

Effects of Occupational Stress among Substance Abuse Rehabilitation Centres Based on their Demographic Characteristics in the Selected Counties in Kenya

Alice Mutai^{1*}, Prof. Micah Chepchieng² & Dr Owen Ngumi³

1. Snr. Ass. Dean of Students, Moi University, P.O Box 1424, Kericho.

(E-Mail alicemutai@mu.ac.ke). Tel. no. +254720475968

2. Dean, Faculty of Education & Community Studies, Egerton University, P.O Box 637, Njoro.

3. Senior Lecturer, Egerton University, P.O Box 637, Njoro.

Abstract

Occupational stress is a common phenomenon among drugs and substance abuse rehabilitation counsellors. Though occupational stress has received increased attention, apparently the current level of attention attributed to effects of occupational stress among drugs and substance abuse rehabilitation counsellors still remains a point of concern. This study therefore sought to establish the effects of occupational stress among rehabilitation counsellors working in drugs and substance abuse rehabilitation centres based on their demographic characteristics in selected counties in Kenya. This study adopted a descriptive survey research design. A total of 112 (85%) drugs and substance abuse rehabilitation counsellors completed the occupational stress questionnaire and 13 administrators were interviewed in five counties. Descriptive statistics including mean, standard deviation and percentages were used to analyse the data. A two way Analysis of Variance (ANOVA) was used to test the significance and determine whether to reject or accept the study hypotheses. All tests were based on the 0.05 level of significance. It was established that rehabilitation counsellors experienced effects of occupational stress in the form of physiological, psychological and behavioural strain. The findings revealed that there existed significant difference in the effects of occupational stress across gender, marital status and educational level of the rehabilitation counsellors who participated in this study. From the findings of the study, it was recommended that regular assessment of occupational stress for preventive measures be done among substance abuse rehabilitation counsellors.

Key words: Effects, Occupational Stress, Drugs and Substance Abuse Rehabilitation Counsellors, Kenya

1.0 Introduction

Researchers, academics, laypersons and policy makers have not yet reached a consensus on the definition of occupational stress though it is a common problem in a workplace (Harwood, 2007; Kinman & Jones, 2005). Nabirye (2012) observed that occupational stress is a complicated construct that requires an initial understanding of a 'mother construct' called stress. The widely used definition of stress is psychological, behavioural and physiological reaction to certain life events or situation (Aamodt, 2010). A difficulty within the literature on occupational stress is that the term is used inconsistently depending on the context and perspective of the research (Victoria, 2012). Melgosa (2006) argues that occupational stress is the by-product of modern life that results from ones efforts of trying to balance the demands of the workplace and the family life. WHO

(2007) defines Occupational stress as a pattern of reactions that occurs when workers are presented with work demands not matched to their knowledge, skills or abilities and which challenge their ability to cope. Although there are varying definitions on occupational stress, this study adopts the definition by Aamodt (2010).

Occupational stress is not limited to any particular profession. Occupational stress is documented as a common occurrence in helping professions throughout the world (Victoria, 2012; Gupta, 2010; Layne, 2001). The National Health Services (2011) in the United Kingdom reported that occupational stress occurred among Mental Health professionals at higher levels than those in product-oriented professions. Drugs and substance abuse rehabilitation counsellors, just like other mental health workers, play a central role in dealing with clients' psychological, emotional and mental issues to promote optimum mental health. Studies such as Crim (2013) and Layne (2001) reveal that rehabilitation counselling is an inherently stressful profession as it has a long history of serving persons who are suffering.

Rehabilitation counsellors represent a population at high risk for occupational stress exposure and stress related outcomes. Crim (2013) emphasise that due to unique nature and high demands of their professions, rehabilitation counsellors regularly experience occupational stress not common to the general population. The virtue of working with persons who are suffering, suicidal, violent, a client's death, chronic relapses, conducting therapy, and meeting demanding obligations increase the likelihood of occupational stress (Crim, 2013; Victoria, 2012). Rehabilitation counsellors are expected to demonstrate empathy, genuineness and unconditional positive regard to their clients for an effective counsellor-client relationship (Jackson, 2004). These stressors are in addition to other stressors such as paperwork, scrutiny of job performance, slow progress in career advancement, interpersonal relations and professional disillusionment, role demands and role tasks (Crim, 2013; Victoria, 2012, Lent, 2011; Layne, 2001). While rehabilitation counsellors can be considered experts in assessing and treating distress and impairment in others, it is obvious that many still fail to acknowledge and address occupational stress in their own lives resulting in them being distressed (Lent, 2011; Martha, 2011). There is evidence in Kenya that shows that counsellors working with drugs and substance abusers experience stress (Gachutha, 2006).

