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Hearing their voices: a case study on workplace stress

Neil Shaw Lindsay

University of Wollongong

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'Hearing Their Voices':
A Case Study on Workplace Stress

A thesis submitted in fulfilment of the requirement for
the award of the degree of

MASTER SCIENCE (HONS)

from

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by

Neil Shaw Lindsay (BSW.,Grad.Dip.Hlth.Sc.)

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Abstract

Occupational injury causes a significant loss of resources in Australia every year. Whilst the direct social and economic costs of stress can be measured, the personal costs to the individuals concerned may be less apparent. This thesis explores the meaning of occupational stress through the experience of thirteen case study respondents. The research method employed is the qualitative approach; data were primarily collected from personal interviews with workers who had made a claim for stress at work. The data were subjected to thematic analysis.

The major findings in the three broad areas of inquiry are presented. Firstly, the crucial role that inter-personal relationships and supports at work played in the circumstances leading up to a claim for stress being made are discussed. Secondly, and most importantly, the principal finding of this study is that stress at work is associated with debilitating mental health conditions and significantly increase the risk of suicide for the individuals concerned. How stress is experienced by workers who have gone off work is the third area considered.

Two other significant findings of the study are that a lack of support and contact with their workplaces compounded the health problems for the workers concerned and that a return to work for stress injured workers is an uncertain and difficult goal. The findings of the study suggest that much can be done to reduce the potential impact and costs of stress at work. Implications of these findings for workers, employers, insurers and health practitioners are also discussed.
Chapter One: Introduction

Introduction

Occupational stress is the cause of a significant number of workers' compensation claims in Australia. The present study has as its primary focus the aim of providing a detailed, comprehensive description of the experience of stress at work. Despite extensive research into the phenomenon of stress: '...there are still so many questions to be answered' [Bartlett, 1998:3]. This thesis represents an attempt to provide some of these answers.

In this introductory chapter background information on the phenomenon of stress is presented and the aims and objectives of the study are outlined. Significance in terms of costs, incidence of claims, impact on work places and the health consequences of stress at work is discussed. Next, an overview of the pragmatic theoretical framework of George Mead, from whom the Symbolic Interactionist theoretical framework is derived, is presented. The theoretical premises of this framework as developed by Herbert Blumer and its application to this study are then discussed. An outline of the ensuing chapters completes the Introduction.

Aims and Objectives

The aim of this research is to gain a better understanding of the phenomenon of occupational stress. Using the case study method [Hammersley & Atkinson 1995, Merriam 1988, Hammersley 1993, Yin 1994], the research provides an in-depth analysis of the experience of workers who have made a claim for occupational stress. The objectives
of the study are threefold: firstly, the study seeks to provide an understanding of the individual experience and meaning attached to occupational stress. Rather than trying to define or measure what in fact constitutes 'stress' at work, this study seeks to understand the circumstances which can result in a claim for stress being made. Secondly, the study aims to find out details of the health consequences for individuals who have experienced stress at work. Of particular interest in this study is the impact on mental health of work place stress. The third objective of the study is to examine the rehabilitation and return to work outcomes for workers who have gone off work with a claim for stress.

Background and Significance

Occupational injury causes a significant loss of resources in Australia every year. This loss can be measured in direct costs such as compensation claims, health and medical costs, as well as in terms of human resource costs such as absenteeism, staff-turnover and morale. Occupational injury cost the Australian economy an estimated $9 billion dollars in 1992 [Morgan 1992:2]. A particular area of occupational injury which emerged in the 1990's is the phenomenon of occupational stress. It is now widely acknowledged that stress is more than just a phenomenon which affects individuals [Kasl & Cooper 1987, Cooper & Eaker 1988, Gmelch 1988, Burke 1992, Toohey 1993, Ellis 1995, Cotton 1997].

The link between the individual and the organisation suggests that factors such as job demands, control, workloads and working conditions
have a direct and measurable impact on employee health and through this, affect organisational factors such as productivity, costs and outcomes [Mirvis & Lawler 1971, Guzzo, Jette & Katzell 1985, Quinlan & Bohle 1991, Quick et al 1992]. Indeed, much of the initial impetus for the Quality of Working Life Strategies [Newtown 1983], which emerged in the 1950s and which aimed to ameliorate the on-the-job conditions of workers, was as a direct response to these links being established [Kalimo, El Batawi & Cooper 1987, Biggins 1991, Dept. Human Services & Health 1994]. The significance of occupational stress in terms of human resource costs such as absenteeism, staff-turnover, compensation and rehabilitation are well documented [Cooper 1988, Toohey 1993, Ellis 1995, Kenny 1995].

Other less visible costs of occupational stress have been identified in reduced employee morale and decline in productivity [Law 1984, Sauter Lawrence & Hurrell 1990]. In NSW the estimated direct cost of occupational stress injuries (defined as ‘mental disorder claims’ by the NSW WorkCover Authority) was $26 million in 1994/95 [NSW WorkCover Authority, 1996]. The average cost of these claims was $16,332 as opposed to the NSW average of $13,331 for all major claims (defined as claims involving more than 5 days off work) [NSW WorkCover Authority, 1996]. This cost fails to adequately take into account the hidden personal and social costs.

At the organisational level the costs of stress at work include increased staff turn-over, absenteeism, human resource costs, as well as decreases in productivity, morale and quality of working life [Kalimo et al
1987, Cooper 1988, Cascio 1991, Ellis 1995, and Toohey 1993]. The Australian National Audit Office [1997:1] estimated that the average indirect costs for a stress claim in the Commonwealth Public Service was approximately $210,000.00 (direct claim costs were estimated at $30,000.00 per claim). On average, workers in NSW who go off work with a claim for stress are absent for a period of 18.3 weeks, which is nearly twice the average for all claims of 9.2 weeks [NSW WorkCover Authority, 1996].

According to the NSW WorkCover Authority, the rate of claims for 'mental disorders' rose at an average rate of 50 per cent per year in the four years from 1991 - 1995 [NSW WorkCover Authority 1996]. A similar rate of increase in stress claims was reported in the Commonwealth jurisdiction during the same period [Comcare Australia, 1997]. Whilst the rate of new stress claims since 1995 appears to have peaked and is on the decline in both the state and federal compensation schemes, the costs of these claims and the impact on both the individual claimants and their workplaces remain a significant proportion of the costs of occupational injury in Australia [Comcare Australia 1997, NSW WorkCover Authority 2000].

**Theoretical Framework**

Following Crotty (1998), four key pillars provide the foundations for the research presented in this thesis. The underlying theoretical framework and the epistemology informing it are two such pillars; methods utilised to obtain and analyse the data and the methodology which determined the choice of method provide the other two pillars. This chapter provides
a brief discussion on the epistemology and the theoretical framework upon which this study is premised. Symbolic Interactionism provides the theoretical framework which has informed the design of this study.

With its philosophical roots in the pragmatist philosophy, symbolic interaction is characterised by the central notion of efficacy in practical application, that is, what works out most effectively provides a standard for the determination of truth [Honderich 1995]. Pragmatism, according to Crotty [1998] was originally launched as a critical philosophy by Charles Sanders Peirce [1839-1914] as a 'method of reflection', the purpose of which was to provide a theory in opposition to that represented by idealism [Honderich 1995]. Peirce sought to offer a corrective to what he considered the 'clumsiness and equivocation' of the scientific method of his day [Solomon & Higgins 1996:259]. From this perspective, pragmatism represented a 'radical empiricism' [Solomon & Higgins 1996:259], the emphasis of which was on experiential reality.

Pragmatism as an approach to sociology was first popularised by William James [1842-1910], who is also recognised as being instrumental in the development of neurology and psychology in the USA [Solomon & Higgins 1996]. For James, the impersonal, objective standards which Peirce sought in his study of science and logic were considered to be of limited value. It was the practical application of the experiential consequences of a thesis that James considered to be the 'cash value' of ideas. This emphasis on experience has become the hallmark of pragmatism and the theoretical framework of symbolic interactionism, which developed from it.
Symbolic interactionism has been described as a phenomenological perspective because of its emphasis on the actor's view of reality [Crotty 1998]. Mead, writing in the USA in the 1930s is widely acknowledged as the father of the study of 'symbolic interactionism' [Burr 1995:8]. Central to Mead's analysis is the view that it is through social interaction that we construct our own identities and those of others, through our day to day interactions. Influenced by the pragmatist philosophy of John Dewey, Mead originally called his approach 'social behaviourism'. For Mead it was the ability of humans to interact through the use of symbols that gave rise to the term 'symbolic interactionism', a term attributed to one of his students, Herbert Blumer [Hewitt 1991]. The central tenet of this approach was that the notion of the 'self' emerges from the social interaction of humans. Blumer developed the theory of symbolic interactionism to explain the ways in which people make sense of their life situations and how they interact with others on a day-to-day basis.

As a guiding principle for social science research, symbolic interactionism is premised on the belief that it is through persons engaged in interaction that meanings are jointly created in such interactions; subjective interpretation of the experience, how it is understood and reported then follows. With its roots in the works of Mead, Cooley and Thomas, symbolic interactionism establishes the central idea that it is through interaction that we become social, rather than simply biological animals. An essential symbolic interactionist and pragmatist idea is that the very nature of the human environment is shaped by the activities and intentions of acting human beings. Pragmatists view living things as attempting to make practical
adjustments to their surroundings. The ‘truth’ of an idea, or the meaning of a statement is dependent on its practical consequences - an idea is true if it works. Such a view emphasises the consequences of ideas, rather than their logical or internal consistencies.

George Mead is best known and remembered for his theory of mind, which attempts to account for the origins and development of human intelligence. Mead viewed mind and conduct as being inescapably linked - the origins of the human mind being in the human society. Mind, body and conduct are considered inseparable aspects of the process of evolution [Blumer 1986, Charon 1998]. Mead asserted that by continually reflecting on our self as others see us, we become competent in the production and display of social symbols. We do not, however, have to reproduce the society and culture we inherit. For Mead, our very ‘person-hood’ and our behaviour are shaped by social forces - a process of symbolic interaction [Blumer 1986]. It is through the use of significant symbols - language, signs and gestures - that such a process is possible. Each person's development is dependent on him/her being able to take on the role of others, that is, to be able to see him/herself as a social object. This can only be done through adopting the standpoint of others, a process which begins in early childhood in games and role playing.

The pragmatist philosophy which underlies Mead’s theory concentrates on action - what human beings do, rather than on who they are [Charon 1998:33]. Blumer [1986:64-65] reinforces the point that action is the product of individuals ‘coping with their world’, rather than simply being a
medium for the release of preexisting 'determining factors'. What this means, is that for symbolic interaction, action is seen as being constructed by the individual actor responding to the specific circumstances s/he is in, as opposed to psychological and sociological approaches which view action as a product of predetermined factors such as personality, motives, norms and values. In terms of this present study, symbolic interaction offers a unique perspective to consider the experience of stress in the work place, where the focus is on the individual's:

...feelings, his [sic] goals, the actions of others, the expectations and demands of others, the rules of his group, his situation, his conceptions of himself, his recollections, and his images of prospective lines of conduct. [Blumer 1986:64]

Blumer's [1986:68] contention that objects '... consist of whatever people indicate or refer to...' raises a number of important methodological points for this study. Firstly, the nature of any given object will be determined by the meaning it has for the individual concerned. In terms of this present study's focus on the individual's interpretation of stress, the methodological implications of Blumer's position require that the researcher must seek information directly from the individuals involved. It is toward this end that this study has utilised a qualitative methodology to guide the case study method, where the researcher conducted personal interviews with individual workers. The second point arising out of Blumer's statement is that meaning, rather than being viewed as intrinsic to the object in question, is rather dependent on how the person concerned initially acts towards it. In other words, in the context of this present study, the meaning of stress in any given situation is not intrinsic to the situation itself, but rather dependent on how the individual
concerned acts towards the object.

Blumer's third point on objects is that they are all produced socially - they are shaped by the process of definition that occurs in social interaction. For the present study, this implies that the meaning an individual attaches to any given situation, such as conflict at work, will in part be determined by the definition that arises out of the social interaction taking place. The fourth point made by Blumer is that the action people are prepared to take toward objects is based on the meaning for the person concerned. This builds on the previous point made, that the nature of an object is determined by the meaning for the individual concerned; here the emphasis is on the action which flows from such meaning. Finally, Blumer notes that objects are to be considered differently from stimuli - people can check, reflect and determine their action to an object, rather than making an unthinking, immediate response. In terms of stress, this point means that individuals can decide to act or not to act in any given situation, rather than merely responding to external stimuli. For Charon [1998] this last point raises an important question as to the ontological position of symbolic interaction.

The position taken by Mead, Blumer and the social interactionist framework which has developed from their work, is that a physical, objective reality does exist independent of our social definitions. This acknowledgement of a real, physical basis to the social definitions adopted is expressed by social interactionists as '...the situation as it exists.' [Charon 1998:47]. In this present study, the ontological position taken is premised on such an acknowledgement. This 'subtle realist'
position [Hammersley & Atkinson on 1995] will be further elaborated in the discussion on the evaluation of qualitative research which appears in chapter three of this thesis.

**Symbolic Interactionism Explained**

Herbert Blumer, a student of Mead, is widely considered as the creator of the symbolic interactionist methodology for social science research. Blumer [1986] who gave symbolic interactionism its name, outlined three fundamental premises underlying this perspective. Firstly, Blumer [1986:2] asserts that '...humans act towards people and things, based upon the meanings they have given to those people or things'. Here 'things' are to taken to signify anything that can be perceived by humans, be they physical objects viewed as occurring in nature, such as trees, or human constructions such as symbols and institutions which can be generated and perpetuated through language. From a symbolic interactionist perspective all objects are viewed as being social objects. It is only through social interaction that such objects are identified, defined, interpreted and given meaning [Charon 1998:44].

Through interaction with others, we learn about our world. From this perspective, objects are not considered as fixed and immutable, but are defined and redefined through the process of social interaction. Symbolic interactionists hold the view that the central role in human behaviour belongs to the meaning that such behaviour has for the participants involved. Such an interpretation applied to the study of stress has its focus on how the individual's experience of stress is constructed on the basis of the meaning such 'events' have for that
particular person. In the context of the present study, 'events' will be examined in terms of the individual respondent's perceptions of what led to their going off work with an occupational stress injury.

The second of Blumer's [1986:2] premises is that the '...meaning of such things is derived from, or arises out of, the social interaction that one has'. Such a view on the social origins of meaning is found in a broad range of sociological inquiry. Here Mead's influence on Blumer is evident. Mead believed that labelling assigned meaning. Naming was therefore the means by which human society was created and through which knowledge was extended [Charon 1998]. By engaging in 'speech acts' with others - symbolic interaction - humans come to identify meaning, or naming, and thereby develop discourse. From a social interactionist perspective, meaning is generated, shared, reproduced and perpetuated through a social process. Symbolic interactionism takes the view that meaning is derived from the process of interaction between people.

This meaning develops out of the ways in which other persons act towards the person with regard to the 'thing'. From this perspective, the actions of others are considered instrumental in the formation of meaning which individuals develop. Using the example of stress, it can be argued that people learn from others about stress - its symptoms, impact consequences and ramifications. As such, the individual experience is shaped by what Berger [1991:320] terms the 'linguistic familiarity effect' of stress. It is through exposure to cultural views on stress, as presented in the television, radio and print media that
individuals come to define stress, according to Berger [1991]. This and our own personal, experiential understanding of stress can lead to the assumption being made that stress represents a constant, given 'thing', rather than a particular construction of meaning.

Blumer’s [1986:2] third premises, states '...meanings are handled in, and modified through, an interpretive process used by the person dealing with the things encountered'. For Blumer, the theory of symbolic interactionism considers meaning as a product created through social interactions of people. Symbolic interactionism emphasises the internal conversation that an individual has with him/herself about the meaning of an object or thing. In light of the specifics of any given situation, individuals will select, check, suspend, regroup and transform what is constituted as meaning. Interpretation, from the perspective of symbolic interactionism is a process of formulation, reconsideration and revision of previously integrated meanings. Through this process meanings are constructed and reaffirmed through social interaction. The actual and anticipated response of others shape the way in which individual meaning is arrived at. In terms of the present study's focus on occupational stress, the individual respondent's appraisal of the meaning of a particular situation or event can be seen as being in part shaped by the actual and anticipated response of other people. This is a theme which will be discussed in greater detail in chapter four, where the case study findings will presented.
Social Interactionism - A Critique

As a micro level approach to sociology, symbolic interactionism has been criticised in terms of its narrow focus and tendency towards small scale interaction contexts, ignoring the wider social context [Haralambos 1981:551-552]. The apparent failure of social interactionist studies to consider the possibility that meaning may be generated by the wider society has led to accusations that symbolic interactionists examine human interaction in a vacuum, with little concern for the historical or social setting. Skidmore [1975, cited in Haralambos 1981:551] adopts the position that symbolic interactionists consistently fail to give an account of social structure. Such a critique of symbolic interactionism argues that meanings are not simply created through the process of interaction, but are rather the product of social structure. Social interactionism with its emphasis on individuality and personal freedom has been categorised as reflecting the cultural values and ideals of American society [Haralambos 1981, Crotty 1998]. This is contrasted with the European tradition in sociology, where greater emphasis is placed on the constraints of class structure, power and social structure.

Crotty [1988:73] argues that criticism of the James and the Dewey versions of pragmatism as being 'uncritical' appear to be based on a 'gross misreading' of their original work. Honderich [1995] characterises pragmatism as proposed by Dewey as being 'democratically populist' in terms of its ideological position. The resultant pragmatism which followed James and Dewey is acknowledged by Crotty [1988:73] as being '...an essentially uncritical exploration of cultural ideas and values in terms of their practical outcomes'. In the present study, symbolic
interaction has been utilised as a framework to interpret the meaning of the experience of stress. The social and cultural context within which such individual experiences occur is acknowledged in this study.

Symbolic interactionism, whilst grounded in an essentially pragmatic philosophy, is not limited to a conservative, non-critical analysis of the subject under study. On the contrary, an involved micro-level study, such as presented in this study, has the potential to critically analyse the social and cultural arena in which individual meaning is shaped. As an approach to the study of human beings, symbolic interactionism does not discount the role of social, historical and psychological influences in shaping our views. Where it differs from the general views of sociology and psychology is in the emphasis symbolic interactionism places on the process of interaction between the individual and their social environment.

From a symbolic interactionist perspective, the influence of our past, culture, social structures and our personality are all acknowledged. Symbolic interactionists take the view that human beings act on the basis of the definition of the situation encountered. Our past, our social status and our personality are important to the symbolic interactionist, not because they determine how we act, but rather because they are used in our definition of the present situation [Charon 1998]. This study has attempted to overcome any shortcomings of a symbolic interactionist framework through adopting a critical stance towards the assumptions behind the experience of stress at work.
Structure of thesis: An Outline of Ensuing Chapters

The second chapter provides a review of the literature on stress. A brief history of how the term stress has been used and the way in which the term has been constructed by different disciplines follows. After an overview of the biomedical considerations of stress, which have sought to explain the physiological responses and diseases linked to stress, some of the ways in which stress has been considered from the viewpoint of psychology are then outlined. Finally, the sociological, industrial relations, occupational health and safety approaches and popular media approaches to the study of stress are examined.

The third chapter of this thesis establishes the procedure upon which the research methodology was conducted. Discussion on the assumptions and rationale for a qualitative research design is presented, as is clarification of the researcher role. Procedures for sampling and the recruitment of the sample are discussed, as are the steps taken to gain access to respondents. The method of data collection, which in this study was primarily through the use of interviews and the process of data analysis are discussed in detail in this chapter. Ethical considerations for the study are also addressed in the chapter. A detailed discussion on the approaches taken to ensure the quality and rigour of the study are presented.

Chapter four of the thesis presents the findings of the study. Detailed descriptions of the case study findings and the major themes identified are outlined. Excerpts from the interviews with the respondents are presented in this chapter to illustrate the study's findings. Three broad
areas of the study's findings are detailed. Firstly, the findings of the study on the factors at work which resulted in a claim for stress are discussed. Secondly, the health consequences of stress are outlined. Of particular interest in the findings of this study is the significant mental health impact of the anxiety and depression which the respondents experienced. Finally, the findings on the experience of the respondents after they went off work are discussed. The findings detail the impact on the respondents of the lack of contact with their workplace, the experience of making a claim for compensation, the punitive and supportive dichotomies of the health and rehabilitation services and the return to work outcomes for the workers concerned.

The fifth and final chapter answers the research questions using the findings presented in chapter four. Discussion on the importance of these findings, the limitations of the present study and the implications of the research are presented. Suggestions for the direction of future research are also presented in chapter five. The chapter concludes with a summary of the research presented.

**Chapter Summary**

This chapter has provided an introduction to the research upon which this thesis is premised. The aim of the research is to gain a better understanding of the phenomenon of occupational stress. Three objectives of the study have been outlined. In terms of the background and significance of the study, occupational stress has been identified as a significant source of occupational injury in this chapter. The theoretical framework upon which the research is premised has been outlined, as
has a critique of symbolic interactionism as a research methodology. A brief overview of the structure of the thesis and the contents of each chapter have been presented in the chapter. A detailed discussion on the research literature on the phenomenon of stress is the subject of the following chapter.
Chapter Two: Review of the literature

Introduction

This chapter focuses on the many and varied definitions of stress from academic, historical and vernacular perspectives. The chapter is structured in such a way as to provide an overview of the various ways in which the term 'stress' has been constructed. Starting with a brief history on how the term stress has come to have its contemporary meanings, an outline of some of the main ways in which the term has been used within different academic disciplines is then presented. The concept of stress is explored in terms of the biomedical, psychological, sociological, industrial relations and occupational health and safety perspectives which are relevant to this study. Popular usages of the term stress are then discussed. A brief overview and concluding remarks on the way stress has been dealt with in the literature concludes this chapter.

Historical background

The term stress, despite its apparent ubiquity in everyday language, is a relatively recent addition to the English language. Writers such as Petersen [1994] and Bartlett [1998] have noted that the term first appeared in the seventeenth century, where it was used to mean 'adversity' or 'hardship'. By the eighteenth century the term stress had come to mean force, pressure or strain which was exerted on a person [Bartlett 1998:23]. Bartlett notes that the term stress had become part of popular culture by the middle of the eighteenth century. Developments in the fields of engineering and physics then led to the use of the term stress to describe the elasticity of materials under load. It was not until the later period of the nineteenth and early twentieth centuries that stress
came to be used to describe a possible cause of ill health and disease.

Hans Selye, widely acknowledged as a seminal researcher in the field of stress is often credited with introducing the term into the Life Sciences in 1936. Bartlett [1998:25] points out that this is a popular but erroneous view, as it was not until 1946 that Selye actually coined the term stress in relation to his research findings. By that time the term was already widely used by psychologists and psychiatrists to describe the mental health complaints observed in combat troops from the two world wars. It is the work of Walter Cannon in 1914 which established the ‘fight or flight response’ as the basis for the research into the physiological reactions to stress [Bartlett 1998]. Cannon’s research into the effects of disturbances to homeostasis on the cardiovascular and endocrine systems paved the way for the deluge of research into stress which has followed in the decades since his research was first published. Spillane [1984] traces early Australian research into stress at work to studies conducted in 1916.

Biomedical Explanations

The early work of Cannon and Selye form the basis for much of the contemporary research which has been conducted into the phenomenon of stress. Biomedical explanations of stress are essentially theoretical models of disease causation, the emphasis being on the physiological changes caused by either exposure to an external, pathogenic agent or by weakness and vulnerability in the target organism. Bartlett [1998] in reviewing the research literature on stress notes a number of perspectives which have developed under the aegis
of a biomedical theoretical framework. Starting with the foundation of Cannon's work into homeostasis, the 'evolutionary perspective' emphasises the pathogenic origins of stress as being a result of disparities between biological and cultural evolution.

Popularly known as the 'fight or flight syndrome', the evolutionary perspective seeks to explain the stress response in terms of the catabolic physiological processes which are triggered when humans are confronted with life threatening situations. Using the widely quoted example of the cave dweller facing the sabre-tooth tiger, this view supports the argument that the extreme physical arousal and flooding of stimuli that are triggered in such encounters were originally a biological necessity to ensure survival. That is, our cave dwelling ancestors were primed by this catabolic reaction to either fight off the life threatening challenge or to be able to swiftly make flight, ensuring survival of the species. The contemporary interpretation of this 'fight or flight' process is that whilst industrial, technological, cultural and social changes have made such a survival response redundant, the slow evolution of the human body has meant that biological reactions have generally continued in the absence of life threatening stressors.

