



Causes of occupational stress among drugs and substance abuse rehabilitation counsellors in the selected counties of Kenya

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ABSTRACT

Stress is an adaptive response, mediated by individual characteristics and/or psychological processes that are a consequence of any external action, situation or event that places special physical and/or psychological demands upon a person. A total of 112 out of 132 rehabilitation counsellors completed occupational stress questionnaire and 13 administrators were interviewed in five counties. Descriptive statistics (mean, standard deviation and percentages) were used to analyse the data. Results of the study revealed that the causes of occupational stress were found to be workload, clients', organisational and interpersonal demands. The study further revealed that demographic and work characteristics interacted with the causes of occupational stress. This study recommends that regular assessment of occupational stress for preventive measures be done among the respondents.

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Introduction

The concept of occupational stress has been an issue of increasing concern to researchers and the public over the last two decades and efforts in this area have gained momentum with the current concern on the quality of working life (Martha, 2011). Occupational stress is a condition in which work related factors interact with the workers to change ones physiological condition such that one deviate from normal functioning. Many researchers among them Seyle (1956), Lazarus and Folkman (1984) studied work related stress and demonstrated its direct and indirect costs. While occupational stress has been studied frequently in the West, there has been scanty research on the topic in Kenya (Mutai, 2015). According to Mutai (ibid) this situation is not unique to rehabilitation centres in developed countries only, but also in a developing one like the country of Kenya.

Drug and substance abuse rehabilitation counsellors enter the field of rehabilitation with a variety of motivations (Martha, 2011). In Kenya, many choose counselling as a career because of a desire to help others in need, receive intellectual stimulation, or even achieve high status. For the most part they are dedicated, concerned persons who wish to offer themselves and their resources to assist clients in their development and rehabilitation (Gachutha, 2006). Drugs and substance abuse rehabilitation counsellors supports and advocates for the progress of each client through daily communications, thinking and problem solving as this is at the core of counselling process. It is conceivable that drugs and substance abuse rehabilitation counsellors have a huge impact on their clients' live on a daily basis (Mutai, 2015). This is through attending to their many psychological, behavioural and physical concerns. However, there is an inescapable stress producing conflict between the counsellors' commitment to give or help and reality that frequently one cannot offer enough help especially when it comes to relapses or the dying clients. This experience actually triggers occupational stress in rehabilitation counsellors.

Documentations of stress at work indicate that stressors can come from multiple sources. Some stressors are identified as routine work stress, or those intrinsic to the job, some are related to the employee's role within the organization (role identity stress), some to interpersonal stress, some to career development, and still others to work environment stress, or of the climate and organization of the work place (Crim, 2013; Victoria, 2012; Layne 2001). Stress associated with rehabilitation counselling stems from a wide variety of external and internal sources. Crim (2013) categorized sources of occupational stress into five namely documentation requirements and a lack of time to complete paperwork, experiencing difficulty with clients, managing relationships with co-workers, experiencing an organizational culture including adapting to change and management structure, lack of diversity and racism. Victoria (2012) on the other hand noted that the most common stressors among addiction counsellors were individual stressors, paraprofessional stressors, organizational stressors, systemic issues, and therapeutic work with clients. Although specific causes of occupational stress have been studied in the west, little is known about causes of occupational stress among rehabilitation counsellors in Kenya.

Objectives

- (i) Determine causes of occupational stress among rehabilitation counsellors in selected counties of Kenya.

Research Question

- (i) What are the causes of occupational stress among rehabilitation counsellors in the selected counties of Kenya?

Methodology

The study was carried out in drugs and substance abuse rehabilitation centres in the five selected counties in Kenya namely, Nairobi, Nyamira, Trans Nzoia, Uasin Gishu and Kiambu. The study adopted a descriptive survey design (Kombo & Tromp, 2006) that described occupational stress among rehabilitation counsellors in selected counties in Kenya. The research design enabled the researcher to obtain information from a representative population and described the situation, as

it existed. The researcher used stratified sampling to categorize the centres into counties in which there were 44 centres in 14 counties. Purposive sampling was used to get the sample required for the study from rehabilitation centres. Five counties were purposely selected as it was considered appropriate due to its population representation. A total of 132 out of 204 rehabilitation counsellors participated in this study. Purposive sampling was also used to select 13 administrators in charge of personnel in the 26 rehabilitation centres. Purposive sampling was used because rehabilitation centres had very few counsellors.