1.2 Statement of the Problem

The effects of occupational stress may result in emotional drainage among the rehabilitation counsellors and symptoms can be displayed in terms of dissatisfaction absenteeism, sick offs, reduced service quality and clients outcome. As such, this may lead to rehabilitation counsellors causing harm to both themselves and to those whom they provide services. Moreover, the reputation of counsellors and the utility of therapy may be doubted when substance abuse clients work with distressed professionals. Again it is a common belief that working with substance abuse clients is particularly distressing, however, there is very little empirical evidence to support or refute this view. Indeed, the concept of occupational stress among rehabilitation counsellors has received little attention in Kenya since this is still a growing area of interest. This study therefore intends to fill this knowledge gap.

1.3 Objective

The objective of the study was to:

- (i) Find out whether differences exist in the effects of occupational stress on rehabilitation counsellors centres in selected counties of Kenya based on demographic characteristics.

1.4 Hypothesis

- i. There is no statistically significant difference in the effects of occupational stress among rehabilitation counsellors based on demographic characteristics.

1.5 Scope of the Study

The issues that were examined in the study included levels, causes, and effects of occupational stress. The study also established how rehabilitation counsellors utilise coping strategies to counter the effects of occupational stress in their place of work. The study was carried out in drugs and substance abuse rehabilitation centres in five counties namely Kiambu, Nairobi, Nyamira, Trans Nzoia and Uasin Gishu.

1.6 Limitations of the Study

The findings of the study were limited to drugs and substance abuse rehabilitation counsellors in the selected counties and may not be generalised to all drugs and substance abuse rehabilitation counsellors. Any generalisation may be done with caution. This is due to difference in operations of rehabilitation centres which may not have uniformity and hence may alter the variables in other parts of the country.

1.7 Assumptions of the Study

The study was based on the following assumption;

Other factors, which were not addressed in this study, were assumed not to affect the study as they were not part of the study variables such as stress process, personality, life stressors and job burnout.

2.0 Literature review

All researchers in occupational stress concede that there is a cause-effect relationship between stressors and strain (Lent, 2011; Knudsen, Ducharme and Roman, 2008; Harwood, 2007). Transactional model of stress, indicate that effect occurs when individuals appraise the demands of the stressor in excess of their ability to cope (Cope, 2003). Strain (effects) can be defined as the response to stress that is manifested by the individual and may include psychological, physical and biological strain (Wright, 2008). According to transactional stress-strain theory, strain is believed to be the result of the interaction of individually experienced stress and subsequent coping (Garner, Knight & Simpson, 2007). According to the above literature, the outcomes of stress are essential to the definition of occupational stress in any organisational setting. Cole (2007) organised the effects of occupational stress into physical, psychological, emotional and behavioural reactions (strain). According to Gladding (2008), effects of stress are believed to be the results of three outcomes namely; psychological, behavioural and physical strain. The current study sets to establish the effects of stress that is experienced by rehabilitation counsellors based on their demographic characteristics in the selected counties in Kenya.

Physiological strain is associated with physiological responses by an individual to occupational stressors that ultimately poses physiological hazards to an individual exposed to these stressors (Tziporah & Pace, 2006; Meneze, 2005). There is an assumption that stress causes diseases (Cope, 2003). The relationship between stress and diseases is discussed in many models and framework (Lent 2011; Wright 2008). Studies have linked occupational stress to cardiovascular symptoms (diseases), endocrine, and immune system dysfunction, gastrointestinal symptoms, high blood pressure and heart rate, and infectious diseases (Long, 2008; Layne, Hohenshill & Singh, 2004). In his study, Harwood (2007) identified some of the physical reactions as difficulty in relaxing, unexplained headaches, erratic bowel function, unusual tiredness, dizziness, breathlessness, excessive perspiration, muscle tension and blood pressure. All the above can be experienced by drugs and substance abuse rehabilitation counsellors if not addressed in time. Although there are reports linking occupational stress to physiological effects, evidence in Kenya may not be compelling as might be expected as there are scanty information on effects of stressed based on demographic characteristics.

