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**STRESS AND PSYCHOLOGICAL WELLBEING IN LOCAL
HUMANITARIAN WORKERS IN COLOMBIA WORKING
FOR A LOCAL NON-GOVERNMENTAL ORGANIZATION**

A thesis submitted in partial fulfilment of requirements for the degree of Master of Arts in
Psychology at Massey University, Albany, New Zealand

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Abstract

This study examined the differences in stress and psychological wellbeing in 75 local humanitarian personnel (70 females and 5 males, median age = 30.7) from “Fundacion CC”, local non-governmental organisation from Medellin, Colombia, who worked either in the field, with the communities they help, or in an administrative facility, doing managerial and planning types of work. Participants answered the Stress Profile questionnaire in order to assess the impact of background variables such as place of work and age, and variables theoretically associated to the processes of stress such as social support, cognitive hardiness and coping styles, on their current levels of stress and psychological wellbeing.

Despite increasing worldwide evidence showing the significant impacts of humanitarian work in the field on stress and mental health of humanitarian staff, all participants consistently showed low levels of stress and high levels of psychological wellbeing regardless of place of work and any other differences among them. Additionally, this study showed that variables theorized in the literature as relevant to stress were instead more significant to assess psychological wellbeing in the sample of participants. Results and implications were discussed within the guidelines of transactional models of stress.

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Table of Contents

CHAPTER ONE: INTRODUCTION	1
1.1. Introduction	1
1.2. Purposes of the Present Study	3
CHAPTER TWO: STRESS IN AID WORKERS	6
2.1. Stress in Aid Organisations	6
<i>2.1.1. The Unique Nature of Stress in Aid Work</i>	6
<i>2.1.2. The Scope of the Problem</i>	7
<i>2.1.3. Why Stress Matters in this Context</i>	11
2.2. Stress and Mental Health in National Aid Workers	13
2.3. The Poorest of the Poor in the Colombian Context	18
CHAPTER THREE: PREVIOUS RESEARCH AND SOME EXISTING THEORY ON STRESS	23
3.1. The Construct of Stress	23
<i>3.1.1. Specific Findings on Stress and Social Support</i>	34
3.2. Some Theoretical Models of Stress	37
<i>3.2.1. Stimulus Based Models</i>	37
<i>3.2.2. Response Models</i>	40
<i>3.2.3. Interactional Models</i>	41
<i>3.2.4. Transactional Models</i>	43
3.3. Relevant Measured Variables	47
<i>3.3.1. Stress</i>	47

3.3.2. <i>Appraisal and Coping</i>	50
3.3.3. <i>Social Support</i>	52
3.3.4. <i>Cognitive Hardiness</i>	53
3.3.5. <i>Psychological Wellbeing</i>	54
3.4. The present study	55
3.4.1. <i>Justification</i>	55
3.4.2. <i>Aims and Objectives</i>	56
CHAPTER FOUR: METHOD	60
4.1. Overview	60
4.2. Participants	60
4.3. Measures	62
4.4. Procedure	71
4.5. Data Analysis	72
CHAPTER FIVE: RESULTS	75
5.1. Descriptive Statistics	75
5.2. Inferential Statistics	76
5.2.1. <i>Analysis of Variance (ANOVA)</i>	76
5.2.2. <i>Reported Possible Health Risk and Strengths</i>	78
5.2.3. <i>Independent Samples t Tests</i>	79
5.2.4. <i>Correlational Analysis</i>	81
5.2.4. a. <i>Correlational Hypotheses</i>	81
5.2.5. <i>Multiple Regression Analyses</i>	83
CHAPTER SIX: DISCUSSION	87
6.1. Summary of Findings	88

6.1.1. <i>Stress and Psychological Wellbeing</i>	88
6.1.2. <i>Social Support</i>	90
6.1.3. <i>Cognitive Hardiness</i>	90
6.1.4. <i>Coping Styles</i>	91
6.1.5. <i>Age</i>	92
6.1.6. <i>Possible Strengths and Vulnerabilities</i>	93
6.2. Implications for Practice	93
6.3. Limitations of the Present Investigation	98
6.3.1. <i>Characteristics of the Sample</i>	98
6.3.2. <i>Methodological Issues</i>	99
6.3.3. <i>Self-report Biases</i>	101
6.4. Implications for Research	102
CONCLUSION	106
References	107
APPENDIX A	124
APPENDIX B	126
APPENDIX C	129
APPENDIX D	132
APPENDIX E	134
APPENDIX F	147

