2	3	4
12. Nervous or shaking inside	1	2	3	4
13. Times when you feel sweaty or trembly	1	2	3	4
14. Increased urination	1	2	3	4
15. Alarming pain or pressure in your chest	1	2	3	4
16. Pain down your arms	1	2	3	4
17. "Racing" or pounding heart	1	2	3	4
18. Leg cramps	1	2	3	4
19. Periods of severe fatigue or exhaustion	1	2	3	4

Optional

## HEALTH INFORMATION (Cont.)

	<u>Never</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Constantly</u>
20. Acid indigestion, heartburn, or acid stomach	1	2	3	4
21. Gas or gas pains	1	2	3	4
22. Nausea or vomiting	1	2	3	4
23. Tight feeling in stomach	1	2	3	4
24. Bloating or full feeling	1	2	3	4
25. Feeling of pressure in the neck	1	2	3	4
26. Trouble digesting food	1	2	3	4
27. Blurred vision	1	2	3	4
28. Dryness in the mouth	1	2	3	4
29. Stomach pains	1	2	3	4

HEALTH INFORMATION (Cont.)

96. Have you gained or lost weight in the past six months?

- No ..... 1
- Yes, I've gained ..... 2
- Yes, I've lost ..... 3

A. IF "YES:" How many pounds? \_\_\_\_\_

B. IF "YES:" Was this change in weight deliberate?

- No ..... 1
- Yes ..... 2

97. Within the past 5 years has a doctor ever treated you for, or told you that you had: (please circle)

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
1. Diabetes	1	2	3
2. "High" blood pressure	1	2	3
3. Heart disease	1	2	3
4. Paralysis, tremor, or shaking	1	2	3
5. Kidney or bladder trouble	1	2	3
6. Lung or breathing problems	1	2	3
7. Stroke	1	2	3
8. Anemia	1	2	3
9. Insomnia	1	2	3
10. Gastritis	1	2	3
11. Stomach ulcer	1	2	3



## HEALTH INFORMATION (Cont.)

98. Has a member of your immediate family (mother, father, brothers, sisters, children) ever:
1. Committed suicide: No  Yes
  2. Suffered a "nervous breakdown?" No  Yes
  3. Had high blood pressure? No  Yes
  4. Had a heart attack? No  Yes
  5. Had diabetes? No  Yes
99. The following questions to be answered by FEMALES ONLY:
- A. During the past six (6) months have you ever had painful periods or cramps?
- No  Yes
- If yes, do they keep you from work?
- No  Yes
- B. During the past six (6) months have you ever had irregular periods?
- No  Yes
- C. If you have menstrual periods, how long must you usually lie down each month because of them?
- \_\_\_\_\_ (hours)
- D. Describe how you feel at the time of your period:  
(Check all that apply)
- Same as other times \_\_\_\_\_
- Tense, nervous \_\_\_\_\_
- Angry \_\_\_\_\_
- Weak, sick \_\_\_\_\_

HEALTH INFORMATION (Cont.)

Hot and cold flashes  
before period \_\_\_\_\_

No longer have  
periods \_\_\_\_\_

100. Would you say that the amount of alcohol you have been drinking lately has .....

- Increased ..... 1
- Decreased ..... 2
- Remained about the same .... 3
- Don't drink ..... 4

101. On an average day, how many of each of the following do you smoke? (Mark 0 if you don't smoke).

- a. Cigarettes \_\_\_\_\_ Cigarettes
- b. Cigars \_\_\_\_\_ Cigars
- c. Pipefuls of tobacco \_\_\_\_\_ Pipefuls

## MOOD SCALE

102. THIS IS DESIGNED TO HELP DETERMINE YOUR MOODS, SINCE THE WAY YOU FEEL IS A PART OF YOUR HEALTH. THE LIST OF WORDS BELOW DESCRIBES FEELINGS PEOPLE HAVE. PLEASE READ EACH ITEM AND CIRCLE ONE NUMBER FOR EACH WORD WHICH DESCRIBES HOW YOU HAVE BEEN FEELING DURING THE PAST WEEK, INCLUDING TODAY.