The challenges presented to humans by a threatening environment have led to the development of a broad ranging biomedical theoretical perspective which focusses on adaptation. Such a perspective emphasises the physiological resources which are required by the body to respond to the adaptation process. Hans Selye developed this theory into his 'Generalised Adaptation Syndrome' [Selye 1976], whereby the
focus is on the physiological strain placed upon individuals to specific organs of their body as the result of their effort to adapt to changing or threatening environments. This perspective takes the view that repeated and prolonged strain may lead to diseases of the organs. Bartlett [1998] notes that this perspective takes the end disease state, rather than the stress process itself as the starting point for research. Variations of this 'diseases of adaptation' model have paved the way for the bulk of research which has been conducted into stress.

With the starting point that stress is a major risk factor in biomedical functioning, researchers using a diseases of adaption perspective have conducted extensive investigations into the links between such diverse conditions as coronary heart disease, myocardial infarctions, hypertension, bronchial asthma and cancer [Kalimo, El Batawi & Cooper 1987, Cooper 1988, Karasek & Theorell 1990, Quick et al 1992]. One of the greatest challenges to this perspective is the difficulty in establishing the link between exposure to stressors and biological responses. The exact pathways and mechanisms involved in the biological responses and the explanations given for the differences in reactions of different people to different stimuli are still largely inconclusive [Kaplan 1991, Bartlett 1998].

One biomedical model which has been used to explain this difference is the 'stress / diathesis' model [Bartlett 1998:25]. Individual vulnerability or weakness in one or more organ system, the result of either predisposition due to genetic or pathogenic reasons or a weak link in a particular organ system are the starting point for this model. This
perspective suggests that physiological responses to stress will most affect the weakened systems in the body, thus explaining the individual differences in response to stressors. The complexity of the physiological and psychological responses to stress and the role played by hormonal responses has led Bartlett [1998] to comment that no single perspective is able to adequately account for the processes involved in the mediation of the stress / health link. Levi [1990:1142] noted that:

There is little, but increasing direct evidence of a causal relation between work related psycho-social stressors and the incidence and prevalence of occupational morbidity and mortality.

Levi [1990] further notes that a growing body of indirect evidence strongly supports that such an association exists. The continuing relevance of the biomedical model to research into stress can be readily seen in a review of contemporary literature, where prominence is given to the link between stressors, physiological responses and health outcomes [Kaplan 1991, Bartlett 1998]. Strongly linked to the biomedical model of research into stress are the majority of psychological models used to explain the phenomenon.

**Psychological Explanations**

Psychological models used to explain the stress response are by and large premised on the notion that intervening variables can mediate both the physiological and psychological impact of stressors on individuals. Levi [1990] in his summary of the findings from the US National Academy of Science Institute of Medicine’s study on occupational health noted a number of key findings on the causes and mechanisms involved in occupational ill health. Lack of fit between workers and their jobs was
found to be a fundamental cause of workplace health problems. The perceived lack of control over working conditions, combined with ineffective coping strategies and lack of social supports were found by the study to be potential sources of pathogenic reactions (physiological, emotional, behavioural and cognitive).

The psychological literature suggests that the experience of stress can consist of a wide range of feelings, definitions and symptoms. Factors such as individual vulnerability, personality styles, coping mechanisms and cognitive approaches are considered to play a mediating role in determining how individuals will respond to any given situation [Bartlett 1998]. Further to this, moderators such as diet, exercise and stress management techniques are thought to reduce the impact of stressors on the individual [Sarros & Sarros 1991, Burns 1992]. Buffers such as social support, locus of control and social status are also considered by psychologists as influences which may determine the extent to which individuals are able to cope with the demands placed on them [Karasek & Theorell 1990, Cotton 1996, Bartlett 1998].

Eckenrode [1991] summarised the research literature into coping where the central variables were identified in terms of appraisal of harm, loss and the threat / challenge to the individual concerned. The capacity of individuals to cope with their circumstance was found by Eckenrode to be influenced by factors such as supports and resources available to them and their sense of mastery over the circumstances. Individual capacity to resist the pressures they experienced and personal hardiness were all factors noted by Eckenrode. The diversity of ways in which individuals
experience stress has been summarised by Quinlan and Bohle [1991] as either a stimulus, a response, a perception or as a transaction. Bartlett [1998] reports a similar summary of four approaches used to define stress.

Firstly, stress can be categorised as a 'stimulus', whereby stress is identified as a noxious characteristic of the environment. Such a perspective has seen medical sociologists such as Turner [1992:8] suggesting that: 'To some extent stress has replaced the germ as the major explanation of modern illness...'. Secondly, Quinlan and Bohle [1991] and Bartlett [1998] suggest that stress can be defined as a response. The response approach depicts stress as a bodily reaction to externally imposed demands. Such a response is usually described in terms of disturbance of behaviour (e.g. avoidance), emotions (anxiety) or physiology (e.g. raised hormonal levels) or the presence of a stress-related disease such as hypertension/coronary disease.

The third category suggested by Quinlan and Bohle [1991] identifies stress as arising out of individual perceptions about what they have experienced. Bartlett [1998] refers to this category of stress in terms of an 'interactional' definition. The perception / interaction approach depicts stress arising from perceptual or cognitive processes that produce physiological and psychological signs and symptoms. Occupational stress is considered to arise out of the individual worker's subjective appraisal that work is excessively demanding or threatening. Such an approach supports the argument for stress management programs, whereby the emphasis is on the individual response to stress [Behling & Darrow 1984, Arroba & James 1987, Hanson 1989, Burns 1992, Callan 1993].
The fourth category of definition offered by Quinlan & Bohle [1991] and Bartlett [1998] considers stress in transactional terms - the notion of 'stressful commerce'. From a transactional perspective, stress is considered as a process involving complex interactions between the working environment and the capacities and behaviours of the worker. It emphasises characteristics such as demands placed on workers, their skills and resources to deal with them. This process involves a complex interaction between many organisational, psychological and biological variables. Researchers such as Keita & Sauter [1992], Levi [1990], Cooper & Payne [1992], Toohey [1993] Ellis [1995] have contributed to the development of this model.

Within the psychological framework there exists a broad range of perspectives. Foundational studies conducted by Karasek and Theorell [1990] have led to considerable research into the impact of worker control and job demands on the health of employees. Essentially, what Karasek and Theorell found was a correlation between perceived control over work and the demand of the job and health outcomes. Low control combined with high demands was found to be increase the incidence of work related health problems. The 'Behaviourist perspective' [Burchfield 1985] argues that we are generally able to learn to moderate our stress response to appropriate levels, thus ensuring that homeostasis is maintained. This model places greater emphasis on the body's response to physiological stimuli and the role of physiological conditioning than specific psychological responses [Bartlett 1998:19].
Cognitive perspectives, such as those developed by Lazarus & Folkman [1984] and Folkman et al [1986] focus on the decision making and information strategies that mediate the stress / health link. The role of perception, experience and interpretation in determining the resultant effects of stressors is of central interest in this perspective. The stress response is considered a result of a lack of fit between preconceived expectations about what might happen and perceptions about what actually happened. This may then set of a chain reaction, whereby a process of rumination may generate images of threats, which are responded to by the defence mechanisms of denial and withdrawal. The resultant arousal from stressors may lead to cognitive impairment and reduced problem solving capacity. Yet another psychological perspective considers the organisational dynamics to explain the link between such individual health states and the context of the workplace in which they occur.

Murphy [1987] in his review of organisational approaches to the management of stress found three main styles in evidence. Firstly, individual approaches to stress management aimed at prevention or reduction of stress were evident in the literature. Secondly, job enrichment programs attempted to make work more interesting and challenging, thereby reducing the impact of stressors at work. The third approach of organisational change has its focus on eliminating sources of stress by altering features of the organisation / job tasks. Campbell and Campbell [1988] in their study on individual / organisational psychology and productivity emphasised approaches to the recruitment, selection and training of staff to minimise the risks of stress claims.
Sauter & Murphy [1993] reviewed the approaches to organisational health which emerged in the 1970s, where the focus is on job complexity, workload, task variability, opportunities for skill utilisation and social support from peers / supervisors. In their analysis of the 'new initiatives' in organisational psychology, Sauter & Murphy [1993] note that factors such as organisational design / climate and changes to the work environment with the decrease in manufacturing industries and an increase in service industries may lead to new forms of stress in the workplace.

A further variation in the psychological literature in the field of stress is research into the phenomenon of 'burnout'. The term 'burnout' has been used to refer to the state of apathy, fatigue, depression and guilt which is experienced by workers exposed to long term, chronic and cumulative stress [Corcoran 1989, Himle, Jayaratne & Thyness 1989, Daniel & Szabo 1993, Poulin & Water 1993]. Edelwhich & Brodsky [1980:182] define burnout in terms of individuals experiencing a progressive loss of: '...idealism, energy, and purpose... as a result of the conditions of their work'. Roberts [1987] suggests that burnout is a condition of 'battle fatigue' which all professionals experience. Elliott et al in their 1996 study on burnout, stress and coping amongst rehabilitation nurses found that interpersonal conflict on the job was the stressor most frequently reported by the respondents. The research conducted in this study has suggested that for many individuals the words 'stress' and burnout are treated as synonymous, as the symptoms experienced may be very similar.
The exact pathways which these psychological and biological responses to stress work through remains somewhat of a mystery to researchers. In an endeavour to better explain the relationship between cognitive processing, neural links, hormonal responses, and the human immune system's responses, researchers developed a model which seeks to integrate these different systems. The term 'psychoneuroimmunology was coined by Ader in 1981 (Bartlett 1998:33) to describe research into how the action of hormones and neurotransmitters may be modulated by environmental and psychosocial stimuli. This model is the basis for much of the contemporary research into the links between cognitive processing, psychosocial and environmental factors and their impact upon the neural and hormonal mediators which determine immune responses and may thereby lead to actual health changes [Kiecolt-Glaser & Glaser, 1995]. Buckingham and Gillies [1997] and Rabin [1999] offer detailed summaries of contemporary research into the 'mind-body connections' of stress, immune function and health. Further discussion on the link between biological, psychological and social factors which may influence an individual's response to specific life events is presented in the review of the 'biopsychosocial model' in this chapter.

Bartlett [1998] has argued that the reliance of psychologists on the works of Cannon and Selye to validate their own research is based on 'fundamentally incompatible models'. Ellard [1994] a psychiatrist writing on his experiences of working with patients who have suffered severe stress offers a similar perspective to Bartlett in that he asks the question: 'Why is it that we know little more than we did one hundred years ago, despite the fact that so much research has been conducted into stress?'.
In seeking to answer this question Ellard [1994] notes significant differences in individual responses to specific circumstances, combined with factors such as psychological vulnerability, genetic predisposition, availability of psycho-social supports and 'confounding variables' such as substance abuse and secondary gains result in stress being a concept which is unclear and '...there is no scientific basis upon which a clear system of management can be constructed.' [Ellard 1994:239]

To overcome the potential limitations of using incompatible models to explain the phenomenon of stress, social psychologists such as Burr [1994] and Charon [1998] have adopted the framework of symbolic interactionism. Such a perspective, rather than being premised on the biomedical model, emphasises the dynamic process of individuals interacting together and the impact that such interactions have on their health and well being. A detailed discussion on the methodological implications of symbolic interactionism is presented in chapter three of this thesis.

**Sociology and Health Research**

Sociology has a long and established tradition in the study of health matters. French sociologist Emile Durkeim, who wrote at the turn of the nineteenth century, remains a potent influence through his research into suicide [Haralambos 1980]. Talcott Parsons, credited by Haralambos [1980:526] as being the dominant theorist in American sociology in the 1940s and 1950s, has contributed enormously to contemporary studies on the 'sick role' of individuals experiencing ill health [Petersen 1994].
The use of sociology in the study of health is considered by Turner [1992], who views medicine as a form of applied sociology, where understanding of a patient's illness occurs in a social environment. Figlio [1982] in his historical study of chlorosis in 19th century Britain argues that notions of health and disease are sustained through social process. Kleinman [1988] using a medical anthropologist's perspective, reports on polysemic perspectives and meanings behind the experience of illness. In his study, Kleinman [1988] illustrates the many different interpretations that can be made about illness.

Similarly, Reid & Reynolds [1990] in their critical medical anthropology study of Repetitive Strain Injury (RSI) adopt a research framework which seeks to enhance and complement explanatory models of illness - from organic to psychogenic and sociogenic theories. Separation of work into neat, unambiguous aspects such as physiological, psychological and sociological is also considered artificial by Quinlan [1993], who asserts that work is fundamentally a social process. Bammer & Martin [1992] further explore such processes in their case study of RSI from the perspective of medical sociology. The role of sociology in articulating the complexity of what constitutes health and illness is similarly noted by Willis [1994]. Like Turner [1994], Willis builds on Parsons' seminal findings into the 'sick role' and how ill health can be understood not only as a biological process but as a social process also.

Petersen [1994] notes that sociology provides a perspective from which the bigger picture linking individual experiences of health and sickness can be studied. Karp [1996:26] in his case study based on symbolic
interactionist theory, acknowledges that his conclusions regarding depression proceed from a fundamental premise of health sociology, which is '...the dialectical relationship between illness and social experience'. This thesis on the social context of health is further developed by Gabe [1995] and Petersen and Waddell [1998] in their volumes on health sociology. Figlio [1982] in his study of chlorosis offers an example of a combination of a macro and micro approach in sociological inquiry.

As previously noted, Bammer and Martin [1992], in their study of RSI in Australia, provide a useful case-study into the sociology of medical knowledge. In examining the role of social factors in the '...creation and negotiation of knowledge claims, including beliefs about health and disease, the social origin of medical care and the distribution of power in society...' Bammer and Martin [1992:221] provide a convincing example of the contribution of sociology to the study of health. Writers utilising a sociological framework, such as Porter's [1987] social history of madness, Kleinman's [1988] treatise on illness narratives, Kramer's [1996] exploration of 'Prozac' and Karp's [1996] study on depression, are cogent examples of how a social science framework can usefully explore topics of interest within the field of public health.

In rejecting simplistic theoretical accounts of stress as redundant, Bartlett [1998:20] calls for 'more determined efforts' to describe and explain the individual experience of stress. Arguing that this is a poorly understood component of existing explanatory frameworks, Bartlett calls for 'meaning centred inquiry' which provides an account of the way in which stress is
experienced by individuals. German Sociologist, Max Weber (1864-1920) argued that: '...all human action is directed by meanings' [Haralambos 1981: 280]. For Weber, meaning is attached to actions, which then become 'embodied in social norms' [Honderich 1995:908]. In sociology, Berger and Luckman's [1966] study of the 'Social Construction of Reality', provides an analysis of the processes through which social structures are created and the role of institutions in legitimising and sustaining particular views of the world. Dollard and Walsh [1999:225], in a review of contemporary literature on stress, noted that statistics on workers compensation rates and costs tell only a partial story, as the statistics themselves are socially constructed 'socio-political-legal identities'.

The Sociology of Stress

Writers such as Young [1980] and Pollack [1988] have applied sociological analysis specifically to the study of stress. Whilst the former have primarily focussed on the macro issues of social policy implications, others such as Meyerson [1994] in her ethnographic study of stress amongst hospital social workers have extended sociological study to the micro level of individual workers. Meyerson [1994] in her review of the literature found a tendency in the foundational studies on stress to rely on the formulation of stress as an undesirable, individual condition to be controlled. The research which has resulted from this perspective has largely concentrated on locating variables that moderate or mediate the relationship between objective environmental conditions and the perceived stress. Meyerson [1994] argues for a different assumption, based on an interpretive perspective, whereby it is acknowledged that
people make sense of 'stressful experiences' differently.

The notion that stress is something which can be managed has also been challenged by theorists such as Otto [1985] and Turner [1992], who question the ideology behind such thinking. Otto [1985] argued that many of the approaches to stress research support existing control structures and repressed critical thinking. Referring to the 'ideology of stress management' as a 'victim blaming ideology', Otto [1984:25] suggests that the focus on individuals, as the solution to stress deflects attention from the broader social and structure, Berger [1991:30] warns of the linguistic familiarity effect of stress - where the term represents a 'set of popular constructions'. These constructions, built on personal experience and popular discussions on stress in the media, lead people to believe they understand a shared meaning of the word stress [Berger 1991].

Lutz [1989:40] has argued for occupational stress to be interpreted as a situational parameter which needs to be assessed in the context of the relevant social and work place value system, rather than as an absolute constant. Petersen [1994] argues that the term stress is a vague, value laden concept which ignores the 'important' questions in regard to the nature and structure of society. Illich in his 1975 treatise on the 'expropriation of health' provides an interesting philosophical discussion on the social origins of disease. Such a perspective argues that the disease nosology mirrors that of the society's institutional structure. Considered from this viewpoint, stress is understood as expressing '... the need industrialised people have to exonerate their institution.'
Such ideological weighting of the stress concept is presented by Pollack [1988] as an example of a means by which various ideas about the social order are organised.

Spillane [1988:26] has suggested that occupational pain despite its biomechanical explanation, could be argued as being an 'inexorable human condition'. For Spillane [1988], the observed difference in the reporting of this pain - not all workers will experience it - reflects the influence of psychosocial factors. In the context of this thesis, the individual case study respondents have each reported a unique set of factors that have contributed to their experience of occupational stress. For Ivancevich & Mateson [1980], the concept of stress has been compared to that of sin; the point being that the lack of a universal definition and the emotional content of each term defies a simplistic attempt at understanding.

Drawing on the writing of Foucault, Pollack [1988:390] argues a case for the implication of the 'stress discourse' in the:

'...deeply rooted, spontaneous convergence between the requirements of political ideology and those of medical technology.'

Put simply, the interpretation of stress as a health problem occurs through a particular nomenclature and taxonomy which results in a disease nosology - the illness experience [Kleinman 1988]. Reid & Reynolds [1990] have argued that explanatory models of health have their genesis in the social context, which are permeated by conflicting interests and iniquities in power and access. Krefting [1991a:27] supports this view and suggests that such explanatory models are premised upon factors such as individual past experience of illness,
media, literature, family, friends and health professionals' opinions. This then forms the basis of individual behaviour in terms of when treatment is sought, from whom and individual compliance to it [Krefting, 1991a].

Furlong & Young [1996], writing in the field of family therapy, provide some interesting insights into the role of blame in social relations. The authors identified five functions of blame in our contemporary society. Firstly, blame may allow individuals to evade responsibility for their actions - the locus of control is placed externally, rather than within the individual. Secondly, blame allows individuals to be seen as helpless, thereby relieving them of the moral responsibility to act. A third function of blame identified by Furlong & Young is to allow individuals to find a 'sense of closure'; to find a culprit, thereby 'restoring a sense of order'. Fourthly, blame is seen by the authors as serving the function of a 'self-protecting distancing manoeuvre', once again placing the responsibility of what has happened on to other persons or events. Finally, the authors suggest that blaming allows individuals to avoid the pain of their experiences - feelings can be put elsewhere, as they are not of the individual's own making.

Karp [1996] in his qualitative study on depression noted the difficulty researchers experience when trying to understand the 'intrinsic ambiguities' of depression: "Unlike most illnesses that we either do or do not have, everyone feels 'depressed' periodically" [1996:28]. Accepting that the diagnostic categories for mental disorders such as depression are both 'questionable and culture bound', Karp argues that depression is open to multiple meanings and interpretations. Summarising the
findings of medical anthropologists such as Kleinman, Karp argues that depression is a phenomenon which is created through the melding together of biological, psychological and social processes [1996:28].

**Biopsychosocial Approaches**

Developed by Engel [1979] and Frankenhausser [1989], this model emphasises the importance of interactions at three levels - biomedical, psychological and social in determining the stress response. Such a model incorporates a general systems perspective, which acknowledges that it is possible to independently research and describe how each level functions. The role of biomedical explanations to explain physiological processes, psychological theories to explain the role played by thoughts, emotions and behaviours and the social theories to explain cultural and social approaches to health are combined to provide an integrated, systemic theory in this model. Frankenhausser [1989:756] concludes her review of the Biopsychosocial approach to stress research with a plea for '...increased dialogue between the scientific community and the world of work'.

Bartlett [1998:20], drawing on the work of Foucault, notes that a broad range of theoretical perspectives give substance to the 'rubric of stress'. In urging consideration of these perspectives as a 'basic theoretical toolkit', Bartlett notes that components of each model can be useful in describing particular elements of the stress process. A similar approach towards an integrated theoretical perspective has been taken by researchers advocating an ecological explanatory model. An ecological approach, whereby health is understood in terms of its systemic
characteristics has been argued by a number of writers in the literature [Milio 1983, Marshall 1986, Capra 1988, Pardeck 1988, Hannan & Freeman 1989, Levi 1992, Kenny 1995]. Kenny [1995 / 1996] has conducted a number of studies highlighting the different roles and expectations of key stake-holders in the workers compensation system. In her 1996 study Kenny concluded that the adversarial nature of the current workers compensation system is such that costs are unlikely to decline unless fundamental structural and policy changes are implemented.

Lewith & Kenyan [1985] suggest that an ecological cause should be considered as an explanatory model for all medical problems - the exception being cases such as those where such an explanation is completely inept, such as a 'broken leg'. Offering an anthropological perspective, Marshall [1986] argues that stress represents an artefact of society's attempt to cope with the 'essential nature of the human condition'. From Marshall's perspective, understanding of the phenomenon of stress can only be obtained through gaining an understanding of the broader social settings in which stress is found.

**Quality of Working Life**

Writing in 1984, O'Donnell & Ainsworth spoke of a ‘new work ethic’, whereby workers were expressing dissatisfaction with both the nature of work and with authority. The authors emphasised the importance of society's and organisations' accountability for the welfare of the people involved. O'Donnell & Ainsworth [1984:58] argued the need for workers to have access to leisure, a personal identity outside work, an equitable
balance between work and non-work, self esteem, control over their work and for work to have more personal meaning and purpose - to be challenging, creative and growth enhancing. These factors have formed the basis for much of the research conducted into 'Quality of Working Life' [Newtown 1983, Quick et al 1987, Lanbury & Prideaux 1978, Ilgen 1990, Biggins 1991, Keita & Sauter 1992, Creed 1993, Hay 1996].

Macy and Mirvis [1976] outline an approach to measure quality of working life and organisational effectiveness in terms of behavioural and economic indicators. Krupinski [1984] provides a sociological analysis of the role job satisfaction plays in psychological disturbances reported by workers. Quick et al [1992] reviewed the literature on workplace factors contributing to stress claims. The authors identified factors such as the amount of control workers had over their work, clarity about work role, isolation on the job, the level of job security, and conflict at work as being significant. In his landmark study on the phenomenon of stress in the Commonwealth Public Service, Toohey [1993] build on previous quality of working life studies to develop the idea of the 'language of stress', whereby stress serves as a functional means for employees to safely communicate dissatisfaction with their work circumstances.

Using the example of conflict at work, Toohey identified that workers who have experienced conflict with colleagues / supervisors, but who feel unable to work towards a solution with the person involved, may interpret the 'distress' they feel as illness. If such distress continues, the employee may well take time of work with sick leave. The symptoms / illness may then become the focus of attention, rather than the original problem,
which may remain unaddressed by the parties involved. Toohey notes that further legitimation of the individuals 'sick' status occurs when the worker is certified as 'unfit' by a medical practitioner and through the process of claiming for workers' compensation. For Toohey [1993], three main factors were identified as contributing to compensation claims for stress. These were categorised firstly in terms of security factors - do workers feel safe at work? Secondly, Toohey identified competency issues - do workers have the skills / competency to do the work required? Thirdly, Toohey identified inter-personal conflict as a major factor contributing towards stress claims at work.


Reid and Reynolds [1990:162], in their medical anthropological study of the phenomenon of RSI in Australia, note the explanatory models used
to explain an illness or injury take on a different perspective if the condition is deemed to be work related:

...the models invoked to explain etiology, symptoms, pathophysiology, course and treatment become significant, not only in the clinical setting, but in public discourse as it relates to the legitimation (or not) of the condition as job related.

Plas & Hoover Dempsey [1988:218] have argued that the existence and impact of emotions in the workplace has been denied by many academics through the course of the last century. Writing on interpersonal relationships at work, Preston & Topf [1994:60] reinforce this point, noting:

The key element in moving from an environment of fear and distrust is improving the quality of inter-personal relationships between managers and employees.

This theme is extended by writers such as Leigh [1997:26], who argue that business in the 1990's will need to explore '...spiritual concepts such as trust, harmony values and honesty' in order to achieve business goals.