Data collection procedures

This was a descriptive survey study that made use of the questionnaire and an interview schedule as the main tools for data collection. The researcher sought for a research permit from National Commission for Science, Technology, and Innovations (NACOSTI). The researcher also contacted the administrators of the selected drugs and substance abuse rehabilitation centres in order to make pre-arrangements with individual rehabilitation counsellors on the appropriate date and time of data collection.

i. Questionnaire

Researcher utilised Occupational Stress Survey Questionnaire. The items focused on organisational structures and processes, inter-relationships lack of resources, workload, and client related difficulties. The data collected from the questionnaires was organized, coded and analysed using descriptive statistics including frequencies and percentages. The researcher carried out a pilot study in Nakuru County and computed the internal consistency co-efficiency of reliability of the questionnaire that yielded an index of 0.72.

ii. Interviews

The interviews were carried out with the personnel administrators of rehabilitation centres only. The questions were open-ended which gave the respondents a chance to discuss the statements freely and exhaustively. The purpose of the semi-structured interview was to access the broad perspective of the occupational stress situation in the respective centres. The key themes that the interview covered were causes of occupational stress and, causes of occupational stress on demographic and work variables. Information from the interview was analysed qualitatively. The interview schedule was administered in Nakuru to administrators of the rehabilitation centres. It yielded an index of 0.74 that was considered reliable for use in the study.

Results

Demographic Characteristics

Majority 49(35.7%) of respondents were between 26-30 years age and the lowest 0.9 (1%) between 51-55 years. Age varied between 20 years to 60 years old. Virtually, a total of 64 (57.1%) were female while 48 (42.9%) were Male. The highest percentage for marital status was single 54.5 % (61) while the lowest category was at 4.5% (5) for widowed respectively. The educational qualifications for respondents showed that more than 43.8% (49) held higher diplomawhile the least were PhD holders 1.8% (2). The number of years that the respondents had worked ranged from 1 – 30 years. Results showed that more than 40 (35.7%) of the respondents had experience of less than 5 years, and only one (0.98%) had worked for over 30 years. About 65 (58%) of the respondents served between 11- 20 clients while the least of the respondents 2 (2.7%) served less than 10 clients per week. The highest number of the respondents 39 (34.8%) worked between 31 – 40 hours while less than six (5.4%) worked over 50 contact hours per week.

Causes of occupational stress

The objective was to determine the causes of occupational stress among the rehabilitation counsellors

Causes of occupational stress were divided into four subscales and yielded the results as shown in Table 1.

Table 1. Rehabilitation Counsellors' ratings of Mean Scores and SD on Causes of Occupational Stress based on Subscales

Subscales	M	SD	Level
Workload demand subscale	5.24	0.8	Very high
Clients demand subscale	4.52	0.66	High
Organisational demand subscale	3.09	0.78	Moderate
Interpersonal demand subscale	2.39	1.91	Low

As can be seen in Table 1, the drugs and substance abuse rehabilitation counsellors felt that workload (M= 5.24, SD = 0.81), clients demands (M= 4.52, SD = 0.66) and organisational demands (M= 3.09, SD= 0.78) were stressful factors while on the other hand, interpersonal demand (M= 2.39, SD= 1.91) was less stressful. This result is in agreement with the findings of Farmer *et al.* (2002) who suggested that clients demands rather than organisational demand was a significant predictor of job stress. The results reveal that the causes of occupational stress among drugs and substance abuse rehabilitation counsellors were work related demands, clients related demands and organisational related demands.

The findings of the current study indicated that Workload was the main stressor among the respondents. The findings concur with previous studies (Crim, 2013; Nabirye, 2012; Victoria, 2012; Broome *et al.*, 2009) who reported that workload was one of the main stressors that lead to stress or burnout. Workload could have emanated from excessive paper work for documentation, meeting deadlines and assignment of increased responsibilities. Perpetual workload is evident in the centres as the findings depicted that 58% of the respondents served between 11-20 clients while 35.7% served between 21-30 clients per week. The statistics were interpreted to mean that the respondents work with that number of clients every day in order to monitor their progress. This can be stressful as the work entails some procedures and documentation. Five administrators admitted that the drugs and substance abuse rehabilitation counsellors face occupational stress and chronic workload when rehabilitation centres face turnover, staff being on leave, vacancies not filled and when staffs that are hired are not experienced. These means that workload would be divided among current rehabilitation counsellors who are already having caseloads. Melgosa (2006) argued that some employees are motivated to perform when there is a lot of pressure. However, occupational stress in drugs and rehabilitation centres may need to be controlled since excessive pressure is known to result in negative effects for the clients, rehabilitation counsellors and centres.