In the occupational stress literature, psychological strain has been extensively researched (Miner, 2010; Aamodt, 2010). According to D'Aleo *et. al.* (2007), reaction to stress is being with initial shock and disbelief followed by defensive reactions, denial and ultimately acceptance. These reactions may be temporary or long term, mild or severe depending on the longevity of the causes, how strong they are, and the strength of the rehabilitation counsellor's ability to recover and cope. Layne (2001) classified psychological symptoms into four categories (subjective, cognitive, behavioural and affective). Subjective symptoms which were identified include; anxiety, depression, irritation, anger and loss of temper, frustration, low self-esteem, nervousness and empathy. Cognitive symptoms include; inability to make decisions, poor concentration, short attention span, hypersensitivity and mental blocks. Behavioural symptoms of psychological strain include; alcoholism, drug abuse, emotional outbursts, excessive smoking and impulsive behaviour (Lawson, Venart and Hazier (2007). Rupert and Morgan (2005) indicated that psychological strain has an effect on rehabilitation counsellors' wellness and there is need for intervention. Although there are several studies that have identified and classified several symptoms of psychological effects of occupational stress, most are confined to the Western world and little has been documented about the Kenyan situation.

Occupational stress negatively impacts not only rehabilitation counsellors but also organisational functioning. Individuals under stress at work have been known to experience fatigue and/or low motivation which can directly influence an organisation's morale and decrease overall productivity. This sort of negative attitude can be contagious and adversely affect the moods and attitudes of other employees in the organisation and clients (Petrowski *et. al.*, 2014; Lath, 2010; Knudsen, Ducharme and Roman, 2008). Rehabilitation counsellors suffering from occupational stress have been shown to be ineffective in their work and tend to have higher rates of absenteeism (Knudsen, Ducharme and Roman, 2008). It has also been documented that occupational stress is also critical as it exacts significant organisational cost (Health and Safety Executive, 2014). Decreased productivity due to high levels of stress, increased expenditures for recruiting and training, and mental health services to address stress reactions may burden rehabilitation centres (Crim, 2013; Minor, 2010). In the view that the effects of organisational stress were documented, little is known on the organisational effects of occupational stress based on demographic characteristics among rehabilitation counsellors in rehabilitation centres in Kenya.

3.0 Methodology

This study employed descriptive survey research design (Kombo & Tromp, 2006). The study was carried out in drugs and substance abuse rehabilitation centres in the five selected counties in Kenya namely, Nairobi, Nyamira, Trans Nzoia, Uasin Gishu and Kiambu. Since 44 drugs and substance abuse rehabilitation centres were scattered in 14 counties, five counties were selected using simple random sampling technique. There were 132 drugs and substance abuse rehabilitation counsellors working in the five counties constituted the sample. Thirteen administrators in charge of personnel in drugs and substance abuse rehabilitation centres were interviewed. Data collections for this study were gathered through unstructured interviews and questionnaires. The research employed both contents and criterion validity by utilising the research objectives, personal experience and literature review. The instruments were then given to research experts (Supervisors) in the department of counselling psychology to evaluate the applicability and appropriateness of the content, clarity and the adequacy of the construction of the instrument. A high coefficient implied that items correlate highly among themselves. The researcher carried out a pilot study in Nakuru County and computed the internal consistency co-efficiency of reliability of the questionnaire that yielded an index of 0.72. Based on the results of the piloting, minor change was made in the questionnaire in which it was mainly typographical errors. Descriptive and inferential statistics were used to analyse the data. As such, frequencies, percentages, means and standard deviations were used for the descriptive analysis while inferential statistics was basically done using Two-Way Analysis of Variance (ANOVA). The hypothesis was tested at significance level set at 0.05. The data was analysed by use of a computer programme, the Statistical Package for Social Sciences (SPSS) version 19.0. Qualitative data collected from the semi-structured interviews was grouped into meaningful patterns that revealed how the categories or themes were related (Kombo & Tromp, 2006).