**Industrial Relations**

Willis [1992], citing Figlio [1982] has suggested the following three stage framework to consider the social origins and meaning of occupational health. Firstly, the appearance of a disease / injury is noted. The second stage entails observation of the disease / injury, whereby symptoms are diagnosed by experts. The third stage is where the negotiation of socioeconomic meaning and models of causation occurs. Such a model was originally proposed in terms of understanding occupational injuries/disease such as 'miner's nystagmus' and later 'Repetitive Strain
Injury' [now known as 'Occupational Over-use Syndrome']. Williams and Thorpe [1992], taking an Industrial Sociology perspective have argued that occupational injury has resulted in the 'marginalising and reconstruction' of injured workers. The role of health professionals in maintaining such illness convictions is challenged by Williams and Thorpe [1992] The authors, in an analogy appropriate to the study of occupational stress, have argued that the focus of industrial psychologists:

...can no more provide adequate accounts of industrial accidents than would highly specific analysis of road accidents that ignored the massive significance of the car to our society and concentrated instead on the design of the bumper bars, door handles and the state of mind of the jay walker.[Williams & Thorpe 1992:145/146]

Gummer [1994a / 1994b] and Mitchell [1996:111] argue that organisations which are able to accept and even honour diversity in the workplace will offer greater social cohesion amongst workers, thereby reducing the chances of alienating those individuals who appear or act differently. Rees and Rodley [1995] warn of the potentially destructive impact on workers from management practices which do not take into account the 'human dimensions' of work. The subject of alienation and its potential impact on the health of workers has similarly been discussed by Lutz [1989:41], who argues that:

Rather than attempting a purely cosmetic humanisation of the labour world with ergonomic, legal and organisational instruments, our goal must be to eliminate the basic dilemma of a labour world conducive to alienation and distress.

**Popular Representations of Stress**


**Conclusion**

Bartlett [1998] in his extensive review on the literature on stress noted that despite the fact that so much research has been published on stress, many questions remain unanswered. Indeed, Bartlett [1998:39] suggests that the durability of the stress concept is indicative of it being a 'particularly rich and challenging field of enquiry' for researchers. In his summary of the research literature he supports a 'discursive approach', which Bartlett suggests draws on the individual experiences of people who have lived with stress. This chapter has reviewed the wide ranging definitions and theoretical frameworks that have been brought to the
study of stress at work. Bartlett [1998:15] in summarising the research literature available on stress, notes that despite the huge volume of written material available, there is a dearth of research which has presented the perspective of the individuals concerned.

The review of the literature conducted in the course of the present study suggests that the term stress continues to attract a broad range of meanings and definitions. It is the premise of this thesis that stress is better understood not just as a medical condition, but rather as a process, which often results in the 'medicalization' of workplace events. Such a case has been argued by a number of theorists in the literature over the last twenty years [Foucault 1975, Figlio 1982, Creighton & Gunnigham 1986, Marshall 1986, Biggins 1991, Toohey 1993, Meyerson 1994]. The chapters which follow will provide details on the specific research approach utilised in the present study, whereby the emphasis is on gaining a deeper understanding of just what in fact stress means for the individuals concerned.
Chapter Three: Methodology

Introduction

This chapter has two major components. The first describes the qualitative case study design employed in this research. This part of the chapter discusses the sampling strategy, the principal method of data collection (in-depth interviews) and the strategies used to analyse the data. The second component of the chapter is a detailed overview of the theoretical methodological considerations which informed the choice of research design and the method of data collection. Arguments to support the use of interviews as a source of data are included here. The chapter concludes with a discussion on the dependability and adequacy of the study and of the ethical issues involved.

Sampling & Recruitment of Sample

The population for this study is located within the geographic boundaries of the mid-north coast region of NSW. A purposive or convenience sampling method was utilised to identify prospective research participants [Merriam 1988, Creswell 1994, Sarantakos 1994, Rubin & Rubin 1995]. No attempt has been made at a random selection of research informants. With the exception of one participant (Mary-Anne, a rehabilitation coordinator), all the informants were workers with a claim for a stress injury (coded by the agency's computer system as 'adjustment reaction'), who had been referred to the northern NSW office of a national rehabilitation service for assistance with vocational rehabilitation.
Of the thirteen respondents (seven males and six females) who participated in the study, eight lodged a formal workers compensation claim for stress. The time-frame for inclusion in the study was for referrals received in the period 1st March, 1995 to 1st June, 1996. Of the 48 referrals initially received in this period, 5 subjects were rejected on the basis that their referral was not an occupational stress injury. A further two subjects were unable to be contacted (they had moved house) and two had died in the time period. The workers varied in age from the youngest 'Scott', twenty-seven years of age, through to 'Bryan' who was sixty-five years of age. Respondents came from a diverse range of employers: four worked for state government departments, another four worked four private business, three were employed by non-government community agencies and one each from a commonwealth and local government agency.

Interviews with the thirteen workers and one rehabilitation coordinator who volunteered to participate in the study provide the case study data base through which the research data were collected. On average, interviews were of one and a half hour duration. Interviews were carried out either in the respondent's own home or in a private office available to the researcher. Further details on the selection of respondents and communication from the researcher to the respondents is provided in the Appendices of this thesis.

**Method of Data Collection**

Data were collected over the period: March 1996 through to March 1997. The primary method of data collection was that of in-depth case study

All interviews will be opportunities for impression management by both interviewer and interviewee. As a result, interviews, whether qualitative or quantitative cannot be treated as more or less accurate reports of some external reality.

In the context of this present study, the limitations of interviews as a source of data are noted and will be further addressed in this chapter. Having acknowledged the potential limits of interview data, however, the focus of this study on the individual meaning of stress at work meant that personal interviews with the respondents was considered the most suitable means to obtain relevant data.

In addition to the data obtained through interviews, this study has also analysed data collected from public documents, such as those produced by the NSW and Commonwealth Workers' Compensation schemes. The use of such data allowed this study to integrate statistical findings on the costs and impact of stress on a larger population with the findings of the case study data obtained in the present study. Individual rehabilitation case files provided a further source of data, specifically in terms of verifying data such as timeframes, periods off work and return to work outcomes. Merriam [1988:69], drawing on the foundational work of Denzin [1970], notes that the use of multiple sources of data provides for 'methodological triangulation', a term which is discussed in some detail in the consideration of the methodological theory which is presented in this chapter.
Method of Data Analysis

According to Tesch [1990], the process of data analysis is an eclectic one, where a range of strategies may be used. Miles & Huberman [1994] note that the analysis of data occurs continuously in qualitative research studies. As the potential is to generate voluminous data through qualitative research methods, it is imperative for the researcher to have sound procedures in place. Accordingly, the following steps, adapted from Creswell [1994:166-167] were followed in this study. Firstly, data analysis was conducted simultaneously with data collection, data interpretation and narrative report writing. Secondly, data analysis was based on data reduction and interpretation. This entailed identifying patterns, categories, and themes. Tesch [1990:112 refers to this step as 'de-contextualization and re-contextualization'.

Thirdly, data collected are, where appropriate, presented in matrices to provide a format by which to present information systematically to the reader. Such displays are useful in demonstrating relationships among categories of information and variables. Appendix (F) of this thesis shows two matrices derived from the data obtained from the respondents. The first, appendix F(1) on page 160 provides a summary of the respondents' background information. A summary of the respondents' responses to the three broad areas of inquiry in this study is presented on page 161 in appendix F(2). Fourthly, data collected has been coded in order to reduce the information to themes or categories. Tesch [1990] provides a useful format in this regard, which has been incorporated into the design of this study. The data were organised categorically and reviewed repeatedly.
The above framework, is largely derived from the theoretical framework of 'Grounded Theory' [Glaser and Strauss 1987, Miles & Huberman 1994, Sarantakos 1994]. This study does not claim to draw exclusively on such a model of qualitative research, as the focus in the present study was to explore the experience of stress at work, rather than to specifically develop theory. Emerging themes in the study were identified and are discussed in terms of existing theory and future research implications. The reader is well advised to note that such themes, in the context of the qualitative paradigm, emerge from the researcher's analysis of the narrative data, rather than claiming to represent an objective, quantifiable reality. This thesis acknowledges that any such themes are but constructions of the data obtained, arranged by the researcher to illustrate the key findings of this study.

Adequacy and dependability of this study

The uniqueness of the study, in terms of the respondent's individual circumstances and their experiences of stress presents a difficulty for exact replication by other researchers. This thesis presents an information rich, detailed account of the study, through which the question of dependability is addressed. The notion of adequacy, that is the extent to which the research design represents an appropriate method by which to interpret the meaning of stress is addressed in several ways in this study. Firstly, data were collected through multiple sources including interviews, file and document analysis. As previously discussed, this approach referred to as 'triangulation' [Lincoln & Guba 1985] seeks to demonstrate convergence among sources of information. The limitations of such an approach to support claim for validity have
been well argued by Murphy et al [1998] and are presented in this chapter.

The second approach to ensure the adequacy of this study used feedback from the respondents to check the accuracy of the information presented. This process, also referred to as 'member checking', seeks to ensure that the respondents are able to provide feedback on the categories and themes emerging from the data and whether any conclusions are accurate. This ensures an ongoing process of dialogue to check the validity of the data. Member-checking in itself does not guarantee that the findings of qualitative research can be taken as a true and reliable account - a more detailed consideration on this point is presented in the discussion which follows. Finally, this thesis has sought to make transparent the potential for bias in any research. The researcher has articulated his own background to undertaking the research presented.

Research Design

In the introductory chapter in this thesis it was noted that the methodology of symbolic interaction developed largely from the work of Herbert Blumer. The present study is premised on the methodology developed by Blumer, whereby exploration of the individual meaning attached to specific life events is the focus. In the case of the present study, it is the individual experience of stress at work which is the focus of inquiry. The decision to utilise such an approach is based upon a fundamental criteria of research - that of selecting an appropriate method to answer the research question. Milio [1986:18] supports such a view, arguing
'non typical methods of data collection' can provide access to research data on the 'new indicators of health'.

The central research question in the present study is 'what is the meaning of stress?'. As such, the research method which is best suited to this line of inquiry is an in-depth, detailed exploration of the subject through direct contact with the individuals who have experienced stress at work. Murphy et al [1998] provide a thorough analysis of the strengths and weaknesses of the application of qualitative research methods in the study of health. In doing so, the authors note:

   The field of qualitative research is a highly contested one in which there extensive disagreements about the nature, purpose, status and practice of its methods. [Murphy et al 1998:1].

The present study has concluded that despite the potential shortcomings which Murphy et al have identified, a qualitative research design represents a particularly effective methodology to explore questions about the experience of workers who have gone off work with a claim for stress.

The decision to use symbolic interaction as a framework for research is based on three assumptions [Hewitt 1991: 24-28]. Firstly, human conduct depends upon the creation and maintenance of meaning. For symbolic interactionists, meaning is seen as variable and emergent - it is not simply dictated by culture and society. Meaning arises and is transformed as people define and act in situations, rather than being simply handed down, unchanged by culture. Meaning, from an interactionist perspective is located in the conduct of individuals. Such conduct may be overt and visible to others, or covert and known only to
the individual. It is in the day to day interactions between individuals that meaning is created, sustained and adapted.

Secondly, Hewitt [1991] argues that people form conduct as they interact with one another. The actual outcomes of any given episode of social interaction are potentially novel. Rather than accepting a deterministic view of human beings as passive respondents to the external social environment, the interactionist perspective asserts that conduct results from the real life interactions of people. Whilst acknowledging the impact of roles, norms, social class and status in shaping individuals, interactionists argue that conduct is not simply the product of these factors. Thirdly, society and culture shape and constrain conduct, but are also the products of conduct. As with other schools of sociology, symbolic interactionists emphasise the prior existence and impact of society and culture. Reality is socially defined and does not remain static. This does not, however, imply the unchanging, unquestioning reproduction of society and culture. Society is conceived in terms of people interacting with one another and the culture which results is viewed as being part of an 'evolving environment' [Hewitt 1991:28].

The primacy of direct empirical observation as a methodology to interpret the importance of meaning to individuals was crucial to Blumer [1986]. Blumer argued that the interactionist perspective was to be sharply contrasted with that of main stream sociology, which he saw as being essentially deterministic in its view [Haralambos 1981:547, Charon 1998]. For Blumer, society was considered as an ongoing process of interactions, with constant adjustment and interpretation, not simply a
'mechanical response' to the perceived constraints of the social system.

In rejecting what he considered 'simplistic attempts' to establish causal relationships through isolating variables, Blumer [1986] called for a methodology which refers to the actor's view of the situation under study. This emphasis on the individual's view is central to the symbolic interaction framework. Symbolic interactionism, as a theoretical framework to undertake research in the field of public health, stresses the importance of involved exploratory study of the micro-level phenomena in question. In the case of this study, this involves entering into the world of individuals who have formally lodged a claim with their employer for an occupational stress injury. One aspect of the present study is to seek understanding of the circumstances which can result in a claim for stress being made. From the perspective of symbolic interactionism, the answer lies in an investigation into the construction of meaning of the interaction process [Hewitt 1991].

In order to gain an understanding of the actions of individuals, researchers adopting a symbolic interactionist framework must examine the process of interaction and interpret the meanings developing within it. In the study presented in this thesis, an analysis of the ways in which individuals interpret the language, gestures, approaches and manners of others and their interpretation of the context in which the interaction takes place will be reported in terms of the individual respondent's experience of occupational stress. An example of a symbolic interactionist approach to research in the field of health is offered by Addison [1992], in his qualitative study of the training of physicians. Addison [1992:111]
argues for what he terms a grounded hermeneutic approach to research. His method urges researchers to:

...illuminate social, cultural, historic, economic, linguistic and other background aspects that frame and make comprehensible human practices and events.

Five assumptions underlying a symbolic interactionist approach to research are presented by Addison [1992:111-113]. Firstly, participants of research are 'meaning-giving beings' - they give meaning to their actions. These meanings are important in understanding human behaviour. Secondly, meaning is not only that which is verbalised - meaning is expressed in action and practices. To understand human behaviour, it is important to look at everyday practices, not just beliefs about those practices. Thirdly, the meaning-giving process is not entirely free - meanings are made possible by background conditions, immediate context, social structure, personal histories, shared practice and language. Fourthly, the meaning and significance of human action is rarely fixed, clear or unambiguous - meaning is being negotiated constantly in ongoing interactions and changes with time, person and context. Addison's fifth point is that interpretation is necessary to understand human actions - truth is not determined by how closely beliefs correspond to some fixed reality, as no objective, value free positions exist. Facts are always value laden.

**Qualitative Research - Critical Perspectives**

Issues of possible biases and the question of 'validity' in qualitative research have been raised in the literature and are discussed in this chapter [Hammersley 1993, Atkinson 1994, Hammersley & Atkinson 53]
1995, Murphy et al 1998]. Hammersley [1992:159-174] has argued that concerns about the ‘validity’ of qualitative studies reflects more the assumed paradigmatic divide of the ‘soft / hard’ sciences, rather than a fundamental flaw in any particular research methodology. In doing so Hammersley offers a refreshing approach to breaching this divide, reflecting on how such dichotomies may serve to obscure the range of research options available. Collins [1992] reinforces such a position, arguing that the ‘binary’ nature of much of the qualitative / quantitative arguments is at best simplistic and facile. What these authors are arguing is that the choice of research method is not simply a question of right and wrong approaches to the discovery of truth, but rather a matter of applying the appropriate method to the study in question.

Murphy et al [1998:113-123] warn of ‘significant problems’ with the claim by qualitative researchers of ‘uncovering’ the meaning held by study respondents. As the authors have noted, the actual meaning of the events in question may not even be accessible to the respondents concerned. Further to this, the authors point out that the account given by the participants is at all times a ‘situated account’. The relation of such an account to the decision taken by respondents and their subsequent actions is indeterminate. As previously noted in this chapter, the process of research is not simply one where the meaning for the participants can be reproduced by the researcher. Rather, it is a process shaped by the researcher’s theoretical framework, which in turn determines how the data are selected and interpreted. For Murphy et al [1998], the task of of the qualitative researcher is by no means straight forward. The authors take a similar position to Hammersley [1992] in noting that the
paradigmatic divide between quantitative and qualitative research methods serves more to obstruct than to facilitate the useful application of a qualitative research design in health studies.

The question of evaluating qualitative research is considered as 'highly contested' by Murphy et al [1998]. In adopting a 'subtle realist position' the authors argue that it is impossible to be absolutely certain that truth can be attained in any particular instance of research. McNamee [1988:51], drawing on a systemic epistemology derived from the field of family therapy, advocates researchers '...abandoning the notion that a researcher can stand outside another social system and observe it objectively'. It is in this context that an attempt has been made to clarify the issue of bias in the conduct of this research. The data verification methods outlined in this chapter provide the reader with further details on strategies adopted to minimise the potential impact of such 'bias' on the research findings.

Hammersley & Atkinson [1995:176] have argued: 'Data themselves cannot be valid or invalid; what is at issue are the inferences drawn from them'. The very act of conducting and presenting social research findings is the subject of critical reflection by writers such as Humphries & Truman [1994] and Daly [1996]. Indeed writers from a feminist perspective, such as Devault [1990:110] have noted that writing itself '...is not a transparent medium with which the researcher simply conveys the truths discovered in the field, but itself constructs and controls meaning and interpretation'. As Atkinson and Silverman [1997] have warned, writers replicating solely the methodologies of what they term the
'interview society' are at risk of accepting the basic assumptions of such an ideology. Symbolic interactionism, by questioning assumptions in regard to the life experience of human beings, offers the potential for an emancipatory and liberating approach to social research.

Case Study Design - what is it?

Hammersley [1993:183-200] notes that the term 'case study' is widely used in the social sciences, despite the fact that it is often only 'vaguely characterised'. A similar position is adopted by Merriam [1988] who suggests that despite the term being familiar to researchers, a lack of consensus exists as to what actually makes a case study. Following Hammersley [1993:185], 'case study' is defined in the present study as a 'case selection strategy', which: '...involves the investigation of a relatively small number of naturally occurring (rather than researcher-created) cases.' [emphasis in original]. Merriam [1988:6], adopting a broader definition than Hammersley, defines case study as a research design to study '...study a phenomenon systematically'. Yin [1984, cited in Merriam 1988:10], widely regarded as one of the central exponents of case study design, notes that it is a method '...particularly suited to situations where it is impossible to separate the phenomenon's variables from their context.'. In the present study where the variables determining the experience of stress are very much dependent on the context in which they occur, the case study method provides an appropriate method to obtain relevant data.

Feagin, Orum & Sjoberg [1991 cited in Tellis 1997:1] have argued that the case study method is ideally suited to 'holistic, in-depth investigation
of the phenomenon under study'. This position is also supported by Merriam [1988:32], who argues: 'The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon...'. Gummesson [1991] further reinforces this view, noting that one of the main advantages of case study research is its capacity to represent a 'holistic view'. Three broad approaches to case study research are identified in the literature [Merriam 1988].

The first of these, are 'descriptive' case studies, where a detailed descriptive account of the phenomenon is presented. Such case studies are entirely descriptive, with no attempt to generalise or theorise to broader research applications. 'Interpretative' case studies provide the rich, thick details of the descriptive case study, but also seek to interpret or theorise from the data obtained. More than just a description, interpretative case studies seeks to provide greater depth of analysis and conceptualisation of the phenomena under study. A third type of case study, evaluative or explanatory case studies seek to explain causal links between the phenomena. In the present study, an interpretative approach to the case study design has been used.

**Case Study Procedures**

Tellis [1997], building on the framework of Yin [1994] outlines a useful four step approach to assist researchers in conducting case study research. As a starting point, Tellis advises the researcher to design a case study protocol. The initial task of the researcher in this first stage is to determine the skills required to conduct the research. Yin [1994]
identified the range of skills he considers crucial for the researcher intending to carry out case study research. These include the ability to ask good questions, having effective listening skills, being able to interpret the data obtained and the capacity to adapt and be flexible.

The second stage of Tellis's first step in the design of the case study protocol is the application of recommended procedures. In rejecting criticisms of case study research as 'unscientific', Yin [1994] argues that clearly articulated rules and procedures in the case study protocol enhance the reliability of case studies. The protocol should contain an overview of the case study, its objectives, procedures for gaining access to field data, the location of the data sources, case study questions and a guide for the case study report. According to Tellis [1997], the use of case study protocol helps to keep the researcher focussed on the primary aims of the research. Yin [1994:20] outlines five principal components of case study research: the questions, the propositions, the unit of analysis, the logic linking the data to the propositions and the criteria for interpreting the findings of the study.

The second procedural step suggested by Yin [1994] and developed by Tellis [1997] is to conduct the case study. The primary task to be carried out in this stage include the preparation for data collection, conducting interviews and collecting data. Yin [1994] discusses six potential sources of data which can be used in case study research: documents, archival records, interviews, direct observation, participant observation and physical artifacts. Merriam [1988:6] likens the process of research design to an 'architectural blueprint', in that it should provide a plan for
'assembling, organising and integrating information'. Three broad principles are recommended by Tellis [1997] to ensure that the case study does in fact achieve these goals. Firstly, Tellis [1997] supports the use of multiple sources of data. Next, the author advocates for the creation of a study data base and thirdly, to maintain a chain of evidence. In the design of the data base, the intent is for the researcher to provide an 'audit trail', whereby other researchers seeking to replicate the study can follow the descriptions provided.

The third procedural step outlined by Yin [1994] and followed by Tellis [1997] is to analyse the case study evidence. Yin [1994] and Murphy et al [1998] note that analysis in case study research is often one of the 'weaker points'. A general analytic strategy is proposed by Yin [1994], to provide guidance to the researcher as to the data to be analysed and the reason why. A number of possible analytic techniques are proposed by Yin [1994]. Two of these 'pattern matching' and 'explanation building' were utilised in the present study and are discussed here. Pattern matching, which is described by Tellis [1997] as 'one of the most desirable strategies' for analysing case studies, compares an empirically based pattern with a predicted one.

Explanation building is a derivative of pattern matching, where the analysis of a case study is conducted through constructing an explanation of the case. This process, which begins with a theoretical statement, is an iterative one. The theoretical statement is refined, revised and repeated on the basis of the data observed. Tellis [1997] cautions the researcher against losing focus in this part of the research
process. To achieve a sophisticated level of analysis, it is incumbent on the researcher to demonstrate that all relevant evidence has been used. Similarly, rival explanations need to be pursued and the analysis must address the crucial aspects of the case study. Tellis [1997] notes that the analysis conducted in any particular study is reliant upon the theoretical propositions that led to the case study being carried out in the first place.

The fourth procedural step suggested by Yin [1994] is to develop conclusions, recommendations and implications based on evidence. This is a crucial aspect of the case study, particularly for the readers of such reports. Tellis [1997] argues that this is the 'contact point' between the reader and the researcher. The use of clear explanations of the study's findings is emphasised here. Tellis concludes his assessment of case study as a research design by stating that such a method represents a reliable method to undertake research, the proviso being that it is 'executed with due care'. This chapter will further elaborate the steps taken to ensure that the case study method utilised in the present study has addressed such concerns.

The cases which are presented in this thesis were chosen because of their individual experiences of occupational stress. Essentially, the case study method used in this study seeks to provide a holistic description and explanation of the individual experience of occupational stress. Merriam [1988:11-15] suggests four characteristic properties which are essential in such studies. Firstly, Merriam argues that case studies provide a 'particularistic' focus for the gathering and analysis of data. Case studies, having a focus on a particular phenomenon, event or
situation provide a suitable design for '...practical problems - for questions, situations, or puzzling occurrences arising from everyday practice.' [Merriam 1988:11]. The study of occupational stress presented in this study represents one such occurrence which can usefully be investigated through a case study design.

Secondly, Merriam argues that case study design is characterised by the descriptive focus of the study. Case study design produces a '...rich, thick description' of the subject under study. Originating in the field of anthropology, 'thick description' relates to the completeness of the literal description of the study subject. In studies such as that presented in this thesis, it also relates to the interpretation of the meaning of the descriptive data. Such data are generally presented through the use of narratives to describe and analyse the findings, rather than numerical data. The third characteristic of case study design according to Merriam [1988] is in terms of the heuristic function they serve. Case study design aims at providing the reader with an understanding and illumination of the phenomenon being studied. Such an approach may result in the reader's experience, meaning and thinking on the phenomenon being extended, or confirming existing knowledge.

Merriam's fourth point about the characteristics of case study design relates to the process of inductive reasoning, whereby findings are developed from the analysis of the data. Case studies share with other qualitative methods an emphasis on inductive reasoning. Such an approach seeks the 'Discovery of new relationships, concepts and understanding, rather than verification of predetermined hypotheses...'
[Merriam 1988:13]. Yin [1994:85] has argued the case study design represents an appropriate methodology to provide insights about human affairs. In the case of this thesis, the case study is focussed on providing the reader with insight into the individual experience and meaning attached to an occupational stress injury.

**A critique of Case Studies**

Gummeson [1991] outlines three broad criticisms of case studies as an approach to research. Firstly, case study research has been criticised as lacking validity. Secondly, case studies are criticised because they are only able to generate hypothesis, but are not able to test them. The third criticism noted by Gummeson [1991] is that generalisations cannot be made on the basis of case study research. Yin [1994], in responding to such criticism of case study research methods, argues that researchers need to distinguish between statistical and analytical generalisation. Whilst conceding that statistical generalisation is not appropriate for most case studies, Yin [1994] provides solid support for the use of case studies in making analytical generalisations. Hammersley [1993] outlines a number of strategies to enhance the analytical validity of case studies. Two such strategies used in the present study include; the use of existing statistical data, to compare the case study findings with a larger study population and selecting cases on the basis of the 'heterogeneity' of the population the study is interested in.