List of Tables

Table 1. Demographic characteristics of the study sample. N=75	61
Table 2. Means, medians, standard deviations (SD's), range and skewness of all the dependent variables. N=75	74
Table 3. Means (M) and standard deviations (SD) of the mean scores obtained from workers from all the different age groups. N=72	76
Table 4. Frequency of possible risk alerts reported from workers from the field and office environment. N=75	77
Table 5. Frequency of possible strengths reported from workers from the field and office environment. N=75	78
Table 6. Means (M), standard deviation (SD) and <i>t</i> test results obtained from workers from the field and from the office environment. N=75	79
Table 7. Pearson-product moment correlations among all the dependent variables. N=75	81
Table 8. Regression analysis with stress as a dependent variable	83
Table 9. Regression analysis with psychological wellbeing as a dependent variable	84

List of Figures

Figure 3.1. Transactional models: Stress as a process	45
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CHAPTER ONE: INTRODUCTION AND PURPOSES OF THE PRESENT STUDY

1.1 Introduction

The Colombian violent internal conflict has reached its fifth decade and many people, at least 2.9 million until 2003 (Castles, 2006) and 3.7 million until 2005 (Consultoría para los Derechos Humanos y el Desplazamiento (CODHES), 2005), have been forced to leave their homes and lands to go to live in remote country villages or city shantytowns where they often lack resources and conditions basic for their survival. CODHES, the main national NGO working to help these communities, estimated that in 2006 alone at least 288,000 people were forcibly displaced (The United Nations Refugee Agency, 2006). Many of the victims of this artificial migration throughout the country are suffering from poverty, disease, violence, different sorts of traumas and mental disorders (Doctors Without Borders, 2006).

The magnitude of the Colombian humanitarian emergency has prompted a much needed relief response from high profile aid organizations such as the International Red Cross, Doctors Without Borders, United Nations High Commissioner for Refugees and other important international and local non-governmental aid agencies. However, the violent environment and logistical difficulties in accessing communities at risk have put under stressful circumstances those willing to provide help and support in the field. Aid workers have to often deal with desperately affected families who have to wait long periods of time before they are provided, by the sometimes slow official agencies, with a document that certifies that they are real victims of forced displacement and then the goods and services to

alleviate their situation will often take longer still to be delivered (Human Rights Watch, 2005). In the same way, international and local staff members from aid agencies, such as the Peace Brigades International, sometimes need to be protected when on duty by international human rights observers so that they are not targeted by any of the factions in conflict (Eguren, 2002). However, some aid providers, such as doctors, nurses and other health relief personnel, have already faced personal threats against their wellbeing and life such as kidnappings and robbery (Doctors Without Borders, 2006; de Currea-Lugo, 2001). As a consequence, high levels of stress, mental disorders and emotional exhaustion have been documented on aid workers exposed to either direct or indirect harassment by the groups in conflict in this country (Camilo, 2002).

Due to the nature of their work humanitarian staff in Colombia is constantly exposed to daily cumulative and likely traumatic stress. However, these events are not exclusively happening in this country. These are constant issues in many regions of the world where relief personnel work in complex environments facing civil conflicts, disasters and poverty (McFarlane, 2004). This state of affairs has encouraged academics and researchers to increasingly acknowledge the need to understand the negative stress-related effects of humanitarian work. A body of literature has been built over the last few decades and, even if this field of enquiry is still in its early stages of development, researchers have been finding common patterns and concepts that guide in the improvement of preventive procedures and treatments to protect the psychological wellbeing of field humanitarian aid workers. However, most of the research in this area has been carried out on Western expatriate relief workers that usually go to countries other than their own to comply with their humanitarian assignments (McFarlane, 2004). Despite that the majority of relief

personnel (all over the world) are locals working for Western and local aid agencies (McFarlane, 2003b; Ahmad, 2002) available scientific information addressing mental health issues they go through due to work related stress is very limited. This is a big gap in the literature that international researchers certainly need to address.

Available scientific literature in this area from Colombian academic sources is also scarce. While most of the existing information comes from qualitative studies centred on the victims of the conflict, and from theoretical perspectives more reflective of social work or the political sciences, outcomes from scientific-quantitative studies addressing the psychological wellbeing of aid workers are, if they exist, very hard to find. This therefore is where the main purpose of the present study lies.