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- ately)</u>	<u>Quite A Bit</u>	<u>Extremely</u>
Friendly	0	1	2	3	4
Tense	0	1	2	3	4
Angry	0	1	2	3	4
Worn Out	0	1	2	3	4
Unhappy	0	1	2	3	4
Clear-Headed	0	1	2	3	4
Lively	0	1	2	3	4
Confused	0	1	2	3	4
Sorry for Things Done	0	1	2	3	4
Shaky	0	1	2	3	4

## MOOD SCALE (Cont.)

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- ately)</u>	<u>Quite A Bit</u>	<u>Extremely</u>
Listless	0	1	2	3	4
Peeved	0	1	2	3	4
Considerate	0	1	2	3	4
Sad	0	1	2	3	4
Active	0	1	2	3	4
On Edge	0	1	2	3	4
Grouchy	0	1	2	3	4
Blue	0	1	2	3	4
Energetic	0	1	2	3	4
Panicky	0	1	2	3	4
Hopeless	0	1	2	3	4
Relaxed	0	1	2	3	4
Unworthy	0	1	2	3	4

MOOD SCALE (Cont.)  
MOOD SCALE (Cont.)

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- ately</u>	<u>Quite A Bit</u>	<u>Extremely</u>
<u>Lonely</u>					
<u>Unpleasant</u>					
Spiteful	0	1	2	3	4
Sympathetic	0	1	2	3	4
Uneasy	0	1	2	3	4
Restless	0	1	2	3	4
<u>Extroverted</u>					
Unable to Concentrate	0	1	2	3	4
Fatigued	0	1	2	3	4
Helpful	0	1	2	3	4
<u>Cont. Disturbed</u>					
Annoyed	0	1	2	3	4
Discouraged	0	1	2	3	4
Resentful	0	1	2	3	4
Nervous	0	1	2	3	4

## MOOD SCALE (Cont.)

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- erately</u>	<u>Quite A Bit</u>	<u>Extremely</u>
Lonely	0	1	2	3	4
Miserable	0	1	2	3	4
Muddled	0	1	2	3	4
Cheerful	0	1	2	3	4
Bitter	0	1	2	3	4
Exhausted	0	1	2	3	4
Anxious	0	1	2	3	4
Ready to Fight	0	1	2	3	4
Good-Natured	0	1	2	3	4
Gloomy	0	1	2	3	4
Desperate	0	1	2	3	4
Sluggish	0	1	2	3	4

## MOOD SCALE (Cont.)

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- ately</u>	<u>Quite A Bit</u>	<u>Extremely</u>
Rebellious	0	1	2	3	4
Helpless	0	1	2	3	4
Weary	0	1	2	3	4
Bewildered	0	1	2	3	4
Alert	0	1	2	3	4
Deceived	0	1	2	3	4
Furious	0	1	2	3	4
Efficient	0	1	2	3	4
Trusting	0	1	2	3	4
Full of Pep	0	1	2	3	4
Bad-Tempered	0	1	2	3	4
Worthless	0	1	2	3	4
Forgetful	0	1	2	3	4
Carefree	0	1	2	3	4

Optional

MOOD SCALE (Cont.)

	<u>Not At All</u>	<u>A Little</u>	<u>Moder- ately</u>	<u>Quite A Bit</u>	<u>Extremely</u>
Terrified	0	1	2	3	4
Guilty	0	1	2	3	4
Vigorous	0	1	2	3	4
Uncertain About Things	0	1	2	3	4
Bushed	0	1	2	3	4

MAKE SURE YOU HAVE ANSWERED EVERY ITEM



## LIFE STYLE

103. How often does each of these people go out of their way to do things to make life easier for you? (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Not At All</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>No Such Person(s)</u>
a. Your immediate supervisor	1	2	3	4	5
b. Other people at work	1	2	3	4	5
c. Your spouse	1	2	3	4	5
d. Relatives and other friends	1	2	3	4	5
e. Children	1	2	3	4	5

## LIFE STYLE (Cont.)

104. How often do you talk with the following people about your feelings toward work? (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Not At All</u>	<u>Seldom</u>	<u>Sometimes</u>	<u>Often</u>	<u>No Such Person(s)</u>
a. Your immediate supervisor	1	2	3	4	5
b. Other people at work	1	2	3	4	5
c. Your spouse	1	2	3	4	5
d. Relatives and other friends	1	2	3	4	5
e. Children	1	2	3	4	5

## LIFE STYLE (Cont.)

105. How satisfied are you with the amount of time your work schedule allows you to: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Very Satisfied</u>	<u>Moderately Satisfied</u>	<u>Slightly Satisfied</u>	<u>Slightly Dissatisfied</u>
a. Engage in hobbies or fix things	1	2	3	4
b. Run errands, such as going to the bank, hardware store, or barber or beautician	1	2	3	4
c. Attend school or training classes	1	2	3	4
d. Attend union or professional meetings	1	2	3	4
e. Watch TV at home	1	2	3	4
f. Listen to music	1	2	3	4
g. Read	1	2	3	4

Optional

LIFE STYLE (Cont.)