Hammersley [1993] notes that the information provided by the case study method is likely to be more 'ecologically valid' than survey or experimental studies, in that it will be less reactive to the research
process. The 'cost' of such ecological validity is that case studies are 'less convincing' in regard to establishing causal relations [Hammersley 1993:192]. The process of transcribing and selecting data is also the subject of criticisms from Hammersley & Atkinson on [1995:176] who note: '...transcripts are not pure descriptions - they are constructions involving selection and interpretation.' Triangulation of data to overcome the potential limitations of transcripts is one strategy suggested in the literature.

Derived originally from military, navigational or survey context, where two or more landmarks are used to locate the exact position one is in [Hammersley & Atkinson 1995, Murphy et al 1998], the term triangulation applied to social research is used where data obtained from multiple sources demonstrate convergence in the study findings. It has been argued that such triangulation allows for the research methodology to be verified and replicated [Krefting 1991, Bryman & Burgess 1994]. These all contribute to the audit trail, allowing the research to be reproduced and add to its claim to validity [Lincoln & Guba 1985, Miles & Huberman 1994, Hammersley 1993, Yin 1994]. Murphy et al [1998] however, note 'significant problems' when triangulation is used as a measure of the validity of qualitative research.

First and foremost, Murphy et al [1998:11] accuse such an approach as being tantamount to '...riding roughshod over the commitment to analysing data in context.' Such a potential for 'contextual stripping' is considered by the authors as missing the central point of qualitative research. Secondly, the authors criticise the approach of triangulation
which encourages researchers to focus on a master reality, rather than it being multi-faceted and contextually based. This point raises one of the fundamental issues in qualitative research, that of how such research should be evaluated. Murphy et al's [1998] third point is that agreement between different sources of data does not in itself mean the data are valid - systematic or random error may account for the agreement. Fourthly, the authors point to ‘fundamental problems’ with an approach to validity that cannot refute but only confirm the findings of a study.

The triangulation of data collected in this present study has been used to provide additional data for the case study, rather than as a means to establish the validity of this research. Feedback from the respondents - a process known in qualitative research as ‘member checking’ [Cresswell 1994] as to the accuracy of the research data obtained - is included in the research methodology of this present study. This procedure provides the researcher with additional data, assists in error reduction and to clarify the goals of the research [Bloor 1994, cited in Murphy et al 1998].

Murphy et al [1998] also raise a number of significant problems associated with the use of ‘member checking’ as a test for validity. Firstly, the authors note that the accounts produced by researchers and respondents are done for different purposes. As such, these accounts may differ significantly from each other, without having any real bearing on the validity of the research in question. Secondly, the difficulty in persuading respondents to proof-read reports focusing on the attention to detail required of academic study is noted by the authors.
The third point made by Murphy et al [1998] is that it is not possible to separate the response of the study participants from their behaviour in the exercise of validating the material. Fourthly, the assumption that participants will act as 'unbiased assessors' of the research is challenged by the authors, noting that the respondents bring their own agendas to the research. Finally, the authors note that responses from the participants may vary across time, with no guarantee of consistency of feedback. The authors conclude that 'member checking' may be more useful as an opportunity to search for evidence of 'deviant cases' rather than as a measure of the validity of a study. Further details on the method of data collection and the interview schedule used in this study can be found in the appendix of this thesis.

Murphy et al [1998] urge the researcher to provide comprehensive definitions, which make it clear why the phenomena of interest have been labelled in certain ways. This requires making explicit the tacit assumptions of the researcher, therefore allowing the reader of the research to evaluate the findings presented in relation to the definitions used. The researcher must be able to demonstrate that any conclusions drawn can be justified on the basis of the data collected. To increase the trustworthiness of the data, Murphy et al [1998] advocate the use of audio tapes to record interviews, standard transcribing procedures, the use of verbatim transcripts and concrete precise descriptions of the case study setting.

Hammersley [1993] suggests that the researcher should ask two questions in regard to the trustworthiness of the data. Firstly, the question
of the likelihood of the respondent having access to the events under study needs to be answered. If the respondents have no way of knowing about the events in question, the data obtained will clearly be of limited value to the researcher. Secondly, did the respondents have any ulterior motives for deliberately misleading the researcher. In the context of the present study, this question needs to be addressed in terms of the respondents having current claims for worker’s compensation.

In order to allow the reader to judge whether the interpretations of the study are supported by the data, Murphy et al [1998] emphasise the importance of displaying adequate data. The authors call for the scrutiny of empirical observations, with two specific strategies suggested. Firstly, Murphy et al [1998] insist that each major concept developed in the study be associated with at least some of the empirical case study evidence which led to the development of the concept. Secondly, such cases need to be ‘fully developed’, not simply ‘small, carved down slices’ [Murphy et al 1998]. Murphy et al [1998] note that trustworthiness in qualitative studies is enhanced where the researcher is able to demonstrate that they have considered alternative explanations of their data. The authors urge that all possible competing interpretations of the data are presented to the reader, with the evidence which supports the choice of a particular interpretation by the researcher.

Merriam [1988] presents two fundamental questions for the case study researcher to consider in terms of the value of the data collected. Firstly, the author asks the researcher to consider whether the data contains information of insights that are relevant to the research question?
Secondly, can such data be acquired in a practical, systematic way? Merriam [1988:124] refers to the procedure of analysing data while it is being collected as being 'parsimonious' and 'illuminating'. In urging the case study researcher to 'transcend the merely descriptive' [1988:131] Merriam outlines a series of steps in the analysis of data. Firstly, the research proposal is reviewed. This is to ensure that the case study will in fact address the original question which the research proposal has highlighted.

Secondly, Merriam [1988] suggests that all the data need to be gathered and organised, either chronologically or topically. At this stage the researcher rereads the data, making notes as s/he goes along - what Merriam [1988:131] refers to as 'a virtual conversation with the data'. These notes are then developed into a 'primitive outline' or system of classification. Patterns and regularities noted in the data are developed into categories. Any subsequent data are either sorted into these existing categories or a new category is developed. Lincoln & Guba [1985] recommend the researcher identifies the 'units' which will serve as the basis for defining categories. Merriam [1988] suggests two approaches to identifying the units of analysis.

In the first instance Merriam [1988] argues that data should reveal information relevant to the study and stimulate the reader to consider more than just individual bits of information. This heuristic approach is intended to encourage the reader of the case study report to seek to find out more about the subject in question. Merriam's second point about data categories is that they need to be able to be interpretable without
the need for extra information, other than a broad understanding of the context in question. That is, the data categories must be the comprised of the smallest bits of information about the subject which can stand alone [Merriam 1988]. To facilitate this process, the researcher in the present study used index cards to sort units of information, which were then coded according to the categories represented. Aronson [1994] outlines a useful procedure to assist in analysing the data obtained in case study research.

To begin, audio-taped interviews are transcribed. Patterns of experience are listed, that is pattern matching with expected themes. All the data relating to these existing patterns are identified. These data are then combined and catalogued, with related patterns forming sub-themes. Themes, which are defined by Taylor & Bogden [1989:131] as '... units derived from patterns, such as conversation topics, recurring activities, meanings...' are then pieced together to identify emerging patterns. In terms of the present study, a number of steps were taken to process the raw data. Following the completion of the recorded interviews, verbatim transcripts of the tapes were prepared by the researcher. These raw data were then subjected to an inductive process of constant comparison [Glaser & Strauss 1967, Sarantakos 1994].

Four distinct stages are involved in this process of analysis. The first of these requires the open coding of raw data. Typed interview transcripts were initially generally coded by the researcher to create broad categories based on the emerging data. Only data considered significant by the researcher were coded. Further initial analysis of the data allowed
verification and saturation of the categories. The second stage of data analysis, referred to as 'axial coding' [Miles & Huberman 1994] seeks to integrate categories and their essential properties. A more intense analysis of the data, whereby the researcher repeatedly returned to the raw and emerging data characterised this part of the research.

A third stage, known as selective coding [Miles & Huberman 1994] was carried out, where key categories are identified from the emerging data. The iterative process of data analysis in qualitative research provides the researcher with a method to identify frequently emerging categories of data. Such categories can be identified by the frequency of appearance in the data and a relationship to other categories of data. Clear implication for the delimitation of theory is an essential criterion in the forming of key categories. The final stage in this process is theoretical integration, where analysis of data continued until saturation of categories was obtained. Saturation was defined as being demonstrated when new information resulted in no significant change in the data categories. The process of data analysis is completed at this stage [Adapted from Glaser and Strauss 1987, Merriam 1988, Miles & Huberman 1994, Sarantakos 1994].

**Adequacy and Dependability in Qualitative Research**

Murphy et al [1998] note that within the field of qualitative research there exist two very different approaches to the question of how qualitative studies should be evaluated. The first approach argues for alternative criteria to evaluate qualitative research, as it represent a 'distinct paradigm' [Lincoln & Guba 1985]. Exponents of a separate approach to
evaluating qualitative research [Lincoln & Guba 1985, Krefting 1991] argue that the assumptions about reality, which underlie conventional approaches to validity, are inappropriate for evaluating qualitative research. Lincoln & Guba [1985] reject the assumptions of 'naive realism', the philosophical view which accepts an independent reality, the truth which can be directly known. The authors argue that such a view, which is the basis of traditional approaches to evaluating quantitative research, has no role in evaluating qualitative research. Lincoln & Guba [1985] call for an approach which acknowledges their assumption that reality is always constructed.

Merriam [1988] notes that the intent of qualitative research is not to generalise findings, but rather to provide a unique interpretation of the events being observed. Qualitative researchers have argued that the terms 'credibility', 'dependability' and 'confirmability' provide a more appropriate measure of a study's worth than measures which are more generally applicable to a quantitative research design [Lincoln & Guba 1985, Krefting 1991, Crabtree & Miller 1992]. For Krefting [1991:86], the credibility of a qualitative study is demonstrated where a reader of the description or interpretation in the study, who has shared that experience, immediately recognises the descriptions as real.

The second approach to evaluation in qualitative research outlined by Murphy et al [1998] argues that the criteria of validity and reliability apply to all research. This view is supported by LeCompte & Preissle [1993] who argue that the philosophical position of qualitative research is the same as quantitative research. Hammersley & Atkinson [1995] advocate
for a similar approach in qualitative research, although they do acknowledge the problematic issue of how approaches to research address the nature of reality. In calling their position 'subtle realism', Hammersley & Atkinson [1995] reject approaches which are based either on an 'anti-realist' view, where the existence of an external reality are denied; or a 'naive-realist' view which accepts a reality or truth independent of our capacity to perceive it.

In arguing the case for validity and reliability to be used as the benchmark to evaluate qualitative research, Hammersley & Atkinson [1995] note three key elements of their consideration of reality. Firstly, Hammersley & Atkinson [1995] reject the notion that truth can be known beyond any doubt. The authors argue that such claims to truth always depend on assumptions, the validity of which is presupposed. For Hammersley & Atkinson [1995], truth is reinterpreted as belief, in the validity of which one can be 'reasonably confident'.

Secondly, Hammersley & Atkinson [1995] acknowledge the independent existence of phenomena. This is similar to the position adopted in symbolic interactionism, where the existence of phenomena independent of the observer - 'the situation as it is' [Blumer 1986] - is acknowledged. Crotty [1998:63] endorses such a view of social research as both relativist and realist:

To say that meaningful reality is socially constructed is not to say that it is not real....constructivism in epistemology is perfectly compatible with a realism in ontology.

Here Crotty is concerned with the generation of meaning, not the object that has meaning. Symbolic interactionism acknowledges that it is
conceivable for the existence of a world without a mind, but not of meaning in the absence of the mind. Such a philosophical stance supports realism in ontology and constructionism in epistemology as being 'quite compatible' [Crotty 1998:11].

The third point made by Hammersley & Atkinson [1995] in regard to the nature of reality is that the aim of social research is to provide a representation of reality, not to produce it. Such a position accepts the multiple perceptions through which any phenomenon can be viewed. Hammersley & Atkinson [1995] point out that such a position is not the same as an anti-realist position, which supports a view of multiple realities. The present study is founded on the view of 'subtle realism' advocated by Hammersley & Atkinson [1995] and supported by Murphy et al [1998]. Where this study differs from Hammersley & Atkinson is in the approach taken in ensuring that quality and rigour have been adequately addressed. This study has taken the approach that issues of adequacy and dependability are more appropriately judged through the criteria of qualitative research, rather than trying to transpose approaches to validity used in quantitative studies [Lincoln & Guba 1985, Krefting 1991, Crabtree & Miller 1992]. In the discussion which follows, the approach which this present study has taken to adequacy and dependability are outlined.

**Evaluating Qualitative Research**

Adequacy and dependability are key factors in any research. This chapter has argued that qualitative research requires significantly different criteria for evaluation than that typically found in quantitative
research studies [Miles & Huberman 1984, Merriam 1988, Krefting 1991, Hammersley 1993, Creswell 1994]. Whilst validity in qualitative research has been addressed both in terms of the traditional notions found in quantitative research and those representing the specific focus of the qualitative paradigm on trustworthiness, it has been argued that reliability and authenticity represent a more useful way to evaluate the adequacy and dependability of qualitative studies [Lincoln and Guba 1985, Creswell 1994, Sarantakos 1994]. Murphy et al. [1998:185-194] outline five principles for judging the adequacy of qualitative research.

Firstly, the study must clearly expose the methods of data collection and detail the process involved. In the case of the present study, this thesis provides details of the range of events, the selection of informants, how access was gained to the informants and the circumstances in which the data were produced. The second principle offered by Murphy et al. [1998] is that a clear exposition of the data analysis process is provided. Details on the assumptions behind the data analysis and definitions of key terms and concepts are provided in the case study data in the following chapter.

Murphy's et al. [1998] third principle for evaluating qualitative research is that of reflexivity. As previously noted, the perspective of 'subtle realism' adopted in this study argues that the researcher is not simply producing reality. Unlike the traditional approaches used in quantitative research studies, which seek to distance the researcher from the research findings, qualitative research acknowledges the researcher's presence, role and impact on the data collected. The fourth principle presented by
Murphy et al [1998] argues for attention to negative and deviant cases. The authors warn against 'holistic bias', where data may be seen to be more homogeneous and linked than they really are. Murphy et al [1998] encourage qualitative researchers to search for negative cases, noting that as is the case in science generally, the thorough search for falsifying evidence adds support to a study's claim to 'validity'.

The fifth point outlined by Murphy et al [1998] is an argument for the principle of 'fair dealing'. This means that researchers must be aware of representing multiple perspectives in the research presented, rather than simply one perspective. In the case of the present study of stress in the workplace, this point has been addressed by seeking the perspective of a diverse range of individual workers from varied employment backgrounds.

This chapter has argued that the method used to ensure the adequacy and dependability of the study need to be congruent with qualitative methods. To achieve such congruity qualitative researcher have advocated that the terms 'credibility', 'dependability' and 'confirmability' provide a more appropriate measure of a study's worth, than do the measures of 'validity' and 'reliability', which are more generally applicable to a quantitative research design [Krefting 1991, Crabtree & Miller 1992, Hammersley 1993]. In the case of this study, such credibility has been enhance by seeking feedback from the case study respondents as to the accuracy of the account presented.

To ensure rigour in its approach to study design, the primary strategies of
qualitative research are to provide rich, thick, detailed descriptions [Merriam, 1988]. Such an approach provides others interested in the transferability of the research framework with a solid basis for comparison and for conducting similar research. Kleinman [1988] and Krefting [1991] provide solid examples of how reliability can be demonstrated in case study research, while Hammersley [1993] provides a strategy for qualitative researchers to demonstrate that study respondents are representative of the population being studied. The author encourages researchers to use published statistics, which may establish similarities with the study setting. In the case of the present study, official statistics available from the NSW and Commonwealth workers' compensation systems [NSW WorkCover 1996, Comcare 1997] have been included in the case study data base.

**Interviews as a source of Data**

Murphy et al [1998:106] warn that whilst interviews may generate a considerable amount of data which are relevant to the focus of the research, a serious disadvantage is that it is impossible to judge their validity. Yin [1994:85] warns that interviews:

...should always be considered verbal reports only. As such, they are subject to the common problems of bias, poor recall and poor or inaccurate articulation. Again, a reasonable approach is to corroborate interview data with information from other sources.

Yin [1994] also notes that the insights obtained from interviews can be used as propositions for the basis of further inquiry. Minichiello et al provide a thorough analysis of the strategies and techniques for obtaining data from interviews. A potential problem with interviews according to Murphy et al [1998] lies in the difficulty of researchers
understanding what in fact respondents have said to them. Here the authors point out that the researcher cannot assume to understand the specific meaning of what has been said. Identically worded questions do not guarantee that all respondents will share the meaning. Murphy et al [1998:117], citing the work of Silverman [1993] urge the researcher to be wary of claims that interviews allow them the possibility to 'uncover authentic human experience'.

A second point noted by Murphy et al [1998] is that respondents may be unwilling or unable to talk about certain matters, either because they are unaware about the subject or because they deliberately choose not to speak about it. The respondents in the present study were selected on the basis that they had first hand experience of stress at work and were willing to discuss their experience with the researcher. A third problem with interviews identified by Murphy et al [1998] is where the respondents see the particular situation through 'distorted lenses'. In terms of the present study, this is not considered a limitation of the interview data per se, as it is in fact the perspective of the individual respondents that this study seeks to understand. It is, however, crucial for the researcher to acknowledge that the individual respondents will each see the events in question from their own perspective.

The final point made by Murphy et al [1998:119] in regard to the potential problems of interviews is that the researcher is 'obliged to make assumptions' about the relationship of interviews statements to actual events, whether true or not. The present study acknowledges the potential limitations of such assumptions. Goffman [1959] noted that all
social interactions are best understood as opportunities for 'impression management', whereby those involved in the interaction endeavour to '...present themselves as competent and sane, by those with whom they are interacting.' This, note Murphy et al [1998:120] has 'radical implications' in terms of the use of interviews in research, in that such data cannot be evaluated as more or less accurate reports of external reality.

Individuals, when asked to give an account of their actions, opinions and feelings, present themselves in such a way as to appear '...competent and indeed moral members of particular communities.' [Murphy et al 1998:120]. Silverman [1987 / 2000] reinforces this point in his volumes on qualitative research, noting that interview data can be analysed to show how respondents '...demonstrate the rationality and moral accountability of their talk.' [Silverman 2000:35]. Put simply, Goffman, Murphy et al and Silverman argue that through telling their stories, respondents are able to manage their accounts to demonstrate their commitment to the 'moral order' of society. For the qualitative researcher, this then raises questions as to how such interview data should be evaluated.

Hammersley & Atkinson [1995] welcome the questioning of the 'validity' of interviews in qualitative research, noting that the data obtained need to be treated as representing the perspectives of the individuals who produced them, that is, the interview data need to be placed in the context of the circumstances in which they were produced. Hammersley & Atkinson [1995:126] reject the notion that interview accounts may
never be read for what they tell us about the phenomena to which they refer, insisting that people who participate in any setting acquire important knowledge about that setting which may be an important resource for the researcher. This resource, notes Hammersley & Atkinson [1995] is no more or less valid at face value than is any other source of data. The authors alert the researcher to anticipate the potential biases that may threaten the validity of information which such accounts may contain.

In urging caution in the analysis of data obtained from interviews, Hammersley & Atkinson [1995] remind the researcher that such accounts are always founded on the circumstances in which they were produced. Murphy et al [1998: 123] conclude that the advantages of qualitative interviews, which include accessing respondents' perspectives, the opportunity to go beyond the superficial public front presented by the respondents and the flexibility of interviews, need to be weighed up against the limitations noted above. Murphy et al [1998:112] summarise the arguments for using interviews in qualitative research as: 'If you want to understand what people do, believe and think, ask them'. It is this approach which the present study has taken to addressing the question 'What is the meaning of stress?'

**Ethical Considerations**

Daly [1996] reminds health researchers of the potential impact of community health research on the study participants. The use of the most appropriate research methods to ensure that important questions are addressed is noted by Daly. Murphy et al [1998:162] also note that the
complexity and unpredictability of qualitative research raises a number of potential ethical concerns. These include the potential for psychological or emotional harm to the research participants. In speaking to the respondents about their personal experiences of stress', it was inevitable that sensitive issues were discussed. As a practising Social Worker, the researcher is aware of the importance of providing a supportive and appropriate environment for the respondents to ventilate their feelings.

The potential for any conflict of interest between the researcher role and the role of Social Worker in managing the workers' rehabilitation programs was avoided, as none of the participants were being case managed by the researcher at the time of their participation in the study. At the conclusion of each interview, the researcher took time with each of the respondents to provide them with a debriefing, to ensure that any emotive issues covered in the interview did not leave the respondents feeling distressed.

For the present study, ethical and privacy considerations were considered integral to the research. As a practitioner in the social work discipline, the code of ethics of the Australian Association of Social Workers was considered an appropriate basis for undertaking the field research. As such, the researcher is committed to the principles of client confidentiality, respect and empowerment, details of which are elaborated in the appendix 'A' of this thesis. Further to this, the University of Wollongong's code of ethics for the conduct of research informed this study.
Chapter Summary

This chapter has presented an outline of the case study research method undertaken by the author. The purposive method used to gain access to the study's sample have been discussed. Further, the steps taken to collect data and the method of data analysis have been outlined. A detailed discussion on the theoretical methodology which informed this study has also been presented in this chapter. The case for such a qualitative methodology has been well argued in the literature [Hammersley & Atkinson 1995, Kleinman 1988, Marshal & Rossman 1989, 1991, Kretting 1991, Crabtree & Miller 1992, Hammersley 1993, Rubin & Rubin 1992, Le Compte,Preissle & Tesch 1993, Bryman & Burgess 1994, Creswell 1994, Karp 1996].

In undertaking a case study into occupational stress, this thesis aims to provide an understanding of the individual experience and meaning of such events. Hasselkus [1994:207] likens qualitative data analysis to a 'spiral like process'. The researcher is led onto the next level of analysis through the 'new understandings and restructuring' each 'foray into the data' brings with it. In the context of this thesis, the emerging data has contributed to a deeper understanding of the individual experience of stress and the social context within which it is constructed. As the present research aims to gain an understanding of the meaning of occupational stress it has focused on the respondents' experiences of the occupational health and safety, compensation and rehabilitation systems. The research design has been presented in this chapter, where the central questions of method, study design, data collection and analysis have been addressed. Issues of 'validity' have been discussed,
with the author suggesting that the concepts of adequacy, dependability, trustworthiness and credibility provide appropriate measures of the worth of qualitative research studies.

The problematic and contested basis of qualitative research methods have been discussed in this chapter. It has been noted that there are limits in the application of a qualitative design and that these need to be taken into account in presenting the findings of such a method. This study concludes that despite the limitations of a qualitative research design, it has the potential to provide valuable information on health topics and is thus an appropriate research methodology. Murphy et al [1998] point out that the intellectual traditions of qualitative research can be traced back over the last two thousand years, with debate on the fundamental philosophical questions far from settled.

The Appendices attached to this thesis includes further details of research methodology, interview schedule, ethical considerations and feedback to respondents. The following chapter in this thesis details the case study data base and outlines the process used to manage emerging themes from the analysis of the data. The presentation of the case study data allows the individual meaning of the stress experience to be illustrated for the reader. The data emerging from the transcripts, the key findings are then further analysed in terms of existing and emerging theory in chapter five of this thesis.
Chapter Four - Data Analysis: Findings from the case studies

Introduction

This chapter seeks to synthesise the experiences of the respondents into thematic categories which have been derived from the analysis of the data obtained in the interviews. It is apparent that despite the diversity of the presenting circumstances and of the experiences of stress at work, similar themes are present in all the participant's accounts. Arguments are presented firstly in terms of the circumstances that led up to the respondents going off work with a claim for stress. Here the interest is in both the events that contributed to the respondents going off work, as well as the way in which they account for what happened.

It is argued that interpersonal relationships at work and the roles played by coworkers, supervisors and managers are pivotal in the circumstances leading up to a claim for stress being made. Other factors identified as contributing to a claim for stress are discussed in this chapter. These include the nature of the job, interpersonal conflict, predisposition and organisational change. Findings on the mental health consequences the respondents experienced are the second area of focus for this chapter. It will be argued that stress in the workplace has the potential to cause significant mental health problems, with anxiety and depression being symptoms evident in the case studies presented. Further arguments are presented which support the case for a preventative approach to promoting positive mental health outcomes in the workplace, specifically in terms of early intervention to manage anxiety and depression and to reduce the risk of suicide.
Finally, the findings on the respondents' experiences of stress after they went off work are presented. It is argued that making a claim for compensation can itself contribute to a process whereby workers feel punished and blamed for the circumstances they are in. It is further argued that the lack of support workers received from their workplace after they went off work exacerbated the symptoms they experienced and reduced their prospects for a successful return to pre-injury duties. Return to work outcomes for the respondents are also discussed in this chapter, where it is argued that a return to pre-injury employment after a claim for stress is an uncertain process with poor prospects of success. Excerpts from the interviews will be used to illustrate the findings.