The second factor that emerged as a cause of occupational stress in this study was client related demands. Important stressors identified among drugs and substance abuse rehabilitation counsellors in this subscale were issues to do with working with difficult clients, slow change in clients, dealing with death/ relapse/ suffering of clients and personal insult from client. Other stressors emanated from low client motivation and commitment levels. The results of this research indicate that the nature of addiction itself presents considerable difficulties to counsellors in which can result in stress. The findings are in line with the results of other studies (Oseret. *al.* 2013; Gachutha, 2006; Rupert & Morgan, 2005; Layne, 2001) which noted that

issues like the rise in concurrent disorders (mental and personality disorders) rising from substance use are chronic conditions that can take toll on clients and counsellors alike. The findings are in agreement with observation made by Sangeeta(2010) who believed that counselling is an emotionally demanding job since it emerges in interactions with individuals who are either in crisis or suffering and perceived by society as unworthy.

This is also in agreement with the findings of Bride *et al.* (2009) that 75% of drugs and substance abuse counsellors developed symptoms of secondary traumatic stress due to what clients shared about their traumatic events and sufferings. Much of the stress stemmed from having clients with issues that are beyond the scope of their practice. Rehabilitation counsellors have to make a decision on whether to continue with the same clients or make a referral. Although making appropriate referrals is part of professional practice, critical decision need to be made about the appropriateness of that referral as some clients are difficult and uncooperative or sometimes may refuse to continue with another counsellor.

The third factor was organisational demands. Organisational demands are characteristics or functions of the workplace or work culture that may increase feelings of strain in the life of the employee. Research on the correlates and antecedents of stress suggest that a number of organisational-environmental variables are related to stress and burnouts. These includes time pressure, role conflict, role ambiguity, an absence of job resources, limited job feedback, limited participation in decision-making in matters affecting the employee, a lack of autonomy, unfairness or inequity in the workplace, and insufficient rewards (Knudsen *et. al.* 2008; Folkman&Moskowitz, 2004). The results of the mentioned studies advocates this approach by arguing that organisational-environmental factors are antecedents to individual stress and should therefore be the appropriate targets for intervention rather than individuals.

The findings also concurred with other studies (Duraisingham, Pidd& Roche, 2009; Knudsen *et al.*, 2008) which stated that organisational demands are contributors of occupational stress in rehabilitation counselling. However, the finding does not concur with the results of Lent (2011) which stated that organisational factors rather than client related demands were the major causes of stress. The explanation given was that respondents viewed paper work as the stressor, which was highly demanding. The finding of this study states that organisational demands such as meeting deadlines, lack of participation in policy-making decisions, lower perceived workplace social support and lack of opportunity for advancement contributed to occupational stress among the drugs and substance abuse rehabilitation counsellors. It was concluded that organisational demands was not a major contributor just as workload and clients related demands. This may be interpreted to mean that drugs and substance abuse rehabilitation centres have better organisational culture. This observation however requires further verification.

The fourth subscale was interpersonal demands. The respondents felt that interpersonal demands were not stressful like the other three subscales. This was interpreted to mean that the respondents enjoyed social support from both the supervisors and other staff who are working in the rehabilitation centres. This is in agreement with the results of past research that indicated that support from co-workers and a supervisor is beneficial in combating occupational stress and burnout (Broome *et al.*, 2009; Ducharme, Knudsen & Roman, 2008). The study findings are in line with Brattberg (2006) who also

noted that social support reduces stress regardless of the intensity of the work stressors experienced. Seyle, the father of stress observed that good relationships between members of a group are a key factor in individual and organisational health (Layne, 2001). However, the finding differs with the results of Crim (2013) who asserted that interpersonal relationship was a stressor as the licensed addiction counsellors had limited time to interact and built a good relationship with colleagues due to workload. It was concluded that the counsellors in the current study had enjoyed social support from the addiction rehabilitation centres' workforce.