4.0 Results

. The means scores and standard deviations of the effects were calculated and the results were presented according to the sub scales of occupational strain in Table 1.

Table 1
Effects of Occupational Stress' Subscales

Subscales	Means	SD	Effect
Psychological Strain	2.62	1.14	Low
Behavioural Strain	3.05	0.90	Moderate
Physiological Strain	4.39	0.57	High

The findings revealed that the respondents experienced physiological strains ($M=4.39$, $SD=0.57$) which was rated as the highest effect of occupational stress. The finding is consistent with the results of other studies in the literature (Crim, 2013; Kaplan, 2007; Gachutha, 2006) which observed that counsellors experience physiological stress due to their nature of work. The findings were confirmed with the findings of the administrators who suggested that counsellors could be experiencing either behavioural or physiological strain because clinical supervision was taking care of psychological strain.

Psychological strain (2.62, SD=1.14) seems to be the least effect being experienced by the respondents. This finding does not support the previous findings (Duraisingam, Pidd & Roche, 2009; Long, 2008) which stated that addiction counsellors experience psychological strain more than physiological and behavioural strain. While additional research is expected, the findings suggest that the current drugs and substance abuse rehabilitation counsellors could be utilizing stress appraisal techniques that combat psychological strain.

The findings of this study are in agreement with results of other studies which stated that when the worker's emotional and physical resources are depleted, one is no longer able to be as supportive to the client as one is expected (Gachutha, 2006; Jackson, 2004; Layne, 2001). All these effects (strain) mentioned contribute to counsellor's inability to intervene productively in which it can result into negative outcomes to both the client and organization. These effects may hinder healthy therapeutic outcomes and may impair the practitioners' well-being. This calls for a serious address of the effects as it may be detrimental both to the individual and to organization. Effects of stress was examined by demographic characteristics and presented in several tables.

Table 2
Effects of Occupational Stress' Subscales by Age

Age	Psychological Effects		Physiological Effects		Behavioural Effects	
	M	SD	M	SD	M	SD
Below 25	3.23	1.62	3.00	1.59	3.04	1.69
26 – 30	3.05	1.58	3.87	1.60	3.66	1.78
31 – 35	2.89	1.52	3.14	1.62	2.16	1.78
36 – 40	2.45	0.34	3.01	1.01	2.09	1.12
41 – 45	2.70	1.53	3.33	1.68	2.73	1.44
46 – 50	2.89	1.78	2.47	0.69	2.77	0.57
51 – 55	2.65	1.24	2.63	1.05	2.12	0.78
Above 56	2.00	1.41	2.01	1.31	1.50	0.70

According to the age category as shown in Table 2, the respondents who were 20-30 years old experienced high strain in all the three subscales than their counterparts who were above 30 years old. This could be explained by the fact that young and middle age group could be having many expectations and may want to seek excellence in their place of work but reality of the profession disillusioned them. All respondents except those who are between 46 – above 56 reported high physiological strain. In overall, most respondents experienced physiological strain than the other subscales. The findings are in agreement with Gachutha (2006) which suggested that counsellors reported physiological strain than psychological and behavioural. It was concluded that most

counsellors are aware of psychological and behavioural strain and might have applied coping strategies that combat the two subscales.

Table 3
Effects of Occupational Stress' Subscales by Gender and Marital Status

	Psychological Effects		Physiological Effects		Behavioural Effects	
	M	SD	M	SD	M	SD
Gender						
Female	2.98	1.56	3.29	1.92	2.94	1.58
Male	2.83	1.55	3.64	1.90	2.77	1.46
Marital Status						
Married	2.79	1.49	3.61	1.88	2.84	1.38
Single	2.93	1.63	3.24	1.95	2.91	1.65
Divorced	3.16	1.53	3.50	1.78	2.41	1.24
Widowed	2.05	1.89	3.06	1.91	2.50	1.97

Results on gender were examined according to effects of occupational stress and results were presented in Table 3. Results indicate that both gender experienced high physiological strain. Female scored high generally in all the subscales than their male counterparts. This result is consistent with the findings of Jackson (2004) and Layne (2001) who revealed that female scored high in than their male counterparts. This could be attributed to the general view that female experience effects of occupational stress more than their male counterparts.