105. How satisfied are you with the amount of time your work schedule allows you to: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Moderately Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Am Not Interested In These Activities</u>
a. Engage in hobbies or fix things	5	6	7
b. Run errands, such as going to the bank, hardware store, or barber or beautician	5	6	7
c. Attend school or training classes	5	6	7
d. Attend union or professional meetings	5	6	7
e. Watch TV at home	5	6	7
f. Listen to music	5	6	7
g. Read	5	6	7

LIFE STYLE (Cont.)  
LIFE STYLE (Cont.)

106. How satisfied are you with the amount of time your work schedule allows you to: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Very Satisfied</u>	<u>Moderately Satisfied</u>	<u>Slightly Satisfied</u>	<u>Slightly Dissatisfied</u>
a. Attend weddings, parties, and other social get togethers	1	2	3	4
b. Participate in group sport activities such as joining a bowling or golf team	1	2	3	4
c. Participate in membership organizations such as the church, the P.T.A. or the Elks	1	2	3	4
d. Spend holidays and days off with relatives and friends	1	2	3	4

## LIFE STYLE (Cont.)

106. How satisfied are you with the amount of time your work schedule allows you to: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Moderately Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Am Not Interested In These Activities</u>
a. Attend weddings, parties, and other social get togethers	5	6	7
b. Participate in group sport activities such as joining a bowling or golf team	5	6	7
c. Participate in membership organizations such as the church, the P.T.A. or the Elks	5	6	7
d. Spend holidays and days off with relatives and friends	5	6	7

## LIFE STYLE (Cont.)

107. IF YOU ARE MARRIED, how satisfied are you with the amount of time your work schedule allows you to spend with your husband or wife in: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Very Satisfied</u>	<u>Moderately Satisfied</u>	<u>Slightly Satisfied</u>	<u>Slightly Dissatisfied</u>
a. Discussing family and personal problems	1	2	3	4
b. Working and helping around the house	1	2	3	4
c. Entertaining relatives and friends	1	2	3	4
d. Shopping and relaxing together	1	2	3	4
e. Going out together to movies, for dinner, etc.	1	2	3	4
f. Having sexual relations	1	2	3	4
g. Simply sleeping together	1	2	3	4

## LIFE STYLE (Cont.)

107. IF YOU ARE MARRIED, how satisfied are you with the amount of time your work schedule allows you to spend with your husband or wife in: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Moderately Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Am Not Interested In These Activities</u>
a. Discussing family and personal problems	5	6	7
b. Working and helping around the house	5	6	7
c. Entertaining relatives and friends	5	6	7
d. Shopping and relaxing together	5	6	7
e. Going out together to movies, for dinner, etc.	5	6	7
f. Having sexual relations	5	6	7
g. Simply sleeping together	5	6	7



## LIFE STYLE (Cont.)

108. IF YOU HAVE CHILDREN, how satisfied are you with the amount of time your work schedule allows you to spend with them: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Very Satisfied</u>	<u>Moderately Satisfied</u>	<u>Slightly Satisfied</u>	<u>Slightly Dissatisfied</u>
a. Discussing their problems or talking about things that interest them	1	2	3	4
b. Relaxing together by watching TV or working on a subject	1	2	3	4
c. Attending P.T.A. meetings, Boy Scout groups, ball games, school plays, etc.	1	2	3	4
d. Attending church or other family social activities	1	2	3	4

## LIFE STYLE (Cont.)

108. IF YOU HAVE CHILDREN, how satisfied are you with the amount of time your work schedule allows you to spend with them: (CIRCLE ONE NUMBER FOR EACH ITEM)

	<u>Moderately Dissatisfied</u>	<u>Very Dissatisfied</u>	<u>Am Not Interested In These Activities</u>
a. Discussing their problems or talking about things that interest them	5	6	7
b. Relaxing together by watching TV or working on a project	5	6	7
c. Attending P.T.A. meetings, Boy Scout groups, ball games, school plays, etc.	5	6	7
d. Attending church or other family social activities	5	6	7

## LIFE STYLE (Cont.)

109. IF YOU HAVE CHILDREN under 18 years of age, who has the major responsibility for disciplining your children, checking on their school work, handling their school work, handling their personal problems, etc?