Since the causes of occupational stress may be inferred from the measure of cognitive processes and individual interpretation of the stressful events, it was concluded that there was a moderate to high occupational stress emanating from the above stress factors among rehabilitation counsellors. This situation raises concern over the respondents' effectiveness owing to the already documented consequences of high levels of occupational stress to the individual addiction counsellor, clients and the entire rehabilitation counselling centres. Causes of occupational stress were also examined by demographic characteristics.

Table 2. Rehabilitation Counsellors' Mean Scores and SD for Causes of Occupational Stress' Subscales by Age

Age	Workload Demands		Clients Demands		Organisational Demands		Interpersonal Demands	
	M	SD	M	SD	M	SD	M	SD
20-25	4.04	1.61	4.25	1.81	3.29	1.91	2.43	1.87
26-30	3.43	1.87	4.29	1.91	2.39	1.82	2.25	1.75
31-35	3.83	1.52	3.89	1.93	2.43	1.89	2.35	1.36
36-40	3.52	1.04	3.44	1.50	2.07	1.63	2.10	1.78
41-45	3.00	1.87	2.88	1.93	3.50	1.88	2.44	1.85
46-50	2.72	1.55	2.85	1.57	3.66	1.84	2.33	1.78
51-55	2.28	2.28	2.41	1.98	2.57	1.39	3.00	2.03
Above 55	2.50	1.35	2.71	2.02	2.82	1.50	2.01	2.12

The respondents in the five age groups from 20 years to 45 years experienced higher level of occupational stress caused by workload demands than their counterparts in the age group of 46 to above 50 years. Clients' demands were more prevalent among the respondents in the age group 20 – 40 than their counterparts in the three age categories of 41 – 55. It can be assumed that these groups of respondents are the ones who first handle the clients before doing referrals to their senior most colleagues and that they meet with violent and aggressive clients with co-morbidity problems (Crim, 2013; Duraisingam *et al.*, 2009). Respondents in the age category of 20-25 and 41-50 experienced organisational stress than their counterparts. Interpersonal demands were the least cause of occupational stress among the respondents.

Causes of occupational stress by gender were presented in Table 3. Male respondents experienced much higher organisational (M= 3.01, SD= 1.41) and workload related stress (M=3.51, SD= 1.78), than female respondents. The female respondents experienced much higher clients demands (M= 3.26, SD= 1.12) than their male counterparts. Both respondents scored low mean scores in interpersonal demands. The results demonstrated that the respondents enjoyed interpersonal relationship in their place of work and have no issues with their colleagues who are working in other departments.

Table 3. Rehabilitation Counsellors' Mean Scores and SD for Causes of Occupational Stress' Subscales by Gender and Marital Status

	Workload Demands		Clients Demands		Organisational Demands		Interpersonal Demands	
	M	SD	M	SD	M	SD	M	SD
Gender								
Female	3.01	1.79	3.26	1.12	2.50	0.70	2.15	1.75
Male	3.51	1.78	2.29	1.41	3.01	1.41	1.90	1.63
Marital Status								
Married	2.59	1.90	2.30	1.86	2.16	1.76	2.21	1.77
Single	2.36	1.92	2.48	1.97	2.38	1.92	1.89	1.63
Widowed	2.51	1.97	2.66	2.31	2.83	2.06	1.66	1.86
Divorced	2.75	1.91	2.16	1.89	2.91	1.88	1.66	1.86

The findings differs with previous studies (Crim, 2013; Victoria, 2012; Rupert & Morgan, 2005; Layne et al, 2004) which shows that men reported higher risk for emotional exhaustion emanating from clients demands.