The experience of work

Five themes about the experience of work which led up to a stress claim being made were identified. Key factors were identified on the basis of the number of times they were cited by the respondents as well as in direct response to the question 'what was the most significant factor leading up to you going off work with a claim for stress?' Two main themes - the management and the organisation of work - were considered significant in the events leading up to workers going off work with a claim for stress. Conflict between coworkers, supervisors and management was also a factor which contributed to the breakdown in the working relationship between the respondents and their workplace. Less significant factors identified in the analysis of the data were the impact of psychological predisposition and organisational change.
Supervision and Management as a source of stress

The roles played by supervisors and managers were found to be key factors contributing to a claim for stress. Respondents felt that how they were managed and supported in their jobs was the most significant factor leading up to a claim for stress being made. The role of co-workers, supervisors and managers is of interest here. Many of the respondents perceived they lacked support from their work colleagues and management.

*I felt that it would have been beneficial to me, to know that they cared about doing something about it, like to involve themselves a little bit more in the human side of how people respond to particular situations.* (Maria)

*People seem to forget when they go up the levels, where they came from. There is no one there to identify problems.* (Geoffrey)

*The first thing thing that I think needs to be done is there needs to be acknowledgement by the whole Department of the stress involved in that work.....there has been a slight move in that direction, so slight that it is not significant. They are still saying, that the stress is your problem, that it's not inherent in the work. That is unrealistic and totally untrue and puts it back on to the staff. I think it is very unsupportive.* (Karen)

*I guess the thing that would have made a difference was a bit of understanding from them (the workplace), because I was treated more as a number cruncher.* (Sean)

Of interest here is that it was the relationship between the respondents and their peers / supervisors which was cited by all of the respondents as being the most significant factor leading up to a claim for stress being made. This finding suggests that psycho-social supports at work are significant in terms of how individuals are able to manage their working life and respond to the demands of their jobs and the people they work with. Maria's case touches on many of the psycho-social factors that emerged in the present study.
As a video operator working rotating shifts for a national broadcaster, Maria aged 34 years, experienced a significant breakdown in her working relationship with her coworkers and the station management. For Maria, the lodging of a claim for stress was the culmination of a series of events over a two year period. Maria's comments on the role of management provide an example of the sentiments expressed by the respondents.

I haven't been given the opportunity with management, to tell them and to voice my feeling and the effect that work had on me, and the way they didn't deal with it, efficiently or effectively or sensitively. It would have, it would make a huge difference in my letting go off and getting on with the rest of my life, because its had a huge impact - massive. I would really like to let the station manager and the production manager know that their ignorance has had a huge impact on me. And they have not made themselves available to do that. And, unfortunately, its only through the legal aspects that some form of communication is now going to take place. Its still not voicing my human feelings of the effects....They weren't prepared to think - to listen to what had happened, and asked me 'How they could help me?' That would have a huge impact on whether or not i'd return to work.

The roles of management and coworkers were considered by the respondents as negative factors contributing to their resulting stress injury. A lack of support and appropriate managerial intervention were identified as being significant in the way events developed in their workplaces. The respondents felt that if more had been done by their managers, if more support had been given to them, then perhaps they may not have ended up going off with a claim for stress. Once again the respondents emphasised the emotional and relationship aspects of their work which contributed to their stress claim, rather than specific events in their jobs. Respondents spoke of their feelings in terms of being devalued, ignored, denigrated, humiliated and victimised by their
workplaces. The impact on some of the respondents was such as to leave them feeling inadequate, isolated, anxious and depressed.

"...it sort of snowballed into a situation and I finally gave in under pressure and well, because I didn't have anyone to turn to. I used to get into situations that I'd do the best I could and you know sometimes I guess it eventually came back onto me - that it was me who felt I was inadequate and so you know my self-esteem sort of went down.... (Sean)

I was totally ignored - I wasn't spoken to directly, I was ignored by other people. I just felt totally isolated, I felt like I was specifically being put down in front of other people ....similar things happened at staff meetings when I was put down there." (Alice)

"I couldn't cope with it anymore...extreme frustration, extreme anger, extreme feelings of hopelessness there - wanting to do my work but feeling as if I was not being appreciated, I was being discriminated against and I just thought 'what's the use, I'm running myself into the ground for something that has no worth to myself of anyone else. (Maria)

A theme common across the interviews was that the workers concerned felt they they had tried to do their best in their jobs.

Respondents in this study sought to demonstrate their personal commitments to the the jobs they were doing. Indeed, they spoke of the long hours and personal efforts they had put into doing their jobs. The respondents explained that they had given their personal best to their work and yet despite this, they ended up going off work through no fault of their own. This raises an interesting question in terms of how the respondents accounted for the moral responsibility of what happened to them. Essentially, the respondents spoke of the loyalty and commitment which they believed they had shown to their employers and of their concerns that this had not been reciprocated. The respondents believed they were genuinely trying to do the right thing by their employers, that
they were essentially 'good employees' who had acted with integrity and were not responsible for what happened to them.

I knew I was doing more than anyone else there - I was there at 7.00am and probably wouldn't leave till 7.00pm. (Bryan)

I mean you just wear all those things... there was no counselling, no nothing... (Tom)

I kept saying to myself, 'ok, I'm going back to work, I'm gonna go back with a new attitude, everything's going to be fine.' and within a couple of days the attacks started on me you know... (Alice)

I loved my work, I believed one thousand percent in what I was doing....I was very comfortable there, so if this hadn't happened, I would still be quite happily doing what I was doing. (Julie)

What I was accused of was nobodies business - I was devastated! I had been spending 18hrs a day fighting for these people in a court of law, saying what great people they were, how they were misunderstood by Sydney, and then I get that in return! (Betty)

In their accounts of what happened to them in their jobs the respondents emphasised their commitment to the job they were doing. Bud's case provides an illustration of the way in which the respondents spoke about the circumstances which led up to a claim for stress being made.

Bud began his interview by describing feelings of chaos and loss of control. He spoke of his work place as being part of an organisation undergoing constant change. For Bud, the symptoms of his anxiety were first experienced as self blame and paranoia. He spoke of 'losing his grip' and of being both horrified and offended by the suggestion (from his GP) that he was suffering symptoms of anxiety and depression. The stigma and fear associated with mental illness are highlighted in the experiences of the respondents in this study. In recounting his
experience of occupational stress, Bud made the comment that the research interview was the first opportunity he had been given to speak about the whole experience. Similar disclosures were made by Alice and Wendy, who indicated that the stigma associated with what had happened to them prevented them sharing their experiences with others. For Bud, one of the strongest feelings expressed was that of being out of control. Similar comments were made by a number of respondents:

*It was a combination of everything and it became more cumulative. I found that it got worse as time went as far as their ignorance in not dealing with the situation...* (Maria)

*I just could not think at all and I have never ever left a job in such chaos in my life. I think by that stage it had got so beyond me that I was so numb and removed that although I knew it and was horrified about it, it really in a strange way it didn’t on me. It was just so totally horrendous.* (Karen)

*I was just very angry all the time, really angry that things weren’t happening that should have been happening and there was nothing, I was just powerless to do anything about it. I just couldn’t push any harder.* (Scott)

Not all of the respondents in this study shared the same experiences. Geoffrey’s case differed from most of the other respondents in this study in that he was off work for a relative short period - some six weeks in total, which was approximately half the time for most of the other respondents. The NSW WorkCover Authority’s analysis of ‘mental disorder claims’, under which occupational stress claims are coded, found the average time of work for such claims was 18.3 weeks for the year 1994/95 [NSW WorkCover Authority 1996]. Geoffrey, thirty-six years of age, had worked for the last thirteen years as a Prison Officer at the time he went off work for stress. Geoffrey initially went off work on a couple of days sick leave for which he had obtained a medical certificate
from his GP. It was upon his return to work at the prison, where Geoffrey was accused of being a 'malingering cunt' by his supervisor, that things began to deteriorate. Geoffrey responded to these accusations by submitting a formal report of complaint to the prison Superintendent. A claim for Workers' Compensation was subsequently submitted by Geoffrey. This claim was not accepted by the insurance company.

Geoffrey in many ways represents what can be termed a 'negative case', which in the context of qualitative research, refers to the idea that the data obtained provides an informative exception to that obtained from other respondents (Merriam 1988). The term 'negative case' does not imply a value judgment about the participant or about the quality of the data itself. Such data can provide a useful basis for analytical comparisons and may lend support to a study's claim for 'validity' [Murphy et al 1998]. In Geoffrey's case his experience and outcome were quite different from the other respondents. He was off work for a much shorter period of time than the other respondents and was able to return to his pre-injury employment without any apparent difficulties.

The most obvious difference between Geoffrey and the other respondents was his sheer determination to get back to work in order to prove to himself and his employer that he was not a malingerer. Further to this, Geoffrey did receive some acknowledgement and support from the Superintendent of the prison, which may have contributed to him returning to work sooner. Geoffrey's case suggests that a combination of personal determination and support from the workplace may significantly reduce the impact of workplace stress. It is, however, important to point
out that Geoffrey did experience similar anxiety to that which the other respondents reported and that despite the relatively positive outcome in his case, he was in fact off work for a period of 6 weeks as a result of a somewhat minor argument with his supervisor. The emotions Geoffrey experienced are similar to those identified by other respondents.

There is one thing I might do differently and that is push on the stress thing a lot more than I was....show me emotions a lot more than I did...I just kept a lot bottled up inside me. (Geoffrey)

At the time he went off work, Geoffrey's employer had a sick leave policy in place which essentially linked employee entitlement to over-time, duty rosters and recreation leave to usage of sick leave. That is to say, employees were actively discouraged from taking short absences of sick leave to cover their withdrawal from the work place:

If you go off sick in our job, you're the worst person in the world, regardless of whether you are sick or not. They don't want to hear about stress - they think it is not a manly thing. (Geoffrey)

The attitudes to stress at work which Geoffrey spoke about, whereby the problem was attributed to personal weakness and disposition were evident in different ways from other interviews.

I've noticed a tendency in the hospital teams to insinuate that those workers (who suffered stress) had always been weaker that the average and that this couldn't happen to them. (Wendy)

I denied a lot of symptoms in myself - I didn't see it, recognise it or acknowledge it....part of that was that it scared the crap out of me to think that I would be a victim of stress. (Bud)

The significant role of inter-personal relationships and psycho-social supports at work are again illustrated in Geoffrey's case. Had his supervisor responded differently to him and demonstrated concern for him, Geoffrey may not have ended up going off work in the manner which
In this regard, Geoffrey's experience was similar to the other respondents in this study.

**Job demands, workloads and pressure at work**

This study found that many of the respondents considered the demands of their work contributed to the distress they experienced. The nature of the job itself was the second group of factors respondents spoke of as contributing to their going off work with a stress claim. A combination of factors such as excessive work hours and the high intensity, demanding nature of many of the respondents' jobs were identified. Given that the respondents included welfare workers, prison officers and an emergency services officer, it is not surprising that some of the respondents spoke of their cumulative exposure to numerous traumatic events over the course of their employment.

One of the challenging issues facing researchers in the field of occupational stress is to adequately answer the question 'Why is it that only some workers will go off work with stress, whilst others in the same workplace do not?' Evidence from workers' compensation claim statistics [Comcare 1997, NSW WorkCover Authority 1996] indicate that only a small percentage of workers in any given workplace actually go off work with a claim for stress. Psychological factors such as individual coping, vulnerability, predisposition and access to social supports, as well as the workplace context have been identified in the research literature as variables impacting on the incidence of stress claims [Eckenrode 1991, Cotton 1995]. The fact that only a small percentage of workers actually make a claim for stress at work does not in itself mean that the impact of
work on the health of individuals is insignificant or diminished. Hidden factors, which may include workers choosing other more acceptable forms of absence such as use of sick leave / recreational leave and through resignation, may also account for the differential reporting rates of stress in any given work place [Toohey 1993].

In terms of the intensity with which different individuals will respond to identical circumstances, Eckenrode [1991] argues that it is ‘meaning shaping factors’ such as the individual’s values and the context, both current and prior, which determines whether the same circumstances are experienced as stressful or not. Eckenrode [1996:274] cautions social scientists against the tendency to try and explain such differences in outcomes simply in terms of individual differences in coping, suggesting that factors such as context and values may better explain the differences. The present study's finding that understanding the workplace context is central to understanding how individuals cope with stress supports the position put by Eckenrode. Tom's case provides an illustration of the relevance of the workplace context to the health outcomes of individual workers.

Tom, who was subsequently medically retired due to his ‘chronic depression’, saw his breakdown as a culmination of the cumulative exposure to ‘traumatic events, which he had experienced in his work: ‘Some of the things I've seen...you wouldn't believe.’. Tom described having witnessed hangings and homosexual rape, a friend 'gutted' (disembowelled in a knife attack) by a prisoner and armed confrontation with prisoners, where shots were fired by the guards. 'It
was non-stop - everyday was an incident...'. Tom described a work place culture which, in the time he was working in the prison system, provided little or nothing in the way of support to its employees. The contribution that the demands inherent in the respondents' jobs made to the stress they experienced is further highlighted by Karen's case.

Karen, a field officer with a NSW Government welfare department, experienced a gradual build-up of symptoms in the two years prior to going off work with a claim for occupational stress. Karen's symptoms included 'exhaustion, sleep disturbances, neck and shoulder pains and panic attacks.' At the time of going off work, Karen who was 52 years of age, had been working for some six years in the demanding area of child welfare. In the two years prior to her stress claim, Karen had been off work with what was treated at the time as a primarily physical complaint. Karen had experienced significant pains in her neck and shoulders - a condition not unlike the 'Repetitive Strain Injuries'- which were so prevalent in the Australian work force in the 1980s [Taylor 1984, Reid & Reynolds 1990]. Whilst Karen was able to link her physical pains with the stress of her work, it was not until two years later that a claim for occupational stress was lodged. The absence of personal supports in the work place to help her cope with the demands of the job was noted by Karen:

*Better, regular access to debriefing and quick access to debriefing would have made a difference.....it's all systems stuff that they go on with in debriefing, not what happened to you personally - what part of you got mangled in that process coping with negative, negative confrontation...day after day...after day. I just don't think that's addressed in the slightest.*

Whilst the nature of the respondent's jobs were inherently demanding
and potentially exposed the workers to traumatic events, their jobs themselves were not the most important reason given by the respondents to explain what happened to them. Rather, it was primarily a combination of perceived lack of support from managers / supervisors, together with events in their workplaces which resulted in the respondents going off work. Once again the central role of interpersonal relationships at work in determining the stress response of the respondents is highlighted. These findings will be further discussed in light of the research literature in the chapter which follows.

Conflict at work
Conflict at work was a significant factor for five of the thirteen respondents. The third most significant factor leading up to some of the respondents going off work with a claim for stress was interpersonal conflict at work. This conflict included arguments with supervisors, managers and coworkers. Examples of the conflict identified by the five respondents included feeling put down and humiliated by management (Bryan), vindictiveness and nastiness of fellow fire brigade members (Betty), being discriminated and harassed by co-workers (Maria), conflict with management over occupational health and safety practices (Craig) and feeling that the manager of the services was going out of his way to create conflict (Alice). One respondent [Craig] reported that he had lost his two previous jobs due to conflict between him and his managers.

Alice, forty-four years of age, had worked for nearly three years as a vocational trainer with her employer, a government funded, community based organisation providing education, training and vocational
assistance to the unemployed. For Alice, the triggering events in her going off work centred on her feelings of being isolated by her manager and work colleagues:

I found that I was being de-valued, de-valued in the work place.
I was being isolated and marginalised in the work place - it was quite specific.

Alice spoke frankly and profoundly about her experience of her workplace - an environment she described as being ruled by a 'divide and conquer mentality'.

The seeds were planted from the first day I arrived...this person was very manipulative of the situation and was providing a lot of information a lot of destructive information and a lot of perverted information, you know, stuff that had, that was calculated to give the wrong impression.

For Alice, it was primarily the conflict between her and her manager that resulted in her going off work with a compensation claim for occupational stress. Alice's experience of conflict at work, together with those of Betty, Bryan, Craig and Wendy supports this study's conclusion that conflict was a factor which influenced the events which led up to some of the respondents going off work with a claim for stress.

Vulnerability, predisposition and organisational change

This study found that for some of the respondents psychological vulnerability was a factor contributing to the circumstances under which they went off work with a claim for stress. Such a finding lends support to the research of Cotton [1997] who concluded that predisposition was a significant factor determining the likelihood of workers experiencing stress in their jobs. It is important, however, to state that this study found such vulnerability and predisposing factors to be less significant than
were the workplace context and the role of psycho-social supports in the outcome for the respondents. In this regard, the study concurs with the findings of Eckenrode [1996] that the context and values of the workplace in question are the most significant factors impacting on how workers are able to cope with events in their working life.

Six of the respondents spoke of having experienced previous circumstances which may have left them psychologically vulnerable when exposed to the demands of their job. Three of these respondents had experienced instances of abuse and violent trauma in their private family lives (Betty, Karen & Wendy). A further two had a previous history of mental health problems, with both having previously been diagnosed and treated for clinical depression [Bryan & Sean]. In Sean’s case, it was not so much his depressive illness which caused him to go off work with stress - he had been able to manage this for some five years on the job. Rather, for Sean it was the lack of understanding and support from his workplace in regard to his mental health problems which was the trigger for his stress claim.

One respondent (Scott) had been exposed to extreme levels of violence in his previous employment as a mercenary soldier. This study found that individual vulnerability to psychological injury in the workplace may be significantly increased as a result of predisposition or prior exposure to traumatic events. Organisational change can also contribute to some workers feeling distressed. Organisational change was the fifth factor identified from the respondents’ answers to questions about the circumstances precipitating their stress claim.
For two of the respondents, (Bud and Sean), significant organisational change was occurring in their respective workplaces immediately prior to when they went off work. For Bud, the assistant manager in a state government welfare agency:

...the political agendas changed and they were unclear...all of a sudden the goal posts moved, fairly significantly. But that movement wasn't made clear, wasn't made obvious, so people who maintained a way of operating that presumed a level of integrity, all of a sudden found themselves out in the cold without really knowing why or understanding why or how these goal posts had moved, or even where they had moved to.

The experiences of Bud and Sean are consistent with the findings of Biggs[1988], who identified organisational change as a source of employee 'strain'.

In summary, the respondents identified a broad range of factors which contributed to the circumstances which resulted in their going off work with a claim for stress. Of the five themes discussed above, the way in which the respondents felt they were managed and supported at work and the demands of the jobs the respondents were employed at were the two most significant findings identified in the analysis of the interview transcripts. This finding is consistent with the Commonwealth Government's own study into the role of managers and supervisors in supporting workers, where the crucial role of supervisors was highlighted [Parliament of the Commonwealth of Australia, 1992]. It has been argued in this chapter that by further analysing the respondents comments on the factors which led up to their claim for stress, it is apparent that it was the emotional component of their jobs and their inter-personal relationships at work which were a common theme across all of the cases studied. These findings, as well as this study's findings on the
impact of conflict at work, psychological predisposition and organisational change will be discussed in terms of the broader research literature in the following chapter.

Stress at work - Health Consequences

This study found that stress at work was associated with significant mental health consequences for the respondents. The impact of anxiety and clinical depression on the individual's personal experience, how it affected their prospects for getting back to work and the buffering role of support are points raised from the interviews with the respondents. Data obtained in the study support the conclusion that stress at work can result in individuals experiencing significant mental health problems. Indeed, it is this dimension of the mental health effects of stress at work which stands out as the most significant health finding in this study. This finding further reinforces the theme previously discussed, whereby the psychosocial dimension of work and the pivotal role played by inter-personal relationships at work on the health of the respondents are of significant interest. The personal supports that the respondents had outside of work were also significant factors which determined how they were able to manage and cope with their circumstances.

In terms of their symptomatology, the respondents reported a wide range of physical and psychological complaints. The respondents' reports of gastrointestinal disturbances, problems with sleeping and a general sense of being physically 'run down' are consistent with the findings of a wide range of studies published in the research literature (Kalimo et al 1987, Cooper 1988, Ellis 1995). One aspect of the respondents' health
which did stand out in this study is the incidence of mental health problems reported. Whilst no psychometric testing was employed in the present study, a significant number of the respondents reported as having suffered from anxiety and depression in regard to the events which had happened in their work place. This is a theme which was common across all the cases studied. Differences were noticed in how each of the respondents individually expressed their anxiety / depression and how they were able to manage it.

The respondents identified a variety of ways in which their lives were significantly changed as a result of what they had experienced at work. Four of the thirteen respondents considered suicide an option, with two of the respondents stating they had made an actual attempt at suicide (Scott & Wendy). Scott, the prison officer who went off work after exposing the use of heroin in the gaol system, expressed sadness and resentment at what he considered was the less than adequate response from his work place. Scott felt powerless to do anything about his situation. Scott stated that during the time he was off work he received no support at all from his employer. Scott split up with his wife during the time that he was off work. His despair eventually led him to attempt suicide. Scott was found hanging in his garage by a friend who was concerned about him after a disturbing phone call. Fortunately for Scott, he survived the suicide attempt and was able to recover his physical health after a short stay in hospital.

Scott's prior employment as an army commando and later mercenary in southern Africa, had exposed him to multiple traumas. Scott described
his suicide attempt as atonement for what he had done in the past as he had taken part in killings whilst working as a mercenary overseas. For Scott, however, the key element was far more fundamental: ‘Actually, it was my work mates letting me down.’. Scott interpreted the moral in his case to be something along the lines of: ‘Keep your eyes and your mouth shut. And that is basically how the old staff are still on the job.’. Scott considered that if his employer had been more supportive of him and his needs, his situation may well have been very different. This is a theme common across all of the interviews, with the respondents identifying a lack of support from their workplace as being a crucial factor in determining what happened.

Craig, Karen, Julie and Alice provide further evidence on the impact that stress at work can have on workers' lives. Craig, the crane driver at the sugar mill spoke of his thoughts of suicide:

I was ready to kill myself. I didn't care nothing for myself at the time. Life to me didn't mean anything - if it's not right, if it's all false, if you have lost the point, sort of thing.

Karen's words provide further insight into how individuals experiencing depression may look towards suicide as an option:

...it would be very easy to wander out of life, particularly when you are wandering out of this alienation phase...it's very tentative - it's not real.

Julie had this to say:

...I remember driving back from work, and looking at a truck coming towards me, and thinking 'My God, this would be so easy', but never quite doing it.

Alice also disclosed that she had come to the brink of attempting suicide during the period she was off work. This was something which Alice had
never previously disclosed to any one. For three other respondents withdrawal from what was happening around them was how they found a way to cope. Whilst Julie did not actually attempt suicide, she did reach the point of being very depressed and debilitated by her circumstances:

I felt as if I were dead, I became...it got to the stage I couldn't get out of bed and I really mean I couldn't get out of bed. I wanted to lie in bed, I wanted to pee in bed and urinate. I just didn't, I couldn't move out, I had nothing left to give anybody, that awful feeling of being totally nothing.

A principal finding of the present study is that stress at work may be associated with the individuals concerned experiencing significant mental health symptoms. Many of the respondents might have benefited from earlier intervention with psychosocial supports. One of the difficulties identified here is that for all of the respondents, intervention came too late to prevent them going off work with a claim for stress. Karp [1996:44] notes that 'warning signs' that individuals are experiencing psychological difficulties are often not obvious, due to such factors as the individuals concerned not being able to identify or 'name their troubles', a belief that others just cannot understand what they are experiencing and a reluctance on the part of individuals to discuss their feelings, due to the stigma attached to mental illness.

Karp [1996:37] noted in his study on depression a tendency for the individuals to become withdrawn and socially isolated: "Social withdrawal becomes part of a crucible melding fear and self loathing, a brew that powerfully catalyses hopelessness". Noting that in nearly all interactions between people there is some meaning slippage, whereby the intentions, words and actions of an individual are encoded by an observer, Karp [1996:41] points out:
Problems of communication are dramatically compounded when individuals themselves have only partial comprehension of the feelings and emotions they want others to understand.

The present study supports Karp's findings, with many of the respondents confirming that they chose to withdraw from those around them.

Karen experienced her withdrawal as a sense of alienation.

I think I'd say it's an alienation from people all together, initially. And the loosing - loosing the self - the that's me, basically. All the skills, all the abilities that you have are suddenly no longer there - that may also include "memory".

For Wendy, her feelings of isolation were heightened by the lack of contact she received from her work colleagues. Wendy commented that she experienced:

A loss of a sense of identity. I lost my sense of identity as a competent person, because I was really feeling a total incompetent. A loss of social identity, and a lot of people have withdrawn socially. Embarrassment as much as anything, because everyone knew that I had attempted suicide.