Table 3 marital section shows that all categories experienced physiological stress. Singles experienced psychological effects (M= 3.16, SD= 1.89) more than married, singles and divorced. Married (M=2.84, SD= 1.38) and single (M=2.91, SD= 1.65) category experienced behavioural stress. This can be attributed to spouse loss and increased responsibility. The finding is in contrast with the results of Victoria (2012) which found that married category experienced more stress than their counterparts.

Table 4
Effects of Occupational Stress' Subscales by Educational Qualifications

Qualifications	Psychological Effects		Physiological Effects		Behavioural Effects	
	M	SD	M	SD	M	SD
Doctorate	1.76	1.12	2.05	1.81	1.81	1.60
Masters	2.78	1.39	3.35	1.10	2.55	0.56
Degree	2.82	1.51	3.76	1.10	2.85	1.54
Higher Dip.	2.73	1.67	2.60	1.99	2.86	1.51
Diploma	2.76	1.71	3.35	1.93	2.01	1.65
Certificate	3.76	1.71	3.76	1.93	3.02	1.65
Form four	3.95	1.13	3.57	0.75	2.95	1.16

Table 4 presents the findings of the effects of occupational stress and educational qualifications. All the respondents experienced higher physiological stress except PhD (M= 2.05, SD= 1.81) and higher diploma holders (M= 2.60, SD= 1.99). The form four leavers (M=3.61, SD=0.73) and certificate holders (M=3.76, SD=1.71) and form four (M= 3.95, SD= 1.13) experienced psychological strain while certificate level experienced behavioural strain. The findings were not in agreement with the results of other Studies which reported that effects of stress were high among the respondents regardless of qualifications (Crim, 2013; Knudsen *et. al.*, 2008). The current findings indicated that PhD holders experienced the least strain. A possible explanation could be that rehabilitation counsellors with PhD are in managerial position hence they do minimal face to face counselling.

Table 5
Effects of Occupational Stress' Subscales by Experience

Experience	Psychological Effects		Physiological Effects		Behavioural Effects		
	M	SD	M	SD	M	SD	
1 – 10	2.57	1.15	3.39	1.20	2.52	1.08	
11 – 20		3.09	0.96	3.64	1.65	2.88	1.21
21 – 30	2.42	1.91	3.30	1.18	1.82	1.17	
Above 30	1.98	1.56	2.46	1.91	1.82	1.51	

This study reveals a significant relationship between the rehabilitation counsellors' experience and occupational stress as shown in Table 25. All the categories of experienced physiological stress except those who had worked for more than 30 years. Psychological stress was experienced by those who had worked between 11- 20 years. All the categories of experience had low mean scores in behavioural strain. The finding supports the results of Layne (2001) who concluded that strain decreases with experience. This means that the strain experienced in rehabilitation counsellors should decrease with an increase in the years of their counselling experience. The reason might be related to their professional role that at older age, the role burden usually is diluted because of their potentiality and increased capacity to analyse their role due to job clarity; thus, they could perform their roles better. Moreover, the older counsellors might be more experienced, adaptable to the environment and more ready to cope with stress in which it encourages P-E fit (Idris, 2009). Researches have also indicated that experience in counselling has significant effects on personal counselling efficacy, depersonalisation, and increased personal accomplishment (Crim, 2013; Victoria, 2012; Knudsen *et. al.*, 2008).

Further statistical analysis was done to establish whether there existed a statistically significant difference in the effects of occupational stress among rehabilitation counsellors based on demographic characteristics as stated in hypothesis 1:

HO₁: There is no statistically significant difference in the effects of occupational stress among rehabilitation counsellors based on demographic characteristics.