- |   |   |
|---|---|
| My spouse has all the responsibility .....      | 1 |
| My spouse has most of the responsibility .....  | 2 |
| We share the responsibility about equally ..... | 3 |
| I have most of the responsibility .....         | 4 |
| I have all of the responsibility .....          | 5 |
| I HAVE NO CHILDREN .....                        | 6 |

A. How satisfied are you with this arrangement?

- |                               |   |
|-------------------------------|---|
| Very satisfied .....          | 1 |
| Moderately satisfied .....    | 2 |
| Slightly satisfied .....      | 3 |
| Slightly dissatisfied .....   | 4 |
| Moderately dissatisfied ..... | 5 |
| Very dissatisfied .....       | 6 |
| NOT APPLICABLE .....          | 7 |

## LIFE STYLE (Cont.)

110. In general, how do you feel about your work hours or work schedule?

- |                               |   |
|-------------------------------|---|
| Very satisfied .....          | 1 |
| Moderately satisfied .....    | 2 |
| Slightly satisfied .....      | 3 |
| Slightly dissatisfied .....   | 4 |
| Moderately dissatisfied ..... | 5 |
| Very dissatisfied .....       | 6 |

111. In general, how does your family (or the people you live with) feel about your work hours or work schedule?

- |                               |   |
|-------------------------------|---|
| Very satisfied .....          | 1 |
| Moderately satisfied .....    | 2 |
| Slightly satisfied .....      | 3 |
| Slightly dissatisfied .....   | 4 |
| Moderately dissatisfied ..... | 5 |
| Very dissatisfied .....       | 6 |
| I LIVE ALONE .....            | 7 |

LIFE STYLE (Cont.)

111A. How many of your friends work the same kind of schedule as yourself?

- All of them do ..... 1
- Most of them do ..... 2
- Some of them do ..... 3
- None of them do ..... 4

111B. How many of your neighbors work the same kind of schedule as yourself?

- All of them do ..... 1
- Most of them do ..... 2
- Some of them do ..... 3
- None of them do ..... 4

## LIFE STYLE (Cont.)

112. How do you feel about the kind of work you do at your job?

Very satisfied .....	1
Moderately satisfied .....	2
Slightly satisfied .....	3
Slightly dissatisfied .....	4
Moderately dissatisfied .....	5
Very dissatisfied .....	6

113. How good a worker do you think you are?

I am an excellent worker .....	1
I am a good worker .....	2
I am a fair worker .....	3
I am a poor worker .....	4

LIFE STYLE (Cont.)

114. How do you feel about most of the people you work with?

- I like them very much ..... 1
- I like them a little ..... 2
- I dislike them a little ..... 3
- I dislike them very much ..... 4

115. Does your work schedule interfere with your sexual activities?

- Most of the time ..... 1
- Often ..... 2
- Sometimes ..... 3
- Rarely ..... 4

## EATING PATTERNS

116. Which of the following statements best describes your eating pattern?

- |  |   |
|--|---|
| Light meal in morning, lunch mid-way, large meal in evening .....      | 1 |
| Light meal in morning, large meal mid-way, light meal in evening ..... | 2 |
| Large meal in morning, light meal mid-way, light meal in evening ..... | 3 |
| Different pattern for each shift .....                                 | 4 |
| Other: _____   | 5 |
- (Please specify)

117. How many meals do you think you need to eat in 24 hours? \_\_\_\_\_  
(Meals)

118. How would you describe your usual appetite?

- |                 |   |
|-----------------|---|
| Excellent ..... | 1 |
| Good .....      | 2 |
| Fair .....      | 3 |
| Poor .....      | 4 |



## EATING PATTERNS (Cont.)

119. How often do you eat snacks?

- |                             |   |
|-----------------------------|---|
| Never .....                 | 1 |
| Several times a month ..... | 2 |
| Several times a week .....  | 3 |
| About one time a day .....  | 4 |
| Several times a day .....   | 5 |

120. How many meals a week do you usually eat with family (or friends)? \_\_\_\_\_

121. How satisfied are you with your eating habits and overall eating pattern?

- |                               |   |
|-------------------------------|---|
| Very satisfied .....          | 1 |
| Moderately satisfied .....    | 2 |
| Slightly satisfied .....      | 3 |
| Slightly dissatisfied .....   | 4 |
| Moderately dissatisfied ..... | 5 |
| Very dissatisfied .....       | 6 |

## APPENDIX D

Dear Hospital Administrator:

### I NEED YOUR HELP!

Recently, you received a questionnaire asking your response related to the topic of Job Burnout and Stress. Since the responses attained from this survey form the basis for my thesis for Master's Degree, it is vital that a significant number of questionnaires be returned representative of the hospital administrators in Greater Saint Louis Area. Although the return rate has been quite good, the quality of my findings would be enhanced if your response could be obtained.

Just in case you misplaced the original questionnaire, another copy has been enclosed for your completion. If you already returned the original questionnaire, please do not fill out this one. Thank you in advance, for your interest and participation in this survey.

Sincerely yours,

Rehana Fareed  
3148 McClay Road  
St. Charles, Missouri 63301

RF/

Enclosure