All of the respondents acknowledged the significant role played by family members and friends in supporting them to get through the difficulties they were experiencing. Eckenrode [1991:4], in reviewing the research literature on coping notes a broad consensus that individuals who feel supported and have access to relationships which are supportive to them, are better able to cope with the negative psychological consequences of stress.

For two of the respondents in this study (Craig & Scott), the breakdown in their family relationship and the resultant loss of support available to them was potentially life threatening, with suicide being an option both respondents identified. Other respondents found that support from their
family and friends made all the difference to them. Alice's comments are
typical of those made by the respondents on the supportive role played
by family and friends.

My husband, my friends were supportive. A past work friend
supported me, as well as a group of probably half a dozen close
friends and my sister. I'm very fortunate that I had so much support,
because I don't honestly believe ....I don't think I'd still be alive if I
didn't have it, I went through such depths.

Support, or the absence of it from their colleagues at work was also a
point raised by most of the respondents. Here the study found that the
respondents' perceptions that they were shunned and ignored by their
colleagues had a detrimental impact on how they were able to cope with
what was happening to them. This was expressed by the respondents in
a variety of ways:

I was totally ignored, I wasn't spoken to directly, I was ignored by
other people - I just felt totally isolated. (Alice)

The thing that was really too much for me was when all (not all
but you feel like it is all) the workers were against me and I didn't
know who was my friend. Everybody seemed to be working
against me. (Craig)

I spoke to a lot of people from the Department, I wrote a lot of
letters and I couldn't get anyone to listen to me. (Geoffrey)

You are expendable - they don't care. If you don't hack it, get out -
that is their thing you know! (Tom)

Wendy's case is illustrative of the intensity of feelings the respondents
identified. Wendy described feeling overwhelmed in both her private and
working life. On reflection, Wendy was able to recognise a number of key
factors which she considered contributed to her breakdown. These
included both a personal history of having experienced child sexual
abuse herself, as well as feeling a lack of support and adequate
supervision in her job. Despite this, Wendy was able to present an image of coping in her professional work: 'I was working behind a tremendous facade'. Wendy attributed the lack of support and understanding by both her employer (a community based management committee) and her professional colleagues to the stigma attached to stress and her subsequent suicide attempt. Indeed, this challenge to the image of the 'competent professional' was seen by Wendy as an unresolved threat to the health of the professional staff she worked with.

The experiences of the respondents suggests that the culture of the work place as well as professional taboos may prevent individual workers from seeking out help to better manage the stress they experience on the job. A combination of factors are highlighted here. Firstly, this study found that despite the increased awareness of stress in contemporary workplaces as evidenced in both the discussions in the mass media and the proliferation of research studies, the stigma of stress remains a significant factor limiting the interaction between the injured workers and their workplace. Further to this, the self protective distancing by their colleagues from the respondents raises the notion of 'there but for the grace of god go I..'

I'm hearing a lot more from colleagues who've actually hidden - realised they were under stress and hidden that because of the fear of stigmatisation by their colleagues...you have a whole lot of mental health professionals who deal with stress in their clients, but don't recognise it in their colleagues, who are then under pressure not only of having stress, but of having to hide it.

(Wendy)

Coworkers of workers under stress, possibly concerned about their own vulnerability and capacity to manage the pressures of their work, may choose to distance themselves from their colleagues as a way of
protecting themselves. For other respondents the stigma of being seen by their coworkers as not able to cope with the demands of the job was such as to leave them feeling further isolated and vulnerable.

I was attempting to get a handle on my paranoia around what other people were thinking and feeling. It made me feel like the whole point was really hopeless me going back, because there was another agenda at stake here.... an agenda about, well we don't really want you back here and we want you out because you've broken the rules.... you feel that you've broken a code of honour among your colleagues.... going off on stress leave is breaking the code of honour because you're not strong enough to cope and it's a bit of an affront because the support around you wasn't good enough, or you've turned it into a personal issue.

(Bud)

... it sort of snowballed into a situation and I finally gave in under pressure - I didn't have anyone to turn to. I used to get into situations that I'd just do the best I could... eventually it came back on to me and I felt that I was inadequate and so you know my self-esteem went down... I just sort of went into a depressive slide.

(Sean)

This study's findings on the potentially significant mental health effects of stress at work and the buffering role of support will be further discussed in terms of the broader research literature in the chapter which follows.

What's it all about - Experiencing the stress process

The third aim of this present study was to gain an understanding of how individuals who went off work with stress made sense of what happened to them. Respondents were asked to speak about how they felt during the time they were off work, which ranged from six weeks through to ten months. In the interviews the respondents were asked to identify the most important factors impacting on how they were coping at the time. Here the focus was on learning from the individuals involved what the experience meant for them and to attempt to discover what might have
been done differently, to prevent events happening the way they did. A number of themes emerged as being significant.

The lack of support and contact from their work places in the time after they went off work were the most significant factors impacting on how the respondents felt about what they were going through. For most of the respondents, a lack of contact with their workplace contributed to the isolation and withdrawal they experienced. Respondents thought that increased support and contact from their work place may have made a considerable difference in how they coped with their absence from work. They felt that their supervisors / managers did not support or understand what they (the respondents) were going through.

During the interviews with the respondents the question ‘What would have made a difference to the way things happened?’ was asked. A majority (9/13) of the respondents identified the need for increased support from their workplace / supervisor as being the single most important factor which may have made a difference to them. Whilst some chose to withdraw from the world, such as in the case of Bud and Julie, other respondents spoke of their need for some form of contact with their work place. Many of the respondents received little or no contact from their work place after they went off work with a claim for stress:

I wasn't contacted by anyone except, ahh, a rehabilitation coordinator, after 9 months off work. So I was off work for 9 months before they even approached me...they never, ever, referred me to anybody - to see anyone. I ended-up cracking up. (Scott)
I didn't have any contact at all, and I realise now that I just didn't go out on my own. (Karen)
I didn’t even receive a card saying ‘Get Well’ - didn’t even receive a card....(Alice)

It would have made a tremendous difference if even one member of the management committee had contacted me on a human to human basis - either in hospital, or in the 3 months that I was at home in between getting home and going back to work, but all the contacts I had to make; and they were all very formal. (Wendy)

..since I’ve been back at work, no one has cared to ask me how I am going. (Geoff)

Once again, the theme which emerges from this finding is that the emotional component of the respondents’ experiences and the potentially vital role of inter-personal relationships at work were crucial factors impacting on how the respondents felt about what happened to them. This finding suggests that facilitating contact between injured workers and their workplace may play a significant role in the management of the worker’s claim for stress. Maria, a video-tape operator for a television station had this to say about the management of her work:

Management were really not qualified to deal with the problem - they really didn’t know how I was coping.

For Geoffrey, the prison officer whose routine sick leave turned into a claim for stress, the lack of support had a reverse effect on him in the longer term:

I wanted to get back to work more than anything - to prove to Mr. S (supervisor) that he hadn’t beaten me... Once I realised that, no one would help me.... I decided I’ve just got to get back to work..... the first thing I would do if it happened again would be to contact a solicitor - to look after myself.
Claiming workers' compensation

This study found that the process of putting in a claim for compensation and the subsequent manner in which the claim was managed by the insurer actually exacerbated the stress experienced by some of the respondents. A significant factor here is that of the eight workers who submitted a worker's compensation claim for stress, five identified the claims process itself as significantly contributing to the difficulties they experienced. It is concluded that the workers compensation system itself may actually contribute to the sense of injury and abuse the workers identified. One respondent, Bud spoke of feeling undermined by the investigative process involved in the determination of his workers' compensation claim, whereby he was interviewed at length by an investigator acting on behalf of the insurance company.

...one of the really horrible issues was is my claim accepted or not....All of a sudden this horrible and cumbersome system takes over, which is itself out of control and it pushes you further out of control. You are just... you are nothing in all of this.... I think that the current process of workers compensation claims does very little to facilitate the healing process that we all need to go through, does very little to facilitate positive relations between the workplace, between the Insurer and the person who is injured. I think the more that is unclear, the more panic and chaotic the whole process seems to be, the more chaotic your life as a victim seems to be.

Bud's situation was worsened by what he described as a breach of confidentiality on behalf of the claims investigator, where confidential information given to the investigator by Bud was disclosed to Bud's supervisor. Bud interpreted this as an attempt by the investigator to discredit his claim.

Alice stated that she reluctantly submitted a claim for Workers'
Compensation. Such reluctance can be interpreted as further evidence that the stigma associated with a claim for stress is potentially a disincentive to workers coming out and disclosing the difficulties they have experienced in their jobs. For Alice, making a claim was the beginning of a 'really horrible process'. As with Karen and Bud, Alice spoke of her experience of the Workers' Compensation System in the language of being abused.

I just felt it was a dehumanising system... it's a system that is really foul. It's a system that needs to be more concerned with human beings and not just the money. The system doesn't care about human beings.... I just felt that somewhere along the way, someone lost sight of me as a human being and started to think of me as a statistic in their book, as a figure they could use to make it look good somewhere in parliament, or in the statistics books. Now that's being really honest.

For Maria, the experience of being involved in a workers compensation claim was damaging to her in its own right:

I felt that it was, it was more destructive for me, as far as not knowing where I stood in that respect. And it was if, once again, I was not being believed. And the fact that I felt I was being fobbed off once again - to just another filing cabinet, another person. And not being able to obtain any information for myself as far as the progression of my file - and not being answered adequately... it made me realise even more that the more I try and explain to someone, what had happened, the more people I had to speak to regarding my situation, the worse it got - the more frustrated I became.

For Alice, Bud, Julie, Karen and Maria the way in which their worker's compensation claim was managed by their employer / insurer and the way the workers concerned felt about this were significant factors impacting on their capacity to cope with their circumstances. The finding of this study that the process of claiming worker's compensation can contribute to the problems being experienced by the workers involved
will be further discussed in the following chapter, where the research literature is discussed.

Punitive versus caring experiences of the rehabilitation process

The rehabilitation process the individual workers went through was experienced in two distinct and at times contradictory ways - punitive or caring. Firstly all of the respondents submitting a claim for stress expressed their feelings of having been ‘punished’ in some way or another by their employer / insurer over what had happened. Secondly, most of the respondents, with the exception of Geoffrey, the prison officer, found solace and support from at least one of the health professionals (Doctor / Psychologist / Rehabilitation Consultant) involved in their rehabilitation program.

The adversarial, punitive aspects of their experiences were common dimensions highlighted by all of the respondents. All of the respondents identified a punitive side to the way in which they felt their claims were managed. Respondents spoke of feeling they were being blamed and punished by their employer. Alice described her workplace as follows:

*It was a workplace where all the staff knew if one person was isolated, what they couldn't support that person, or they weren't prepared to, because they knew that they would then receive pressure on themselves.... It was an absolutely horrific period; it is a horrible process to go through.... My photo was taken down in the workplace - everyone's photo was up there. As soon as I went (off work), my photo was gone. I was bad mouthed to the staff. There were stories told about me - I was told those stories.... I'd been squashed, trodden (the psych told me that).*

Scott’s experience of stress commenced around 1992, when he
discovered that prisoners in the gaol were being supplied heroin by Prison Officers. Scott and a mate agreed to jointly report the matter to the prison department's Internal Investigation Unit. As a 'whistle blower', Scott found himself in a situation where he felt totally unsupported by the Corrective Services department:

Nobody would speak with me. I didn't know if the officers would back me up in an emergency situation. I was paranoid, but I was worried that something would happen.

Scott was recommended for a swift transfer [to relocate to where his family lived in northern NSW] on compassionate grounds, after being assessed by the state Health Department's Occupational Health service. The transfer was not offered to Scott, who some ten months after being exposed as a whistle blower, went off work with a Workers' Compensation claim for occupational stress. During the 10 months he was off work on stress, Scott had no contact with his employer what so ever.

A further finding on the punitive nature of the respondents experience of stress is at work is the widely stated view of the respondents that they felt they were being blamed for what had happened. This was represented both by respondents expressing 'self-blame' and statements of having been the 'victim'. Lerner [1986] refers to the notion of 'surplus powerlessness' whereby individuals may feel blamed for being victims. For Bud, this notion of 'self blame' was articulated as:

Strong people don't experience this stuff. If you're out there doing it, that's the way it is...umm...that it is only the weak that this happens to.

Once again the impact on the respondents of the stigma of making a
claim for stress is highlighted in Bud’s comment. The respondents themselves attributed blame in various ways. For respondents such as Bud, who interpreted his inability to cope with the demands of his job as a sign of personal weakness, blame was directed towards themselves. Others, such as Alice, managed her feelings by trying to shift the blame from her onto her office manager. The Workers’ Compensation scheme itself was also the focus for some of the respondents’ anger and blame. Other respondents, such as Craig and Sean, felt that they were being blamed for the ‘problems’ within their workplaces.

Sean, a clerical officer in a Commonwealth Government Department, experienced stress as a direct consequence of feeling he was discriminated against on account of his suffering from depression. At 37 years of age, Sean had been working for his employer for some five years at the time he went off work under a claim for stress. Sean had been able to cope with his job over the previous five years, although he did have lots of time off work on sick and holiday leave:

I ended up taking a week off, then I ended-up taking holidays. I couldn’t face the idea of going back to work, and then had more time off. The same thing happened the next year.

It was the introduction of new procedures in his work which Sean considered as the precipitating event in his breakdown at work. Sean felt he needed additional training and support - neither of which his employer was able to provide him with. Sean felt that he was being unfairly blamed for the problems of his section in the department. Sean stated that he gave in under pressure and subsequently went off work under a Workers’ Compensation claim for occupational stress. Sean eventually found himself in the precarious position of being forced
(against his better judgment) to take the anti-depressant medication prescribed by the psychiatrist his work referred him to, or face being terminated from his employment.

The punitive nature of his employers response, which Sean felt was an attack on him personally, did little to facilitate his return to work. Sean’s case highlights the importance of acknowledging individual difference and diversity in the workplace, as it was the failure by his workplace to understand his depression and the impact of mental illness on his work performance that were of greatest concern to Sean. Despite the fact of his preexisting depression and that he felt socially marginalised due to his homosexuality, Sean had been able to cope with the demands of his job for many years. Sean felt his situation deteriorated largely because he received very little support from his employer and thus felt unsure of his status at work.

A second theme, under the broad question of the individual experiences of stress, is the caring, supportive role of treating health practitioners and rehabilitation providers. Most of the respondents felt they experienced support from at least one of the treating practitioners involved in their rehabilitation program. Mary-Anne, a rehabilitation coordinator for a cluster of schools, made the observation that:

If you’ve got a really good rehab.provider, who is realistic and who looks at trying to marry together the system and the person, then you can usually get good results from it. If you have a Rehabilitation provider who comes in as the advocate for the person and is inflexible, then it can be destructive...The closer you are to actually managing those things at work, then the better chance you’ve got of actually changing culture. And I mean, that’s what I see as our biggest problem.
Whilst all of the respondents had some formal contact with their treating GP in the time they were off work, only Alice questioned the role of her GP:

I just felt afterwards, I thought if I’d been that Doctor, maybe I would have investigated further, like before it gets to the stage of me having to go off work.

By definition of the study sample boundaries, all of the study respondents had been referred to a rehabilitation provider. Rehabilitation, however, was not seen as a positive experience by all of the respondents. Asked to comment on his rehabilitation, Tom a prison officer noted that as far as being referred to a psychologist was concerned, for him it was:

Useless as tits on as bull - I didn’t need to be told to go home and listen to relaxation tapes....‘relax’- follow this 3 times a day and all that shit.

Craig experienced both positive and negative aspects of being involved with a rehabilitation provider. When first referred for rehabilitation assistance, Craig stated that he felt ‘brushed off’ by the provider, that he ‘was too difficult’ and therefore the provider chose not to provide a rehabilitation program for him. Craig found that his second referral to the rehabilitation provider was a more positive experience because he was referred to a stress management program, which he considered provided him with a frame of reference to make sense of what he was experiencing:

The most helpful thing that happened was referral to the (Rehabilitation Service)... the best thing that happened is that he put me on to a Stress Management course. All of a sudden, I realised that all of those things were going on for me. That was a great turning point for me, when I understood the stress...I could see the symptoms going into my body. I’m just so much more aware of the symptoms, of what was going on.
Maria, on the other hand, found the support of the rehabilitation provider a positive factor in feeling she was at last being ‘heard’:

I felt that the rehabilitation service has been really helpful, because it’s neutral, and I’m able to make contact with you, and you’re also able to access info. for me that would affect me....It’s really important to let people within the workplace know that there are services available. If management at their place of employment are not listening to them, that they can obtain assistance and to be heard. Because, that’s the thing about - that’s what builds up - the frustration. When you know that management don’t give a damn about you and you feel as if you’re just going to go crazy. Its great having a service - and having human contact with someone rather than just correspondence through the telephone. That helps.'

Other respondents (Bud & Julie) tried to see the rehabilitation intervention as part of a ‘healing process’. For Bud, the message which underlay his experience of stress was the need for sincerity on the part of the participants involved. Bud used the language of the client group he worked with to describe his feelings of being 'abused' by the whole process:

I think there needs to be sincerity, because I certainly felt quite paranoid, quite alone, quite isolated, quite victimised, assaulted by the whole experience. And ...there needs to be some efforts to heal that stuff - not in isolation, but in contact with...it’s like rehab is a healing process and I think we tend to lose sight of that in the context of all the paperwork that happens, and in the inconvenience of having someone go off on stress leave.

Wendy found that participating in a rehabilitation program provided her with a ‘human face’ from which she could connect with her workplace. Mary-Anne’s experience as a rehabilitation coordinator had left her with mixed feelings as to the role of rehabilitation providers in managing return to work programs for individual workers:

I think what makes a difference, is where people have - are given - good, solid strategies for dealing with the issue. What I find often happens ...I guess it’s particularly psychologists, will just confirm a
person’s feelings - will virtually reflect back to them what their feeling. And what I find happens there is that they reinforce a person’s feelings, resolve that they can never go back to this place, because it has hurt me so bad. And where you get psychologists that will say to a person: ‘Oh, lets see what you can do to deal with this, you’re going to have to return there someday. What can we do to help you do that successfully? - then people will take the time, work it through and will actually have an attitude that they will go back.

Getting back to work

Returning to work, a central principle in vocational rehabilitation, proved to be a major barrier for most of the respondents. The findings support the conclusion that a return to work for individuals who have experienced a claim for stress is difficult and uncertain. The fact that only one of this study’s thirteen respondents was able to successfully maintain his job after his return to pre-injury duties is a significant matter for employers, treating practitioners and insurers to consider. One of the questions raised by the findings of this study is ‘Does the workers’ compensation system / rehabilitation work for employees who go off with a claim for stress?’. For the majority of respondents in the present study, a return to work with their pre-injury employers was at best problematic. Questions which flow on from this are ‘What has changed in the workplace? Has the environment actually changed? What happens next time?”. These findings will be further discussed in terms of the research literature in the chapter which follows.

Only four of the thirteen respondents (Bud, Geoffrey, Sean and Wendy) actually returned to their pre-injury positions. Of these four Bud, Sean and Wendy ended up leaving their jobs shortly after completing a graduated return to work program. Bud was able to find a new job but
Sean and Wendy were out of work at the time of their interviews. Four of the respondents (Alice, Betty, Julie and Maria) achieved a successful return to work, not with their pre-injury employers but into new jobs with a different employer. Alice had successfully completed tertiary studies in behavioural science and was working part-time as a probation officer at the time of the interview for this research. Five of the respondents (Bryan, Craig, Karen, Scott and Tom) had not returned to work at all at the time they were interviewed for this study.

Sean felt that his employer had failed to take into account that he was going through a 'rough patch' in his life:

> I felt I was being discriminated against because I had a mental illness....One of the things that I found really hard is the fact that no one understood mental illness. They didn't want to know about it. A lot of them just didn't believe it existed, I think.

The lack of effective communication between Sean, his regional office and the area office resulted in what Sean described as a 'shermozle'. Sean found that the communication between him and his employer was only improved when he involved a rehabilitation provider: 'It brought everyone together'. Sean described being caught in a downward spiral. He felt he needed to have less pressure on him, so that '...things could get back to normal in time'. Ironically for Sean, it was his inability to cope with these pressures, which inevitably impacted on his work:

> It impaired my ability to concentrate - so therefore, my work performance went right down. In the end, the work performance became the issue.

For Maria, her experience resulted in a change of job, location and direction in life. Some twelve months after lodging her claim, Maria commenced work in the hospitality industry, after retraining sponsored by
the NSW WorkCover Authority. In terms of stress management, Maria found personal growth strategies (meditation, group work and counselling) and a fitness program to be of greatest benefit to her. Rehabilitation through an accredited rehabilitation provider was seen as a positive experience by Maria.

At the time of the research interview, some twelve months after she first went off work, Julie was employed as an Area Manager for a private sector employment agency. She had been off work for approximately four months. Although she felt she had recovered from her experience, Julie, like other respondents in this study, continued to experience fatigue and feeling vulnerable. Julie expressed sadness at the lack of contact and support received from her community-based employer. What Julie saw as a 'lack of transparency' on the part of her 'accuser' (the state government department funding the service Julie worked for) left her feeling embittered and disillusioned. Julie felt that at the time, the 'best' approach to stress management was '... to be left alone in a little cocoon and come back when i'm ready'. Julie, through her own search for meaning and understanding of her experience, sought and found a philosophical way of understanding her situation.

In answer to the question 'What did it all mean', each of the individual respondents in the study identified their own personal experience of stress. What follows is illustrative examples of the language used by the respondents to describe, at least in part, aspects of their experience.

*I looked over the edge of this cliff and before I could move away...I fell over....It can destroy your life, right down to the last little thing that you've got left - it can destroy that. If it grabs hold of you, there is nothing you can do. (Scott)*
You wake up and wished that you had not. (Bryan)

It’s not part of the facade of the competent professional to admit that you’re experiencing stress. (Wendy)

It’s sheer hell...sheer hell - it’s not something that I find easy to talk about. It’s probably the most destructive and scary thing that I’ve gone through and I don’t know if you really ever get over it. (Bud)

Stress is such an inadequate word when you talk about what happened. I think of a nervous breakdown - the whole body justs flops down. That’s what happened to me and there is no way I could get it back together again. It was total - physical, emotional, spiritual collapse, total collapse. (Julie)

In reviewing what the respondents considered the most important factor leading to their breakdown, it is interesting to note that despite often heavy work loads in terms of working hours and conditions, none of the respondents actually cited these as the most important reasons for their breakdown. Rather, the following are examples of comments made by the respondents:

Actually, it was my work mates letting me down. (Scott)

The most important factors? Isolation, being treated...being treated as sub-human ...some sort of sub-human. An abusive- my ex-manager is an abusive person. My symptomatology is exactly the same as someone who has experienced domestic violence. So, I was basically the victim of a workplace abuse situation, where I was abused and treated like - a nothing, you know , inconsequential . (Alice)

The key factor...the key factor was the horror of somebody saying, you are not doing this well, but I’m not going to tell you what you’re doing wrong. I’m just going to let you continue on and do what you’re doing until I’ve got enough to squash you - That was it . (Julie)

The comments made by Alice, Julie and Scott are typical of those made
by other respondents. Once again the central theme which emerged in the findings of this study is emphasised here, where the fundamental role of interpersonal relationships at work is highlighted. The part this played in determining the events which happened and the subsequent claim for stress lodged by the respondents will be discussed in the following chapter.

Summary and Conclusion - Findings of the Study

This chapter has highlighted the findings of the present study. For each of the three broad areas of findings a number of themes have been presented. Firstly, in terms of the presenting circumstances which the respondents identified as leading up to their claim for stress at work, five finding were presented. Of these the role of managers, supervisors and co-workers in providing support and managing the work place situation was the most significant theme for the respondents in the present study. The second finding here is that the nature of the job itself significantly contributed to the circumstances under which the workers went off with a claim for stress. Further findings presented include the role of interpersonal conflict at work in stress claims, the impact of the respondents' psychological predisposition and the role organisational change played in how the respondents were able to manage their working lives.

The second broad area of findings concern the health consequences for workers who go off work with a claim for stress. This chapter has presented a brief overview of this study's findings in terms of the health impact on the individual respondents. Whilst a diverse range of symptoms were reported by the respondents, it is the mental health
issues identified which stand out most. This study found that for most of the respondents their experience of stress at work had a significantly detrimental impact on their mental health. The considerable impact of anxiety and depression on the respondents is a major finding. This is a theme which will be explored in some depth in the chapter which follows, where the research findings of this study will be examined in light of the literature available.