1.2. Purposes of the Present Study

- To contribute to the development of scientific literature on stress in national aid workers in Colombia and its implications for mental health
- To assess the relationship between the stress national aid workers experience, not only at work but as part of their life routines and habits, and psychological wellbeing using a psychometric instrument, the Stress Profile (Nowack, 2002), which has been already culturally validated and translated into their own language.
- To identify stress related risk and protective factors that might make participants either more vulnerable to psychological and physical illness or more resilient to the challenges of daily life and work.

The advantage of using a culturally validated instrument, as the Stress Profile (Nowack, 2002), is relevant to this study. In this way findings are subsequently analysed considering the socio-cultural background of the participants. Elsass (2001) stated in his investigative work with Colombian and Peruvian communities that diagnoses of psychological illness, and further ways to treat them, are closely related to culture and different from one social group to another. This finding obviously has implications for local aid staff who might find themselves working alongside foreigners helping people from their same country but not necessarily the same socio-cultural background. From the culturally sensitive perspective of this research, a more culture-aware investigation can be developed and the psychosocial difficulties of national staff can be better represented. Finally, this study is of special interest to the author as he was born and raised in Colombia before moving to New Zealand.

An overview of the following chapters of this study will give an idea of the structure this research effort is trying to use for its intended purposes. After this introductory chapter, an overview of stress in aid organisations will follow. The scope of the problem, the unique characteristics of aid-work and impacts of stress in the relationship between aid workers and those helped will be discussed. In the last part of this chapter, a general look at the specific characteristics of the communities aid agencies work with in Colombia, and some of the issues they face in carrying out their duties, will also be undertaken. Further, a review on some of the existing theoretical approaches and previous research on stress will lay the academic foundations for the purposes of this investigation. Following chapters will single out the specific characteristics of the present study and how data will be collected and results obtained and analysed. Finally, the discussion of the obtained outcomes and

conclusions that can be drawn from them, in light of previous findings from other researchers on the general concept of stress and considerations when it affects humanitarian workers, will complete the present investigation.

CHAPTER TWO: STRESS IN AID WORKERS

2.1. Stress in aid organisations

2.1.1. The unique nature of stress in aid work

Every person experiences stress, at one stage or another, throughout their lives. However, not everyone suffers the debilitating effects that it can have on the physical and psychological wellbeing which some affected individuals display. Those “hardy” individuals seem to be more physically and/or psychologically resilient than the affected ones. Some people appear to be able to assess and confront the hardships and challenges of daily life in a way that helps them protect against or overcome any negative stress effects (Nowack, 2002). Davis, Eshelman and McKay (2002) stated that stress comes from four fundamental sources: thoughts, physiological conditions and changes, social stressors and the environment. These sources encompass almost every area of a person’s life. Therefore, it is very likely that stress management and reduction strategies are of great interest to everyone. However, to develop good stress management skills is of particular significance, given the nature of their work, to humanitarian aid workers.

Aid workers, as workers in every other area do, have always to endure the ups and downs of their daily routines. For most people, work constitutes their primary function in life (Selye, 1982). The occupational demands imposed on them and other life circumstances such as, among many others, work environments, job and life satisfaction and social events can bring strains and further stress to affect their wellbeing. A large body of scientific literature has been built around the understanding and management of stressors related to

people's different occupations and life circumstances so health professionals can help stress affected individuals face the challenges of daily life in a successful way.

However, investigation on work-related stress in humanitarian work is still a very new field of enquiry. The stress intrinsic to humanitarian work has particular characteristics due to added specific challenges that people in other occupations do not usually have to face on a day to day basis. Apart from providing much needed help, aid staff members have to very often deal not only with their own stress but help those going through trauma or hardship manage, as best as they can, their stress under very difficult conditions. In the same way, this kind of activity exposes aid workers to possible physical and psychological harm.

While helping others can be recognised as a privilege and a source of personal and occupational satisfaction, there are considerations regarding personal welfare and health that those working in this area need to take into account (Alexander & Klein, 2001). The health consequences most associated with humanitarian work comprise physical illness, loss of life, and psychological comorbidity (Sheik, et al., 2000; Peytremann, et al., 2001; Sharp, et al., 1995).