In order to test the null hypothesis, inferential statistics, ANOVA was used. In this case, a Two-

Way ANOVA was appropriate. This is because it is used when establishing the effect of more than one independent variable. It is possible to find out how a dependent variable is affected by more than one independent variable using a Two-Way ANOVA. The test was significant at 0.05 significant level. The results are presented in Table 6.

Table 6
Effects of Occupational Stress among Respondents Based on Demographic Characteristics

Socio-Demographic Characteristics	df	F	Sig.
Age	4	5.691	0.001
Gender	1	0.623	0.433
Marital status	2	3.206	0.047
Educational level	5	4.746	0.001
Experience	1	0.140	0.289

The scores of effects of occupational stress were transformed into composite mean using SPSS version 19 to make it possible for Two Way ANOVA to be used. The results presented in Table 26 reveals that Two Way ANOVA test was significant with respect to age ($p < 0.001$), marital status ($p < 0.047$) and educational level ($p < 0.001$). This implies that there existed significant difference in the effects of occupational stress across age, marital status and educational level of the rehabilitation counsellors who participated in this study. This is in agreement with the results presented through the descriptive statistics. However, gender ($p > 0.433$) and experience ($p > 0.289$) do not affect the effects of occupational stress differently. This means that effects of occupational stress are felt by drugs and substance abuse counsellors regardless of their gender and experience.

5.0 Conclusions

Physiological and behavioural strain emerged as the highest effects of occupational stress while psychological strain was the least effect of occupational stress among the respondents. There existed significant difference in the effects of occupational stress across gender, marital status and educational level of the rehabilitation counsellors. However, age and experience did not affect the effects of occupational stress differently. These show that effects of occupational stress was felt differently by different categories of gender, marital status and educational qualifications while all the respondents felt the effects of occupational stress regardless of their age and experience.

5.1 Recommendations

A qualitative study could be carried out in order to establish occupational stress and coping strategies among drugs and substance abuse rehabilitation counsellors as qualitative method allows for the exploration of thought processes and interpretations of the participants in greater depth.

6.0 References

- Aamodt, M. G. (2010). *Industrial/Organisational Psychology*. Belmont, CA: Wadsworth.
- Cole, G. A. (2007). *Organisational Behaviour; Theory and Practice*. Thomson Learning: London.
- Crim, D. (2013). *A Phenomenological Study of Stress and Burnout Experienced by Licensed Alcohol and Drug counsellors*. Education Doctoral Dissertations in Leadership. Paper 35.
- D'Aleo, N., Stebbins, P., Lowe, R., Lee, D. & Ham, D. (2007). Managing Workplace Stress: Psychosocial Hazard Risk Profiles in Public and Private Sector Australia. *Journal of rehabilitation counselling*, 15 (2), 68 – 87.
- Ducharme L. J., Knudsen, H. K. & Roman, P.M. (2008). Emotional exhaustion and turnover intention in human service occupations: The protective role of co- worker support. *Sociological Spectrum*, 28 (1), 81–104.
- Duraisingam, V., Pidd, K., & Roche, A.M. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. *Drugs: education, prevention and policy*, 16 (3), 217-23.
- Gachutha, C. W. (2006). *The Role of Supervision in the Management of Counsellor Burnout*. (Unpublished PhD Thesis, University of South Africa.
- Garner, B. R., Knight, K. & Simpson, D. D. (2007). Burnout Among Corrections – Based Drug Treatment Staff; Impact of Individual and Organizational Factors. *International Journal of Offender Therapy and Comparative Criminology*. 51(5): 510 – 522).
- Gladding, C. (2012). *Counselling: A Comprehensive Profession (8th ed.)*. Upper Saddle River, N.J: Prentice Hall.
- Harwood, H. (2007). Don't Forget the Workplace. *Psychiatric Services*, 58, 191.
- Health and Safety Executive (2014). *Stress-related and Psychological Disorders in Great Britain 2014*. Retrieved from <http://www.hse.gov.uk/copyright.htm>
- Idris, M. K. (2009). *Occupational Stress in Academic Life: a Study of Academics of Malasian Public Universities*. Unpublished PhD Dissertation, Public University of Waikato.
- Jackson, A. D. (2004). *A Survey of the Occupational Stress, Psychological Strain and Coping Resources of Licensed Professional Counsellors in Virginia: A Replication Study*. Unpublished PhD Dissertation, Virginia Polytechnic Institute and State University.
- Kaplan L. (2003). *Report for US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA); Substance abuse treatment workforce environmental scan*.