A third broad area of inquiry of this study was to gain an understanding of the experiences of workers who have gone off work with a claim for stress. This study found that a lack of contact between injured workers and their workplace in the time after they went off work was a significant issue for many of the respondents. For most of the respondents, lack of contact with their workplace was considered to have had a major impact on how they were able to manage their situations. Many of the respondents spoke of feeling isolated and cut-off from their workplace during the period they were off work. Further to this, for the respondents who submitted a workers' compensation claim for stress, the process itself was seen as actually contributing to the distress the workers experienced. The punitive and supportive dichotomies of the workers' experiences of the rehabilitation process have also been highlighted in the findings of this chapter. In terms of the intent of the vocational rehabilitation system to return injured workers to the work force, this study found that for most of the respondents this was a problematical goal.

In all of the three broad areas of inquiry outlined in this chapter, a
common theme emerged which links the study findings. This theme of the central role of inter-personal relations at work and the psycho-social component of stress suggests that much can be done to reduce the potential impact and costs of stress at work. Discussion on this theme and the broader findings of this study in light of the research literature is the focus of the following chapter.
Chapter Five - Discussion

Introduction

In this chapter the research findings presented in the previous chapter will be reviewed in terms of the research literature. Major findings which the study found in its three broad areas of inquiry are presented. Firstly, the crucial role that inter-personal relationships and supports at work played in the circumstances leading up to a claim for stress being made are discussed. Secondly and most importantly, the principal finding of this study is that stress at work is associated with debilitating mental health conditions and may significantly increase the risk of suicide for the individuals concerned. Here the primary focus is on the mental health impact of events at work, as this study found this to be the single greatest health consequence for the respondents. The significant health impact of anxiety and depression and the buffering role of support are discussed in this chapter as is the increased risk of suicide for individuals who experience anxiety / depression as a result of work place stress.

How stress is experienced by workers who have gone off work is the third area of discussion in this chapter. Here the focus is on how the workers were able to cope with their situations and the role of the workplace, treating doctors, rehabilitation providers and insurance companies. A major finding is that a lack of support and contact with their workplaces was perceived by the respondents to compound the health problems they experienced. Further to this, an additional finding of this study is that return to work for stress injured workers is an uncertain and difficult goal. Following the discussion on the study findings, the chapter highlights the unexpected findings of the study, the implications of these findings,
Events leading up to a claim for stress

A major finding of this study is that interpersonal relationships between workers and their managers/supervisors and coworkers were perceived by the respondents to be the most significant factors leading up to a claim for stress being made. The significance of this finding is that for many of the respondents the symptoms they experienced, whilst treated and managed as medical problems, had their origins in the working relationships of the workers. More effective management of the individual and organisational dynamics of relationships at work may have significantly reduced the likelihood of a claim for stress arising. The importance of this finding is that it was their relationships at work which were fundamentally implicated in the respondents’ claims for stress.

Whilst the nature of their jobs and the demands these placed on the workers were identified by all of the respondents as contributing to the circumstances which culminated in their going off work with stress, it was the breakdown in interpersonal relationships which the respondents considered to be the most significant factor. One of the implications of this finding is that the respondents may not have gone off work with stress if their relationships and supports at work had been different. This findings that relationships at work play a fundamental role in the determination of the impact of stress on workers supports the work of Toohey [1993], where stress claims were identified as a form of ‘functional communication’ between workers and their workplace.
In his landmark 'Quality of Working Life Project' - an action research, organisational psychology study of Commonwealth Public Service stress claims, Toohey [1993] found that a significant number (47 per cent cited conflict with supervisors and 29 per cent cited conflict with peers) of the 232 claims he analysed were the result of a breakdown in interpersonal relationships at work. What this finding suggests is that where workers are unable to legitimately express and resolve conflicts at work, claims for stress may arise as a means to communicate concerns about their employment. The present study's findings support those of Toohey [1993], where it is concluded that workers who are unable to communicate their problems at work in more constructive ways may end up by expressing their difficulties through submitting a claim for stress.

A break-down in inter-personal relationships in the workplace was cited as being a major contributing factor in the respondents' experiences of stress in the present study. The implications of this finding on the role of communication and support at work are potentially very significant for employers, occupational health practitioners and insurance companies. Whilst the nature of the respondent's jobs and exposure to traumatic events were factors cited in this study, it was clearly the inter-personal dynamics at work which were of greatest concern to the respondents. This finding suggests that much can be done to improve the way in which work places manage relationships at work and so reduce the potential impact of workplace events on employees. This study found that a preventative, proactive approach to managing inter-personal relationships at work may go a long way to reducing the likely incidence of stress claims.
Interpersonal relationships at work were clearly perceived by the respondents to be a factor impacting on their health and wellbeing. The resultant stress claims are evidence of the breakdown in the work place relations of the respondents. This study found that the potential health consequences of unresolved inter-personal conflicts in the work place are far reaching and offer significant opportunity for more effective intervention to minimise the effects of stress at work.

Health Consequences of Stress at Work

The major finding of this study is that stress at work was associated with significant, potentially life threatening mental health consequences for the individuals concerned. Whilst much has been written about the physiological symptoms of stress, this study found the mental health impact on the respondents to be of primary significance. The principal finding of this study is that all of the respondents reported a number of mental health symptoms associated with their claim for stress at work. The fact that five of the thirteen respondents considered suicide as an option raises important issues about the potentially life threatening consequences of stress at work. Berger [1988:324] likens the ‘transactions’ between workers and the demands of the workplace to that of a ‘barter system’:

...the person under workload tries to negotiate psychologically, sociologically and physiologically better conditions for body and mind.

For the respondents in the present study, it is clear that they were not successful in negotiating such conditions.

The symptoms of anxiety and depression reported by the respondents
further indicates the potential for stress at work to result in significant mental health problems. This finding is particularly relevant given the current discussions in the literature (Australian Institute of Health & Welfare, 1998:xii), where the impact of mental health on the overall health status of communities is such that depression is estimated to become the second largest "contributor to the world's disease burden" within the next twenty years. The Australian Government, recognising the priority of mental health as a potential source of disability, launched its National Mental Health Strategy in 1998. Depression is one of the key subject areas on which this strategy focuses. This is particularly relevant to the findings of the present study, where the mental health consequences of stress at work have been highlighted.

It is important to distinguish between the common complaints and symptoms - feeling 'blue' or 'down' - experienced by healthy people in response to normal life events, from the clinically recognisable symptoms or behaviours associated with mental disorders. The distinction between the first group of symptoms and those representing a mental disorder are not in themselves self-evident and may in fact represent a continuum of severity and duration of illness. The World Health Organisation has defined a mental disorder as '...a clinically recognisable set of symptoms or behaviours associated in most cases with distress and with interference with personal functions' [AIHW 1998:7]. Karp [1996] in his study of depression identified four stages which the respondents experienced in the course of their illness. These four stages were evident in the present study, where the the respondents presented as being at different points in their adjustment to their circumstances.
The first stage Karp identified was a period of having 'inchoate feelings'. Here Karp's respondents' initial definitions of the problem was as an interpretation of the situation they found themselves in, rather than in terms of the impact on them self. In this stage, Karp's respondents' expressed the belief that they could 'make things right' by simply escaping from the situation they were in. The finding of the present study, where many of the respondents sought to withdraw from their work and the people around them replicates the findings of Karp's study. Karp [1996:31] notes that '...a huge cognitive shift occurs when people see the problem maybe internal, instead of situational'.

When the problems continued for the individuals in the absence of the identified cause, Karp identified a second stage, whereby individuals accepted themselves as 'damaged'. This stage is characterised by what Karp has termed a 'fundamental transformation in perception and identity', whereby the 'evolution of an illness consciousness' occurs. In terms of the present study, this stage was reflected in the respondents seeking out medical assistance, primarily from their treating General Practitioner in the first instance. For some of the respondents such as Bud, the acceptance of himself as 'damaged' by the events in his workplace represented a significant challenge to his self image, as to admit to having a problem was considered a sign of personal weakness.

The third stage identified by Karp [1996: 106] is that of crisis - 'a problem beyond their effort to control'. Here individuals are diagnosed and treated by clinicians and expert practitioners. In the context of the present study, this was the point where the respondents were generally referred
for rehabilitation and specialist treatments such as with psychologists or psychiatric intervention. It is at this point where 'problems' in the workplace may develop into a compensable injury, as it is here that individuals will generally first make the link between how they are feeling and events that have happened in their workplace. This is also the point at which the most of the respondents in the present study were referred to a rehabilitation provider for assessment of their return to work options.

Karp's fourth stage is that of adjustment, whereby a number of processes happen simultaneously. Individuals who have experienced depression may begin to reconstruct and reinterpret their past experiences in terms of their contemporary experiences. Further to this, the adjustment process sees the individual looking to find causes and constructing personal theories as to the nature of what they have experienced, thereby seeking to establish more effective modes of coping. In the case of the present study, Karp's fourth stage is exemplified by respondents such as Julie, who sought to make sense out of what had happened to her and to learn from the experience. Karp [1996:75] notes that the illness experience of depression is not a simple matter of working through the above stages in a sequential, linear process:

...depression often involves a life centred on a nearly continuous process of construction, destruction, and reconstruction of identities in the face of repeated problems.

For the respondents in the present study this process was played out in the workplace, with the individuals demonstrating a range of symptoms.

The fact that most of the respondents had experienced symptoms of anxiety in response to the events in their workplaces suggests that the
opportunity to intervene earlier to support the respondents may have been missed. The case for the prevention of potentially serious mental health problems associated with stress at work is a principal finding of the present study. Such a finding is well supported in the literature, with researchers such as Karvoney & Mickheeu [1986], Sciaca [1987] and Jeffrey & Foster [1996] endorsing the role of the work place in health promotion. In Australia, the 'National Health Priority Areas Report - Mental Health' [AIHW, 1998] has recommended the focus for prevention should be on the recognition and early management of risk factors which increase vulnerability. The potential for the workplace to play a primary role in the implementation of a preventative mental health strategy is noted in the report:

Occupational settings provide, largely unacknowledged, opportunities for a positive mental health approach. Workplaces have much scope to support and enhance the wellbeing of employees through their work practices and social environment. [AIHW, 1998:68 citing Turner et al 1995].

The findings of the present study suggest that for the respondents the opportunity for a positive mental health approach was lacking in their work places. Of particular interest here is the finding that the anxiety the respondents felt in the course of their work may have been a precursor to the depression they subsequently experienced.

A clinical study on the comorbidity of anxiety and depression conducted in the US by Kessler et al (1996) and cited by AIHW [1998:42] found that anxiety disorders frequently precede major depressive disorders and the anxiety disorders can also be predictive of subsequent risk of major depressive disorders. This finding indicates a key point for therapeutic
intervention, as an increase in certain expressions of anxiety may signal an increased risk of depression developing. The US study of Kessler et al (1996) suggested that early treatment of the anxiety condition experienced by the individuals may have more significant benefit than only treating the depressive disorder which later developed. In other words, early intervention to address the specific causes of anxiety may prevent the development of clinical depression. Here the potential of the workplace as a forum for early intervention to promote positive mental health outcomes is of particular interest.

For the respondents in the present study, the early warning signs of anxiety about their work were either ignored or denied. The reasons for this are no doubt complex and go beyond the parameters of this study. What is evident, however, is that a combination of personal denial - not wanting to admit they were having problems at work, combined with the stigma associated with mental health problems, suggests that the respondents were unable to articulate their concerns at an early stage. It may also suggest that coworkers and supervisors / managers were unwilling or unable to hear the concerns raised by the respondents. This finding indicates that an opportunity to intervene early and promote positive mental health in the workplace was potentially missed. Of concern here is that the low level anxiety initially expressed by workers may escalate into major depression and an increased risk of suicide. The link between anxiety, depression and suicide is particularly relevant to the findings of the present study.

Suicide is a leading cause of death in Australia, with 2394 deaths
recorded in 1996 [AIHW 1998]. The present study found that six of the thirteen respondents considered suicide as an option. Of these, two respondents (Scott & Wendy) made an attempt at suicide. The fact that mortality from suicides exceeds road deaths and that suicide is the leading cause of death due to injury in Australia [AIHW, 1998] makes this a priority areas for preventative mental health services. A further finding on suicide which is relevant to the present study is the finding by Chipsett et al 1992 [cited in AIHW, 1998:54] that individuals suffering from depression have a risk of suicide thirty times that of the general population. The life circumstances of the respondents Scott and Wendy, who attempted suicide, involved much more than the events which happened in the working lives. Both respondents had been exposed to significant personal traumas in their private lives. The finding that stress at work can contribute to significant mental health problems and increase the risk of suicide is a major outcome of this study.

Cotton [1996], writing specifically on the subject of post traumatic stress disorder, argues that the major determinants of the condition are not necessarily the incidents themselves (unless of a critical nature such as a shooting / bombing etc), but rather the underlying personality style and previous psychological experiences of the individual concerned. In terms of the stress process, Cotton noted that an individual’s acute experience of stress in his/her life can be exacerbated and compounded by past, unresolved negative life experiences. For individuals experiencing stressful events in their working lives, previous experiences of distress may be reactivated by their current circumstances, thereby leading to what Cotton [1996:26] refers to as ‘contemporary pseudo trauma.
memories and images'.

The present study's findings that six of the thirteen respondents had in fact experienced significant personal traumas in their lives prior to their claims for stress at work lends some support to Cotton's findings. A note of caution is required here, as it may be very tempting to infer from this that it was the individual's own 'weakness' that led to the problems at work, rather than the complexity of the individual / workplace dynamics. This study does not support such a finding, rather it reinforces the context of the worker and their workplace relationships as being the most significant factor leading up to a claim for stress being made. At any event, in a workers compensation system which is 'no fault based', such as that in NSW, seeking to blame individuals for what they have experienced can serve no useful purpose. The role of blame, however, does warrant further discussion in terms of the findings in this study.

Furlong & Young argue that the notion of blame and its functions in human interaction are central to individuals attempting to reestablish a sense of equilibrium when faced with uncertain, painful emotions that are overwhelming [Furlong & Young 1996:192]. The findings of the present study suggest that blame played an important role in the events which developed. At the very least, the respondents attributed a portion of responsibility to their workplace for not providing adequate supports to them, both in the period leading up to their claims for stress and in the time they were off work. It is also worth noting that many of the respondents in the study felt they were being blamed for what had happened to them. Of greatest significance, however, is the finding that
the respondents felt let down and devalued by their workplaces.

For the respondents in this study the lack of support from their workplaces stood out as being a most significant factor in their resultant claim for occupational stress. Cotton [1997] in an article on 'post traumatic stress' has questioned the proliferation of such stress injuries in the contemporary work place. His research finding reinforces much of what has been established in the field of quality of working life - that the most important factors in safeguarding against a trauma response are '...supportive management practices and positive working relations with peers and supervisors.' [Cotton 1997:46]. The present study provides further evidence on the important roles played by managers, supervisors and workers in determining workplace health outcomes. At their simplest, the respondents' words are a call for support and understanding from their coworkers and supervisor / manager.

The findings of this study provide further evidence that a failure to acknowledge and support individual differences in the workplace can significantly exacerbate problems of workload management and the pressures of the job. Significant mental health problems associated with stress at work have been highlighted. It has been argued that it is the breakdown in effective working relationships between workers, supervisors and managers which is primarily implicated in the circumstances leading up to a claim for stress being made. Milz [1989:9] in a publication of the World Health Organisation supports this argument, noting that health promotion in the work place is best addressed by ensuring that human dignity is maintained in the working conditions on
the job. This study’s findings suggest that the workplace can play a vital role in the mental health outcomes for workers. Once a claim has been made and the worker has gone off work, the role of the workplace, insurers and treating health and rehabilitation practitioners is central in determining the return to work outcome for the workers concerned.

**The Experience of Stress**

A major finding of this study is that an absence of support from their workplace in the period after they went off work was perceived by the respondents to have had a detrimental impact on their health. This study found that all of the respondents felt that the lack of support in the period after they went off work significantly exacerbated the problems they experienced. One respondent, Scott, was off work for ten months before his employer made any attempt to contact him. Whilst the length of time the respondents were off work varied (from six weeks through to twelve months) all of the respondents noted the impact that the lack of contact with their workplace had on them. The vital role which workplaces can play in facilitating a return to work for injured employees is highlighted by this finding.

The role of managers in supporting injured workers returning to the work place is highlighted in a study on back injured workers by Linton [1991]. In its findings, Linton’s study endorses the notion of ‘functional communication’ as discussed in both this thesis and the work of Toohey [1993], whereby communication between the work place and the injured worker is considered a crucial factor. Linton, [1991:189] who included an action research component in his study, whereby participating
supervisors were taught to contact absent workers on a regular basis, noted:

...mounting evidence that the type of reception and help a returning worker receives may be decisive to the long term outcome of rehabilitation intervention.

Similar findings are reported by Miller [1994] who cites 'mounting evidence' on the role played by social relations in physical and psychological recovery. Drawing on the research findings of Fryner [1992], Miller [1994:168] concludes that psycho-social factors such as the work environment and the interaction employees have with their workplace have far greater significance than do diagnostic factors in predicting return to work outcomes. In other words the way the employer manages the worker's injury and the relationship between the injured worker and their workplace are the most significant factors in determining the success of return to work programs. For the case study respondents in this thesis, a break-down in effective working relationships is evident in the vignettes presented. The findings of this study suggests that the workplace, treating health practitioners and rehabilitation providers can do much to alleviate the sense of isolation and despondency which the respondents experienced.

This study found that the workers' compensation system was itself a source of distress to some of the respondents. The process of making a workers' compensation claim was an added source of distress for five of the eight respondents who submitted an insurance claim. This suggests that the management of the claims process itself can have a direct impact on the health status of the injured worker. The respondents' experiences of the Workers' Compensation system and the surrounding
uncertainty of the acceptance of their claims provide an illustration of the impact such decision may have on the careers of the individuals involved. The present study’s findings support those of Kenny [1995 / 1996], whereby the actual management of the claims process is an area where more positive results may have been achieved. Respondents reported going through a lengthy investigation process as well as delays in the determination of their claim for compensation. These delays contributed to the sense of frustration and anxiety the respondents felt. Respondents reported both punitive and supportive experiences in the management of their stress claims. By and large the responses from their employers and insurers were perceived as being negative.

This finding is not unexpected, given the often adversarial nature of the workers’ compensation system. What is of interest here is the fact that the respondents identified this as an issue, despite the fact that the NSW Workers’ Compensation Act (1997) regulates a scheme whereby compensation payments are not dependent on the worker proving their workplace was at fault or to blame. The payment of a compensation claim is, however, dependent on the insurer / employer involved accepting liability for the injured worker. It is specifically this investigative process of determining the claim and establishing liability which the respondents in this study considered to be punitive in nature.

The largely positive, supportive role played by treating medical practitioners, allied health professionals and rehabilitation providers illustrates the other side of this dichotomy. Respondents generally spoke positively of the supports they received from counsellors and
psychologists. The role of the rehabilitation provider in supporting the respondents in their recovery and return to work was also viewed positively by most of the respondents. Here the role of the rehabilitation provider was seen by the respondents as being a neutral advocate for them. The findings of this study reporting the return to work outcomes for the respondents highlights the problematic nature of returning to work after a stress claim.

A major finding of this study is that workers who go off work with a claim for stress may not be able to return to their pre-injury employment. With only one of the thirteen respondents in this study achieving a long term return to work outcome with their pre-injury employer, it was concluded that returning to their pre-injury job was at best a difficult and uncertain process for the respondents. A number of potential barriers preventing the respondents returning to their pre-injury employment were identified. These included the poor physical and psychological fitness of the respondents, whereby their reduced functional capacities and fatigue levels were symptomatic of the health problems reported. The impact of this suggest that for workers returning after a stress claim, a combination of physical up-grading (such as a fitness / exercise program) and a graduated return to work may be beneficial. Other barriers to a return to work identified in the study include the impact of unresolved conflict in the work place and the anger, guilt and shame that the respondents felt about what had happened to them.

The psychological health of the respondents, particularly in terms of their cognitive abilities and ability to manage back in their workplaces was a
significant finding in this study. For the respondents that did attempt a return to work, the study found that they faced a difficult period of readjustment. It was also noted that the workplace may also have experienced difficulties in adjusting to the return to work of an employee who had been off on stress leave. Here the issues of concern relate to how the workplace was able to support and maintain the returning worker. The response from coworkers, supervisors and managers can be pivotal in determining the success of a return to work program. The stigma and blame associated with a worker going off on stress may mean that unresolved issues surrounding the events and how they should be managed remain. This also raises the question as to the extent that workplaces are able to change and implement practices to ensure more effective inter-personal communications at work.

Fear and stigma associated with a stress claim may result in both the injured workers and their employers being unsure of how best to manage their rehabilitation. Perhaps more importantly, it may also mean that workplaces feel powerless to do anything different in order to prevent a recurrence of the circumstances which originally led up to the worker going off with stress. Without resolving the underlying conflict or interpersonal dynamics which contributed to the stress claim, the potential for future problems remains. The findings of this study suggest that more effective management of stress in the workplace may be achieved through adopting Toohey's model of functional communication [1993], whereby stress is considered a means of communication distress. Such a model is premised upon managing the situation to prevent interpersonal issues and events at work developing into potential causes.
of stress related health problems.

**Unexpected Findings**

The principal finding of this study is the potentially significant mental health consequences associated with stress at work. It was found that all of the participants experienced anxiety about what had happened to them. Further to this, many of the respondents suffered from depression associated with the events in their working lives. Six of the respondents spoke of their thoughts of suicide, with two of the respondents making an actual attempt on their own lives. These findings confirm that workplace events can have life threatening consequences for the individuals concerned.

Whilst this study expected to find a broad range of symptoms and intensity of experiences reported by the respondents, the level of mental health problems reported was unexpectedly high. The findings of this study suggest that much can be done to reduce both the incidence and intensity of stress responses in the workplace. It also shows that the workplace offers a particularly important forum for the promotion of positive mental outcomes for workers. Essentially, it was found that early intervention to improve interpersonal communication and relationships in the workplace may have reduced the likelihood of workplace events resulting in a compensation claim for stress. Furthermore, such intervention may prevent the development of significant mental health disabilities by the workers concerned.
What does this study add compared to other studies?

The detailed discussion of the literature in chapter two of this thesis has outlined a broad array of theoretical approaches to the study of stress. It has been noted that within the extant literature there are wide ranging divisions and some disagreement as to the most suitable method to study the subject. The present study has adopted the perspective recommended by Bartlett [1998], who has called for a 'discursive approach' to provide insights on the individual experiences of people who have lived with stress. In doing so, this study has sought to provide an approach, whereby the multi faceted nature of the phenomena of stress can be examined. The study has sought to provide a systemic analysis of the phenomena of stress which takes into account the complex nature of the biological, psychological and sociological factors discussed in the review of the literature.

Building on the findings of the research studies of Cooper [1988], Toohey [1993], Ellis [1995] and Bartlett [1998] the present study offers a unique perspective on the experience of stress at work. The finding of this study that stress at work is associated with a breakdown in effective workplace communication and conflict resolution strategies is supported by the aforementioned authors. Similarly the complex psycho-social determinants associated with workplace stress found in the present study have been noted by Cooper [1988] and Toohey [1993]. This study presents an in-depth exploration of the individual experience of stress. In doing so, it has highlighted a number of significant findings. Of these, the serious mental health risks associated with anxiety and depression caused by occupational stress have been given prominence. This
finding, whilst touched upon by Toohey [1993] and Ellis [1995] is particularly significant in the present study. Further to this, the importance of managing inter-personal relationships between workers, supervisors and managers has been discussed as a prominent theme. The vital role of effective communications in the workplace and the need for strategies to link injured workers with their work have also been discussed.

This study adds a unique dimension in that it has specifically sought to understand the individual’s experience of stress. Such an approach, rather than seeking to define or measure what stress is, highlights the social and relationship dimensions of work which can contribute to individuals experiencing mental health problems. Taking up the challenge posed by Bartlett [1998] who called for ‘cutting edge research’ to highlight how individuals experience, interpret and perceive workplace events, this study offers a first hand account of the discursive nature of the stress experience. In doing so, it has been able to highlight the process whereby events in the workplace can result in detrimental health consequences for the individuals involved, as well as the loss to the employer of a major resource.

Limitations of the study

Five potential limitations of case study research have been found in this study’s review of the literature [Lincoln & Guba 1985, Merriam 1988, Hammersley 1993 and Yin 1994]. Firstly, limitations may be caused by too much depth of data. The risk here is that the sheer volume of data generated may limit the researcher’s capacity to adequately analyse all of the data. This may be compounded by ‘poorly constructed questions’
from the researcher [Yin 1994]. This study has sought to address such a potential limitation firstly through the use semi-structured questions, to allow the respondents to provide open answers to the questions and secondly through the reduction of data into emerging categories / codes.