2.1.2. The scope of the problem

Studies addressing the relationships between stress and psychological wellbeing of humanitarian aid workers in the field have proliferated over the last years. Humanitarian aid personnel are, in present days, increasingly working in difficult environments where intricate issues related to shortage of resources, calamities and civil conflicts are endemic and putting them at risk of suffering traumatic and cumulative stress on a very frequent basis (McFarlane, 2004). The nature of their duty and the increasing complexity of the

environments where they provide much needed aid and support have prompted scientists to analyse the risk factors, not only for mental but for physical health as well, associated with humanitarian work (McFarlane, 2003b).

Research has documented the incidence of psychological illnesses of different kinds among international relief personnel when on duty and after completing their tasks and returning home. Prior studies in this area have evidenced the prevalence of significant mental health problems among aid staff members such as vicarious traumatization and post-traumatic stress disorder (Eriksson, Vande Kemp, Gorusch, Hoke, & Foy, 2001), depression, anxiety and alcohol abuse (Cardozo & Salama, 2002) and cultural shock and burnout (Barron, 1999; Salama, 1999).

In the same way, threats to their physical wellbeing due to preventable infectious diseases and illnesses, which very often can be successfully treated in developed countries, are of increasing concern to international relief personnel and the agencies they work for (Peytremann, Baduraux, O'Donovan, & Loutan, 2001). Rise in mortality rates of humanitarian aid workers has been well documented over the last few decades; by the beginning of this century, the biggest number of expatriate casualties has been registered in countries such as Rwanda, Somalia and Cambodia (Sheik, Gutierrez, Bolton, Spiegel, Thieren & Burnham, 2000). Furthermore, the risks of being retained, abused or killed are always present sources of distress among aid providers working in war torn countries such as Iraq (Hansen, 2004), Uganda and the Philippines (Muggah, 2001), and Colombia (Doctors Without Borders, 2006).

Additionally, the negative consequences of relief work do not end when the humanitarian assignment is completed and aid workers leave their workplaces. Expatriate aid workers are 'guests' in their assigned countries where they help people help themselves and overcome dependency (Palmer, 2005), after this is done they have to go back to their home countries to try to readjust to a life they might not find easy to fit into again. In their home countries new challenges will be waiting for them. Socially, they will have to reconnect with old acquaintances and family who might not realize the experience they went through when on duty. Professionally, they will have to adapt their skills to a different environment and look for new challenges. Material matters such as finding financial support and accommodation will need to be promptly solved. Finally, they might even need to find psychological support to integrate their intense humanitarian experiences into their lives, especially if the agency they used to work for would not provide them any more with support because the contractual liability they had is over (Blanchetière, 2006).

Having a look now at stress related issues local humanitarian workers face, scientific information is overwhelmingly scarce. None the less, a few studies have also evidenced that nationals are at increased risk of physiological and psychological distress. Peytremann, et al. (2001), conducted a retrospective study with the United Nations High Commissioner for Refugees field employees. They found that local humanitarian workers, alongside expatriates, were under a high risk of suffering of infectious diseases and AIDS, and associated psychiatric comorbidity, when they were working with affected communities, especially in African countries (Peytremann, et al., 2001). Holtz, Salama, Lopez Cardozo, & Gotway (2002) also evidenced high risks of anxiety related mental disorders among humanitarian field workers in Kosovo, especially those who had worked for longer than six

months for their agencies and experienced an armed attack or faced local hostility. In the same way, Ahmad (2002) explored the difficulties and issues humanitarian field workers faced in Bangladesh. He found that they were underpaid, undervalued but heavily overworked. Additionally, they were required to leave their jobs as they become older because it was cheaper for NGOs to hire younger people than to promote and pay for better experienced staff. Personal problems such as financial security and family dislocation, professional problems such as transfers or lack of promotion, and social issues such as resentment from members of the communities they help and lack of cooperation, were all constants sources of distress for local relief workers (Ahmad, 2002).

In the case of Colombia, there is not a lot of available information. However, in a report by Camilo (2002) some of the implications of humanitarian work on health were identified. Local aid workers, from areas such as human rights, social organizations and development projects, were assessed and the associated negative consequences, of living and working under challenging conditions in Colombia, on their health were identified. Results were especially evident in three areas: Reported illness (in the form of psychosomatic and psychological symptoms), emotional ailments (in the form of hyper vigilant symptoms, nightmares, phobic reactions and intrusive memories) and emotional suffering (in the form of persistent fear, lack of trust, sadness, and fantasies about being harmed or killed) (Camilo, 2002).