Table 2. Rehabilitation Counsellors' Mean Scores and SD for Causes of Occupational Stress' Subscales by Educational Qualifications

Education	Workload Demands		Clients Demands		Organisational Demands		Interpersonal Demands	
	M	SD	M	SD	M	SD	M	SD
PhD	3.38	0.84	2.10	1.68	2.67	1.19	1.72	1.31
Masters	3.45	0.64	2.41	1.41	1.81	0.26	1.41	0.49
Undergraduate	2.37	1.34	3.85	0.29	3.36	0.78	2.23	1.01
Higher Diploma	2.53	0.89	2.05	0.97	2.92	0.24	1.87	1.16
Diploma	3.15	1.67	3.74	1.45	2.18	0.97	2.66	0.67
Certificate	2.85	0.69	4.03	1.15	3.53	0.26	1.11	1.04
Form Four	2.91	1.67	2.58	1.18	2.76	0.33	1.30	0.58

Phd (M= 3.38, SD= 0.84), Masters (M= 3.45, SD= 0.64) and Diploma (M= 3.15, SD= 1.67) holders scored higher in workload demands while certificate (M= 4.03 SD= 1.15), undergraduate (M= 3.85, SD= 0.29), and diploma (M= 3.74, SD= 1.45) holders scored higher in clients demands. Undergraduate and certificate holders scored higher in organisational demands while all the respondents scored minimally in interpersonal demands. The results depicted that there was a difference between the causes of occupational stress and educational qualifications. The results implied that rehabilitation counsellors with different educational qualification responded differently to different causes of occupational stress. The result concurs with the finding of Layne (2001) who found out that educational qualification had a significant relationship with causes of occupational stress.

Years of practice are meant to present a variety of experiences to the counsellors. Respondents who had worked between 1- 20 years experienced stress emanating from workload demands while those who had worked between 11 - 30 years experienced higher stress emanating from clients demands. Those who had worked for 11 -20 years experienced stress emanating from interpersonal demands (M= 3.18, SD= 1.11) while those who had worked between 21- above 30 experienced organisational demands. Based on the evidenced presented on Table 18, results are consistent with the findings of related studies (Victoria, 2012; Duraisingam, Pidd& Roche, 2009; Layne, 2001) which stated that there was a significant relationship between experience and causes of occupational stress.

Statistics for causes of occupational stress by clients seen per day was also tabulated and presented. All the respondents experienced workload stress related demands while clients related demands' mean scores was high for those who attended 11-above 30 clients. The mean scores for organizational and

interpersonal demands were low for all the respondents. The result indicates that the stress in rehabilitation counsellors increases with the number of clients. The finding is in agreement with the previous studies (Oser, *et al*, 2013; Mulvey, Hubbard & Hayashi, 2003; Knudsen, Johnson & Roman, 2003) which stipulated that high caseloads resulting in volumes of paperwork, presumably because of managed care stipulations leads to occupational stress in which can further cause burnout. A possible explanation why high caseload causes occupational stress could be because larger caseloads places more physical and emotional demands on rehabilitation counsellors in which they are expected to spread themselves thinly over a larger number of clients. Another reason could be that they need to keep up with all the related tasks of client care such as maintaining up to date records and reports, attending treatment team meetings, and discharge planning, all put further stresses and constraints on rehabilitation counsellors' wellbeing. The finding adds further support to the notion that heavy caseloads leads to occupational stress.

The results on occupational stress per contact hours show that respondents who had contact hours between 11 to above 30 experienced stresses emanating from workload and clients' related demands. Data analysis further reveals that those who had contact hours between 21 -30 experienced stress emanating from all the subscales. It may not be possible to explain this however, it might be related to other variables that the research did not address like studying or doing part-time job. The study concludes that having high contact hours contributes to multiple stressors. While these conclusions may seem obvious, past research has been mixed on the influence of clients contact hours and causes of occupational stress. One study focusing on burnout among corrections-based substance abuse counsellors found that clients contact hours was not significantly associated with burnout, except for male counsellors who experienced increased rates of burnout (Garner, Knight & Simpson, 2007). Another study reported that clients' contact hours were correlated with lower job satisfaction, which may predict occupational stress and burnout (Broome *et al.*, 2009). The findings of the current study adds further support to the notion that high clients contact hours contributed to the stress precipitating to occupational stress.

Conclusion

The major concern of this study was to explore causes of occupational stress of drugs and rehabilitation counsellors in selected counties in Kenya. Causes of occupational stress among the respondents were classified into four subscales namely workload, client, organizational and interpersonal demands. The findings revealed that workload, clients and organizational demands were the highest ranking factors in terms of stressfulness while interpersonal demands were comparatively less stressful for the respondents. The findings also revealed that the background characteristics were related to experiencing occupational stress. In conclusion, all respondents experienced occupational stress regardless of demographic and workplace characteristics.

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