The second limitation of qualitative studies such as that presented in this thesis is that researchers may be tempted into over-simplification or exaggeration of a situation. According to Lincoln & Guba [1985], this can lead the reader to erroneous conclusions about the actual state of affairs - which may result in the reader being 'seduced' into thinking the case studies are accounts of the whole: '...they tend to masquerade as a whole, when in fact they are but a a part - a slice of life.' [Lincoln & Guba, 1981:377 cited in Merriam 1988:33]. Yin [1994:80] further warns that 'response bias' may also see the study respondents telling the interviewer what they believe s/he wants to hear. This study has attempted to overcome the potential impact of such a limitation through its acknowledgement that the data presented can only provide a 'snapshot' of the respondents experiences of stress at work.

A third point on the potential limitations of qualitative studies is that they depend on the sensitivity and integrity of the investigator to obtain relevant data. Whilst this is a limitation which potentially applies to any research, the qualitative researcher as the primary instrument for data collection and analysis, is limited by the training and the guidelines available. In the context of this thesis, the researcher's background as a rehabilitation consultant is presented as valid basis from which to undertake such 'sensitive' research.
The fourth limitation of this study concerns the 'unusual problem of ethics' in qualitative studies. Lincoln & Guba warn that:

An unethical case writer could select from among available data that virtually anything he wished could be illustrated. [Lincoln & Guba, 1981:378 cited in Merriam 1988:34].

The ethics underlying this research and the use of respondent feedback to check on the accuracy of the research findings are clearly articulated in this thesis. A final point on the limitation of this study is that issues of reliability, generalisability and validity need to be congruent with those of qualitative methods. Qualitative research advocates that the terms 'credibility', 'dependability' and 'confirmability' provide a more appropriate measure to evaluate a study than do the measures which are more generally applicable to a quantitative research design [Krefting 1991, Crabtree & Miller 1992, Hammersley 1993]. For Krefting [1991:86], the credibility of a qualitative study is demonstrated where a reader of the description / interpretation in the study, who has shared that experience, immediately recognises the descriptions as real. A further limitation of the qualitative case design, such as that used in this study is that no conclusions can be drawn about the 'causation' of workplace stress. This study has sought to overcome such a limitation by concentrating on the respondents' perceptions of what they experienced.

The researcher in this study has attempted to address the limitations noted above through the design, analysis and writing of the study findings. The specific limitations of this study relates primarily to the purposive sampling procedure involved and the small case study population. This limits the transferability of the research, in that the study findings can not be generalised to situations where occupational stress
has been identified.

Summary of Findings

This research is based on the premise that stress is not a medical condition per se, but a process whereby an individual's response to certain demands placed upon him/her may be experienced as illness. Such a perspective considers stress as a social construction, rather than a biomedical or psychological condition. It has been argued by Toohey [1993] that it is the language of stress which results in the medicalization of workplace events and the subsequent escalation of a compensation claim. This study has sought to further explore this notion, using the cases of the individual respondents to highlight the impact that stress at work can have.

The phenomenon of occupational stress has been explored in this thesis through the experiences of the thirteen case study respondents. In seeking an understanding of the concept of stress, this study has highlighted the complex inter-play of factors involved in the diagnosis, treatment, compensation and rehabilitation of stress as a work related injury. Major findings can be summarised in terms of the three broad questions examined in this study. Firstly, analysis of the events leading up to a claim for stress being made found that whilst a number of factors contributed to the distress the respondents felt, it was the lack of support received from coworkers, supervisors and managers which was perceived by the respondents as being most significant. The health consequences for the workers involved, specifically the potentially life-threatening mental health problems of unresolved stress are the second
group of findings presented in this study. Indeed, it has been argued in this thesis that the significant mental health consequences associated with stress at work are the major finding of this study. This finding has implications for the prevention, diagnosis, treatment and rehabilitation of mental health conditions in the work place.

A third group of findings in this study concern the impact on workers of the events that take place after they have gone off work with a claim for stress. The adversarial nature of the workers compensation system, the perceived lack of support from workplaces to workers who have gone off with a stress claim and the problematical nature of facilitating a return to work were all found to be of significance in this study. In essence, these findings suggest that much can be done to reduce the impact of stress on workers and to facilitate their return to work when they are able to do so.

Implications for workers and employers

The findings of this study have implications at a number of levels. Firstly, for workers experiencing difficulties in their working lives, this study reinforces the vital role of effective inter-personal communication with coworkers, supervisors and managers. In reviewing the circumstances which culminated in the workers going off work with a claim for stress, it was found that a breakdown in functional communication between the parties involved was the most significant factor. A further implication of this finding is the role which supervisors / managers can play in the management of workplace issues, as the respondents felt misunderstood and poorly supported by their workplaces in the period leading up to their claim. The role for the workplace to keep in regular contact with
workers in the period after they have gone off work, to support them and link them with their workplace is another important implication drawn from the findings in this study. Respondents in this study clearly indicated that they did not receive adequate support or contact from their workplace in the period they were off work after making a claim for stress.

The implications for work places managing and supporting injured workers returning to work after a stress claim are also considerable. At the very least, this study has highlighted the difficult and problematical task of returning 'stress injured' workers to their pre-injury employment. This finding has significant implications for all parties involved in providing and supporting return to work programs for workers who have gone off work with a claim for stress. As previously noted in this chapter, the significant predictive value of psycho-social supports in facilitating a successful return to work outcome for injured workers has been established in a number of recent studies. This implies that the workplace can play a crucial role in determining the success of rehabilitation programs for workers who have gone off with a claim for stress. The evidence considered in the present study suggests that failure by the workplace to adequately support injured workers significantly reduces the prospects of a successful return to work.

Implications for Health Practitioners

Further significant implications of this study relate to the mental health consequences of stress at work. The level of anxiety and depression reported by the respondents suggests that earlier intervention and appropriate referral to treating practitioners may have reduced the
mental health burden for the individuals concerned. In addition to this, the pivotal role of treating medical practitioners, allied health professionals and rehabilitation providers was found to be crucial for a successful return to work for injured workers. A further implication that can be drawn from the study's findings is that therapeutic intervention to alleviate the health complaints workers' experience as a result of stress at work needs also to address the actual problems which have precipitated the symptoms. That is to say, rather than simply treating the physiological and psychological symptoms identified in this study, health practitioners also need to help workers identify the underlying causes and to address unresolved issues surrounding their claim for stress.

Implications for Compensation Claim Managers

For insurers managing stress claims the major implication of this study is that the process of investigating and determining liability of a compensation claim may actually contribute to the anxiety experienced by the claimant. The adversarial, litigious nature of the workers' compensation system was seen by the respondents as a negative factor which impacted on their health and recovery. Whilst it is perhaps inevitable and indeed desirable that a claim for compensation be thoroughly investigated to establish the validity of the claim, the process involved needs to take careful account of the potential impact on the individual workers involved. Further to this, this study has highlighted breaches in trust and confidentiality on the part of insurance investigators, which did little to facilitate a return to work for the individuals concerned.
Suggestions for further research

This study has acknowledged the considerable amount of existing research into the concept of stress in the work-place. As previously noted, much of the existing research literature is focussed on studies emphasising pathological, rather than sociological dimensions of stress. This thesis has recommended a shift in focus for future research into stress, whereby the cultural determinants and the social processes involved can be more clearly understood. Such an approach calls for a greater role for qualitative studies, in order that a clearer understanding of the systemic implications of the stress concept can be reached.

This study's focus on the individual health consequences of stress at work suggests that further research into the symbolic centrality of the concept in terms of occupational health is warranted. The individual symptoms and experiences of stress described in this thesis may be very similar to those reported in a wide-range of occupational health complaints. Future research may usefully explore further whether such a relationship exists, thereby implicating stress in terms of its systemic epistemology. Research into the prevention of stress is a plea made by many of the case study respondents in this thesis.

This study has suggested that significant steps can be taken to reduce the impact of stress on both the individual and the work place. Similarly, future researchers may wish to explore further the role of blame and individual psycho-social history as variables in the individual experience of stress. Further study into the social determinants of stress, particularly
in terms of the organisation, management and culture of contemporary work places are supported by the findings of this study. The depth of individual experiences of the compensation, litigation and rehabilitation systems and the mental health impact of stress at work provide rich ground for further study of the themes identified in this study. The research presented in this thesis suggests that a simplistic approach to the management of stress and the return to work of injured employees is unlikely to result in significant improvement in individual or organisational health.

Conclusion

The research summarised in this thesis presents the reader with a window into the experience of stress at work. A case study research design has been utilised by the researcher. This thesis represents an attempt to explore the meaning of stress at work and the process through which individual workers come to experience ill health as the result of events in their working lives. Such an approach seeks to better understand stress in terms of its symbolism as an artefact of the human experience of work. In the context of this thesis, the complex inter-play of factors which constitute individual health are illustrated through the case study data.

Factors such as the physical, psychological, political, social and spiritual determinants of health [Milio 1988] are explored through the language and experiences of the respondents. In presenting the findings of this study, the intent of the researcher is to provide insights useful to both individuals experiencing stress and work places attempting to manage it.
At its simplest, this thesis has highlighted the central importance of interpersonal relationships at work and the role played by communication in the work place and in the rehabilitation process. Key concepts such as trust, blame and transparency are encapsulated in the research findings. The roles of workers, managers, insurers, doctors and rehabilitation providers in managing workplace stress has been highlighted in this study.

The reader of this thesis is encouraged to listen to the case study respondents, to truly hear what it is they are saying about their experience of stress. Such a message suggests that stress cannot be simply treated separately from the individual, social and environmental context in which it occurs. This thesis has suggested that the stress concept is likely to remain a factor of significance in individual health at work. The extent to which this is expressed in Human Resource costs such as absenteeism and compensation claims will largely reflect the cultural context in which stress is considered. This study has sought to contribute to the existing knowledge base through its detailed exploration of the individual experience and meaning of the stress concept.

In the final analysis, this thesis represents an attempt to better understand the individual case study respondents’ experience of stress in their working life. Through such an approach it is the author’s intention that the relationship between the individual, employer and society can be better understood. It is also hoped that this study has contributed to a
better understanding of the potentially significant mental health problems which can result from a breakdown in interpersonal relationships at work. By gaining greater insight into the social and cultural determinants of stress, it is the author’s belief that the pathology of stress can be better understood and thereby managed. This thesis represents an attempt to provide such an insight.
APPENDICIES

Appendix (A) - Note on CONFIDENTIALITY

Confidentiality is an integral component in any relationship involving trust. Participants in the research were assured confidentiality by way of:

* Non-identifying data only were used in the report - all names have been changed to disguise the identity of the respondents.
* No personal information was disclosed to a third party without the written consent of participants.
* The researcher, as a commonwealth public servant, was bound by the provisions and requirements of the Privacy Act.

In the event that any potential conflict did arise, it was anticipated that the provisions for 'ethical research' [see for example University of Wollongong Ethics Committee Guidelines] would provide an appropriate focus for resolution.

RESPECT

The specific focus of this research is into gaining an understanding of the meaning of occupational stress as an injury. As such, it is the perspective of the respondents that is of interest. The researcher is therefore committed to ensuring that respect for the individuals and their experience is validated throughout the research process. This was achieved through direct and open communication with the participants regarding the role of the researcher. Further to this, data verification through gaining feedback from the respondents will ensure respect is maintained.

In the course of obtaining respondents for this study, contact was made
with the families of two males who had died since the closure of their rehabilitation program. Sam, a state government employee died of a 'heart attack' according to his spouse. Having met Sam in the context of his rehabilitation program, I couldn't help thinking that Sam had 'worried himself to death'. Colin, a technical officer for a Commonwealth government department died under tragic circumstances. The researcher was informed by his mother that Colin had 'taken his own life'.

EMPOWERMENT

As dialogue is the raw data of qualitative research, it is through discourse that empowerment can be facilitated. In enabling participants to articulate their own experience and sense of meaning, it is the intention of the researcher that such a process can also be empowering for the individuals involved.
APPENDIX B
University of Wollongong
Human Research Ethics Committee

Consent Form

“Hearing Their Voices: Case Studies on Psychological Injury in the Workplace”.

A Research Thesis by Neil Lindsay

I give my permission to record an interview with Neil Lindsay regarding my experience of occupational stress. I understand the data gained will be used as part of a thesis on the subject of occupational stress and that the findings may be published. I consent for the data to be used in this manner.

This research is being conducted as part of a Doctoral thesis supervised by Dr. Lindsey Harrison in the Department of Public Health and Nutrition at the University of Wollongong.

The research involves participants being interviewed about their personal experience of occupational stress. The interviews will be tape-recorded and then transcribed for the purpose of coding. Interviews will take about one to one and a half hours. No identifying details will be included in the research report. A copy of the tape / transcript will be made available to research participants. The transcript and the recording will be confidential and will only be seen by myself, the interviewer (Neil Lindsay), Dr Lindsey Harrison and the person responsible for transcribing the recording. Real names of participants and any identifying details will not be used during data collection or in the transcript or any future publications.

I understand that I am free to withdraw from this interview / research without prejudice to myself at any time by speaking to the interviewer, and that all data from me will be destroyed.

If you have any enquiries regarding the contact of this research please contact the Secretary of the University of Wollongong Human Research Ethics Committee on (02) 42214457.

If you agree to take part in this research, please sign below:

(Name / Address / Contact details)
Appendix C - Participant Information Sheet

Dear,

Hello! My name is Neil Lindsay - I am a Senior Rehabilitation Consultant employed by the CRS Australia in Coffs Harbour, NSW. I am currently undertaking research into the field of occupational stress as part of my academic Thesis.

I would like to be able to speak to you about your personal experience of stress. My particular focus is to talk to workers and managers about stress in the work place. What I would like to do is to hear your story - from your own point of view.

This research is an attempt to better understand what it is like for people that have gone through the experience of occupational stress. Whilst the statistics can tell us part of the story, I am particularly interested in your own experience. The research will be undertaken by myself conducting an informal interview with you, with your permission of course. The intention is that your story and that of others can then be put together into a research report which will try and interpret the meaning of occupational stress. Interviews will be recorded, to ensure that what you said is accurately recorded. The tapes will then be transcribed and then coded to identify emerging themes. A thesis will then be written to discuss the findings of the study. The attached consent form outlines how your confidentiality will be safe-guarded.

If at any time during the research you wish to withdraw your permission to participate, all you have to do is let me know, either by telephone or in writing. I can be contacted during office hours at (02) 66512233 or at my home number on (02) 66514623.

Thank you for taking the time to consider this matter. If you are interested in participating in the research project, would you please return the attached consent form to me in the prepaid envelope provided. Please provide your telephone contact details, so that I can then arrange a suitable time to meet with you. If it is convenient for you, I have available a private room in the offices of CRS Australia, which will allow us to have a confidential interview. I can go through the research project with you and explain in detail how your privacy will be protected. If you are the in agreement to proceed with a recorded interview, I will go through the consent form with you and ask you to sign it. Do not hesitate to contact me for any further details about the research project.

Yours Sincerely
Neil Lindsay
Research Student

[156]
Appendix D - Focus Questions for In-depth Interviews (Injured Workers)

(1) (a) "I understand that you have been off work with a "stress related injury" - would you please tell me the details in regard to this?"
(b) Please describe to me the job you were doing and the circumstances that led-up to you going off work.
(c) How long have you been off work now?
(d) How would you describe your employers response to your "stress injury"?

(2) (a) "What has happened to you in the time you have been off work?"
(b) Please tell me about any involvement you might have had with the medical / legal / rehabilitation services.
(c) What has been of greatest assistance/support to you during this time?
(d) Is there anything that you would like to have seen done differently?

(3) (a) "Do you think you will get back to your previous job?"
(b) How do you feel about this?
(c) Is there anything your workplace could have done that might have made a difference for you?
(d) What does the future hold for you in terms of your work?

(4) "It is generally accepted that experiences such as yours also have an impact on immediate family members. Would you please tell me if your family has been affected by your "stress injury" and if so, in what way?"

(5) (a) "What do you think contributed to your "stress related illness"?"
(b) Do you believe that something could have been done to prevent your current circumstances being the way they are - if so, what?

(6) What advice/feedback would you give to anyone wanting to know about how "stress" has effected you?

(7) By way of closing our interview, is there anything else you would like to say or add to our discussion?

"If you have nothing further you wish to add, we will finish the interview at this point in time. I would like to thank you for your participation and to remind you that I will make a copy of the tape or transcript available to you, should you want it".
Appendix E - Researcher Role

The writer’s role as researcher in this study was primarily to provide an instrument through which the individual experience and meaning attributed to stress could be explored. In this context, I have sought to enable individual workers to discuss their own experiences of stress in their work. Interviews with the respondents, which averaged approximately one hour and a half duration, were recorded on an audio tape recorder. These tapes were then transcribed and the data coded for emerging themes. Where possible, the respondents’ own words have been used to illustrate the salient points of the study. In the end, however, the choice of what material to use and to discard is made by the researcher.

The case study method discussed in chapter three details the procedures followed for data collection and analysis. Murphy et al [1998] warn that it is not only the researcher’s assumptions which may shape the research; the ‘structural position’ and ‘ascribed characteristics’ of the researcher may have an influence. Respondents in the research may provide feedback which is considered ‘appropriate’ for the researcher, that is, what they think the researcher wants to hear. Murphy et al [1998] also caution the qualitative researcher against ‘going native’, where the researcher identifies with the respondents’ perspectives and fails to see these as problematic.

The research presented in this thesis is based on three components: data obtained in the field, existing empirical knowledge on stress and my field experience as a Social Work practitioner in a vocational

**Researcher Bias**

All research entails some form of bias, be it on the part of the researcher, the reader or the body funding the research [Lincoln & Guba 1985, Merriam 1988, May 1993, Atkinson 1994]. The qualitative research paradigm seeks to address the issue of potential bias through acknowledging its existence and in being aware of the potential impact on the research process [Lincoln & Guba 1985]. Merriam [1988] argues that research is filtered through such factors as the world view, values and perspective of those involved. Collins [1992], drawing on the work of Freire in the field of education, reinforces the notion that there is no such thing as neutral research. For Atkinson [1994], the end product of research, such as that presented in this thesis, is considered an artifact, much the same as any cultural product. From such a perspective, the research process is inextricably linked to the social construction of reality [Berger & Luckman 1966]. Indeed, the very act of observing is influenced
by the expectations of the researcher and his/her ability to see [McNamee 1988]. Murphy et al [1998] note that it is incumbent upon the researcher to make explicit the perspectives adopted in the study. In other words, a study can only present a particular view of the phenomena in question.

As a researcher, it is crucial to clearly articulate my own involvement as both a participant and observer of the phenomenon of stress in the workplace. I have been employed as a Social Worker in the field of vocational rehabilitation since June 1991. During the course of this employment I have provided rehabilitation and counselling supports to many individual workers who have gone off work with a stress injury. It is in this context that the research presented in this thesis was initially considered. At its simplest, the philosophical basis to the research is drawn from my own view that stress is better understood as a process rather than simply in terms of its pathology. Such a view is primarily a result of my background in social work, where systemic analysis forms an integral part of professional practice. It is a view which has been reinforced by my academic interest in the diverse fields of health promotion, occupational health and safety and industrial relations.
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Age</th>
<th>Employer</th>
<th>Compensation status</th>
<th>Medical diagnosis</th>
<th>Return to work outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>44</td>
<td>Non-Government Community Agency</td>
<td>Claim denied by insurer, accepted after court case.</td>
<td>'Anxiety disorder'</td>
<td>Left pre-injury job, found new position after completing studies.</td>
</tr>
<tr>
<td>Betty</td>
<td>48</td>
<td>Local Government Council</td>
<td>Accepted claim.</td>
<td>'Stress related tremors, chest pains, insomnia.</td>
<td>Terminated from job after 'failed' return to work. Unemployed at date of interview.</td>
</tr>
<tr>
<td>Bryan</td>
<td>65</td>
<td>State Government Statutory Authority, recently privatised.</td>
<td>Accepted claim.</td>
<td>'Major depressive disorder'</td>
<td>Unemployed at date of interview.</td>
</tr>
<tr>
<td>Bud</td>
<td>34</td>
<td>State Government - Welfare</td>
<td>Accepted claim.</td>
<td>'Anxiety / depression'.</td>
<td>Attempted graduated return to pre-injury job, quit and found new job.</td>
</tr>
<tr>
<td>Craig</td>
<td>33</td>
<td>Privately owned sugar mill</td>
<td>Claim denied, court case pending at time of interview.</td>
<td>' Adjustment reaction / alcohol abuse'.</td>
<td>Quit job, Unemployed at date of interview.</td>
</tr>
<tr>
<td>Geoffrey</td>
<td>36</td>
<td>State Government - Prison</td>
<td>No claim made.</td>
<td>'Anxiety / Neurosis'.</td>
<td>Returned to full pre-injury job.</td>
</tr>
<tr>
<td>Julie</td>
<td>54</td>
<td>Non-Government Community Agency</td>
<td>Claim denied at first by insurer, accepted after court case.</td>
<td>Work related stress'.</td>
<td>Left pre-injury job, found new position after completing studies.</td>
</tr>
<tr>
<td>Karen</td>
<td>52</td>
<td>State Government - Welfare.</td>
<td>Accepted claim.</td>
<td>'Stress disorder related to work'.</td>
<td>Medically retired, Unemployed at date of interview.</td>
</tr>
<tr>
<td>Maria</td>
<td>36</td>
<td>Private - Commercial TV Station.</td>
<td>Claim denied at first by insurer, accepted after court case.</td>
<td>'Work related stress'.</td>
<td>Left pre-injury job, found new position after completing studies.</td>
</tr>
<tr>
<td>Scott</td>
<td>27</td>
<td>State Government - Prison</td>
<td>Accepted claim.</td>
<td>'Cervical pain from car accident'.</td>
<td>Returned to work for 6 myths, then medically retired.</td>
</tr>
<tr>
<td>Sean</td>
<td>37</td>
<td>Commonwealth Government</td>
<td>No claim made.</td>
<td>'History of P.T.S.D. / Major depression'.</td>
<td>Left job, unemployed at interview.</td>
</tr>
<tr>
<td>Tom</td>
<td>51</td>
<td>State Government - Prison</td>
<td>No claim made.</td>
<td>'Major depression'</td>
<td>Medically retired, unemployed at date of interview.</td>
</tr>
<tr>
<td>Wendy</td>
<td>46</td>
<td>Non-Government Community Agency</td>
<td>No claim made</td>
<td>'Myopathy, hypertension, ischaemic brain injury, depression'.</td>
<td>Returned to pre-injury position, lost job in 're-shuffle', unemloyed at interview.</td>
</tr>
</tbody>
</table>

**Appendix F (1)**

Summary of respondents' background information and employment outcome.
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Circumstances leading up to claim being made</th>
<th>Health Impact on Respondent</th>
<th>Experiencing the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice</td>
<td>Human resource management: 'sick workplace'</td>
<td>Disturbed sleep, weight loss, collapsed, anxiety / depression, suicidal ideation</td>
<td>Traumatic. Workplace not supportive, insurance claim exacerbated problems.</td>
</tr>
<tr>
<td>Bryan</td>
<td>Interpersonal Conflict. Predisposition: prior psychiatric history</td>
<td>Anxiety / depression.</td>
<td>Job was his life - 'snatching it away' left him feeling he was 'drowning'.</td>
</tr>
<tr>
<td>Bud</td>
<td>Organisational dynamics / change. Loss of control.</td>
<td>Anxiety / depression / withdrawal</td>
<td>'Sheer hell' Workplace not supportive, claims process reinforces 'victim' status.</td>
</tr>
<tr>
<td>Craig</td>
<td>Interpersonal conflict.</td>
<td>Depression, substance abuse, generally 'run down', suicidal ideation.</td>
<td>Management created all the problems - there was no support / understanding.</td>
</tr>
<tr>
<td>Geoffrey</td>
<td>Human resource management: accused of 'malingering.'</td>
<td>Sleep disturbance, mood swings.</td>
<td>It is just something that I had to put up with. Workplace culture denied problem.</td>
</tr>
<tr>
<td>Sean</td>
<td>Predisposition: prior psychiatric history Human resource management: lack of support / training.</td>
<td>Anxiety / Depression, loss of confidence self-esteem.</td>
<td>Lack of understanding from work, need to be treated as a person, not a 'number cruncher'.</td>
</tr>
<tr>
<td>Tom</td>
<td>Job demands: exposure to trauma Human resource management: lack of support.</td>
<td>Sleep disturbance, intrusive nightmares, 'flashbacks', thought disturbance, major depression, substance abuse.</td>
<td>Left feeling a 'nobody' with 'nowhere to go'. Priority of management should have been to look after staff.</td>
</tr>
<tr>
<td>Wendy</td>
<td>Job demands: child welfare work. Predisposition: abusive background.</td>
<td>Thought disturbance, nightmares, withdrawal, suicide attempt.</td>
<td>Isolated, lack of contact and support from workplace, loss of sense of identity.</td>
</tr>
</tbody>
</table>

Appendix F(2): Matrix showing summary of thematic codes derived from each respondent interview.
References