Even though some information regarding national humanitarian workers and the impact work related stress has on their psychological and physiological wellbeing is increasingly collected, there is still an important issue regarding the cultural validity of research designs

used by Western investigators to obtain that information. This is another important issue to consider here. The interpretation of findings from different studies on national staff is still limited by the lack of culturally validated theorization that addresses the social, cultural, political and historical contexts of these investigations. In this regard, Western interpretations of these findings are not representative enough of the problems and difficulties national humanitarian workers face (McFarlane, 2004). Further, national aid workers might even find themselves working in areas of the same country where they could be considered outsiders. Local staff workers sometimes carry out their duties in areas of their countries where culture and language are different (McFarlane, 2003b) and then the development of trustful relationships, and the ability to communicate, with those in need of help may become sources of distress. Finally, it is important to note that despite the great development in research this field of enquiry experienced lately it is still in its early stages. Academic research and clinical knowledge on the wellbeing of aid relief workers remains in its infancy (McFarlane, 2004).

Under the described circumstances it is reasonable to think that humanitarian personnel endure stressful circumstances that go far beyond the accomplishment of their duties. Worries about personal safety, available support and coping with living in challenging environments are conditions most common workers, outside the humanitarian areas, in the Western world would not have to deal with very often. Stress, in the aid relief working context, takes a more complex dimension that is increasingly analysed by academics and researchers.

2.1.3. Why stress matters in this context

The above described problems bring to the forefront important questions regarding the capability aid workers have to face daily life and work challenges in a way that they do not compromise their own, and others, wellbeing. Are humanitarian workers prepared not only to provide the necessary help the communities they work with require but also to recognise when they themselves might be in need of some sort of support? Do they feel entitled to use resources such as psychological support, medical services and counselling even if they see around them people who are in more desperate circumstances? Is the preparation aid work staff goes through, before carrying on humanitarian assignments, good enough to help them identify their own weaknesses and possible areas of improvement? And if so, do they readily learn new effective stress coping tools that will help them face difficult work challenges and possibly risky unexpected circumstances?

These are important questions to consider if aid agencies' intentions are to provide the best possible support to communities and individuals in need. The quality of the preparation aid workers have has a direct effect on the performance and effectiveness of the agency they work for. This is especially important in order to build a strong and mutually helpful relationship with representatives of the people aid agencies come to support. If those who are currently living in stressful and desperate circumstances and probably have done so for a very long time can relate to well prepared and resilient aid helpers who can cope under pressure a greater relationship of trust and collaboration can be successfully developed. It is in this regard that research on aid workers issues when on duty becomes very essential.

The need for more extended and culturally validated research on stress and its effects on the psychological wellbeing in national professional humanitarian aid workers is the main

parameter that guides the present study. It addresses stress related issues that affect mental health in Colombian, specifically from the city of Medellin, aid relief staff working in the field and administrative areas.

2.2. Stress and mental health in national aid workers

As it was stated before, research on stress among professional aid workers and its consequences on their mental health have been thriving over the last few decades. This trend is clearly noticeable in the increasing amount of studies addressing stress, health, and psychological issues among international aid workers in the field in different areas of the world. However, evidence supported general theoretical principles are still hard to identify and only recently common concepts and patterns have begun to emerge. This study can only list a small number of identified concepts regarding national professional aid workers and the issues they face in their working environments.

Studies on demographic variables of local humanitarian workers and their association with indices of mental wellbeing are very few and results, so far, not very conclusive. In a sample of humanitarian workers from Kosovo, background variables such as age, education, marital status and prior experience in humanitarian crisis were not found to be related to elevated symptoms of depression, anxiety or PTSD; only male participants showed concerning levels of depression and PTSD (Holtz, et al., 2002). A study in India identified local workers coming from underprivileged backgrounds (conceptualised as lower socio-economic status) as reporting more symptoms of secondary traumatic stress (STS) than those coming from higher socio-economic status (Shah, Garland, & Katz,

2007). Moreover, a research based article by Ahmad (2003) in Bangladesh identified NGOs field workers' backgrounds as poor and without very good education; humanitarian work was a forced option due to the lack of other suitable jobs to earn money to survive. In the same way, many aid workers leave their works as they grow older or if, in the case of women, they get married (Ahmad, 2003).

McFarlane (2004) attempted to conceptualize situational and individual risk factors likely to have applicability across different contexts, countries and cultures, associated with the psychological adjustment of humanitarian aid workers in the field. Even though her arguments and findings include relevant concepts for both international and local aid staff, this study was more focused on the latter than the earlier ones.