- Kinman, G. & Jones, F. (2008). Effort – Reward Imbalance, Over Commitment and Work lifeConflict: Testing an expanded model. *Journal of Managerial Psychology*, 23 (3), 236 – 251.
- Knudsen, H. K., Duchame, L.J. & Roman, P.M. (2008). Clinical Supervision, Emotional Exhaustion and Turnover Intention: A Study of Substance Abuse Counselors in the Clinical Trials Networks of the National Institute on Drugs Abuse. *Journal of Substance Abuse Treatment*, 35 (4) 387 – 395.
- Kombo, D.K. & Tromp, D.L.A. (2006). *Proposal and Thesis Writing: An Introduction*. Nairobi: Paulines Publication Africa.
- Lath, S.K., (2010). A study of Occupational Stress among Teachers. *International Journal of Education Administration*, 2 (2): 421 -431.
- Lawson, G., Venart, E and Hazier, R. J. (2007). Towards a Culture of Counsellor Wellness. *Journal of Human Counsellor Education Development.*, 46, 5 – 15.
- Layne, C.M. (2001). *The Relationship of Occupational, Psychological Strain and Coping Resources to the Turnout Intentions of Rehabilitation Counsellor*. Unpublished PhD dissertation, Virginia Polytechnic Institute and State University.
- Layne, C. M., Hohenshill, T. H. & Singh, K. (2004). The Relationship of Occupational, Psychological Strain and Coping Resources to the Turnout Intentions of Rehabilitation Counsellor. *Rehabilitation Counseling Bulletin*, 48, (1), 19-30.
- Lent, J. (2011). Stressors and Stress Management of Counsellors; Findings From Interviews of Professional Counsellors. Retrieved from *com/vistas10/Article -73 pdf*.
- Long, S. (2008). Occupational Stress in Men and Women; a Comparative Study of Coping Resources. Retrieved from *http/hdl.handle.net/10210/1541*.
- Martha, A.M. (2011). Occupational Stress for Group Care Personnel. *The International Child and Youth Care Networks Cyc-Oline*, January: 143.
- Melgosa, J. (2006). *Less Stress*. Madrid: Editorial Safeliz.
- Miner, A. M. (2010) Burnout in Mental Health Professionals as Related to Self-Care. *School of Professional Psychology*. Paper 129. <http://commons.pacificu.edu/spp/129>
- Nabirye, R. C. (2010). *Occupational Stress, Job Satisfaction, and Job Performance Among Hospital Nurses in Kampala, Uganda*. Unpublished PhD Dissertation, University of Alabama, Birmingham.
- Petrowski, K., Hessel, A., Eichenberg, C., Brahler, E. ((2014). Occupational stressors in practicing psychological psychotherapists. *Health*. Vol.6, No.5, 378-386 .

Rupert, P. A. & Morgan, D.J. (2005). Work Setting and Burnout among Professional Psychologists. *Professional Psychology: Research and Practice*, 36 (5), 544-550.

Tziporah, R., & Pace, M. (2006). Burnout among Mental Health Professionals: Special Considerations for the Marriage and Family Therapist. *Journal of Marital and Family Therapy*, 32(1), 87-99.

Victoria, Ho (2012). *Exploring the Challenges and Stressors of Working as an Addiction Counsellor*. Unpublished Master's Thesis, University of Ottawa, Canada.

WHO (2007). *Raising awareness of stress at work in developing countries: A modern hazard in a traditional working environment : advice to employers and worker representatives (Protecting workers' health series ; no. 6)* Geneva: World Health Organization (WHO).

Wright, D. J. (2008). Comparing the Job Strain and Job Demands – Control – Support Models in Direct Care Disability Workers: Support for Support. *Journal of Occupational and Environmental Medicine*. 50 (3), 316 – 323.