McFarlane (2004) stated that there are seven situational risk factors associated with psychological distress that have emerged from her own research and other relevant investigations. However, only six of them emphasised relevant ideas, for the present study, regarding national staff. Research on the remaining factor, organisational preparation, has given important information on the role aid organisations can play in preparing international staff for overseas aid work. Organisational support policies and pre-departure training in stress management, conflict resolution, media handling, cross-cultural work, and team building have been found to be neglected areas in the adequate preparation of international humanitarian aid workers ready to go for an assignment to another country (McFarlane, 2003b; Cardozo & Salama, 2002; Moresky, Eliades, Bhimani, Bunney, & VanRooyen, 2001). The quality of organisational preparation can be very important in the prevention or mitigation of potential psychological distress in international aid workers

(McFarlane, 2004). However, regarding national staff there is not much information obtained in this area so far. The six factors identified in McFarlane (2004), with relevant implications for national aid staff, are:

- (1) **Timing:** There are some specific periods in which national aid staff reported increased psychological distress and complaints about their physical wellbeing. The first jobs with an NGO and the beginning of subsequent humanitarian tasks have been found to be critical times for national aid workers (McFarlane, 2004). This was especially significant in those more experienced workers who completed multiple assignments and were increasingly exposed to more traumatic experiences (Cardozo & Salama, 2002). Recreational breaks between assignments have been identified as important to relieve the stress and allow personnel to readjust (McFarlane, 2003b).

- (2) **Violence and threat to life:** Perceived threats to one's life and violence against particular groups or individuals are always risk factors in the wellbeing of national aid staff; the potential vulnerability to shootings, bombings, assaults, kidnapping, rape and accidents is increased because of the lack of legal and military protection they face in their work in the field (McFarlane, 2003b). When compared to international staff, nationals seem to be more vulnerable to risks of violence. Very often they cannot be evacuated to another country or the procedures in place to protect staff are only available to expatriate personnel. The greater risk for the development of Posttraumatic Stress Disorder has been found to be associated with the most common kind of violence humanitarian workers face or witness, interpersonal violence among citizens (Ozer, Best, Lipsey, & Weiss, 2003).

- (3) Cultural and physical context: McFarlane (2003b) stated that intercultural training programmes can also be beneficial for national staff who may go on field assignments to places within their own country where they can be considered foreigners because cultural differences. A very different or hostile environment can be a relevant source of psychological distress in these cases.
- (4) Organisational support: When national staff is employed by international NGOs different risk factors have been found to arise for the development of psychological distress. Cultural differences with expatriate staff, difficulties in communication and socioeconomic differences might prompt stress responses in nationals who see themselves as disadvantaged and less favoured than international staff by the policies of the agencies they work for (McFarlane, 2004; Holtz, et al., 2002; Ahmad, 2002). Additionally, the differences in amount of training and salaries can be clearly noticeable and become a source of stress between international and national staff. There are also different perspectives on the meaning of work for both kinds of workers. The available literature shows that expatriates had, usually, chosen the work they are doing. For nationals it is quite often that they have to accept working conditions they might consider unfair because their work is basic for their survival and they cannot find another job (Ahmad, 2003). Finally, there is not any information in the available literature regarding the situation of national staff working for national NGOs.
- (5) Systemic role conflicts: National staff might display negative feelings and emotions when their expectations regarding the mission of the work they are doing differ

greatly from what influential players such as donors, beneficiaries and government bodies expect them to accomplish (McFarlane, 2004). Sometimes selfish interests of corrupt official employees, factions at war, demanding recipients of help or donors with hidden agendas can affect the efforts of deeply committed aid workers.

- (6) Interpersonal relations: Difficulties between expatriate and national staff may be a source of distress as well. If international workers are perceived by locals as lacking in understanding of cultural differences and with too much power over them, frustration and conflict are likely to happen (McFarlane, 2004). Even cultural norms on how to express disagreement and emotion may differ between expatriates and nationals and create conflict that can impair performance, sense of security and wellbeing (McFarlane, 2003b). Ahmad (2002) noted that sometimes national aid workers were at risk of psychological distress when they had to be internally displaced to work with communities away from their own. Separation from family, friends and familiar surroundings can have a taxing effect on their wellbeing. Disorders such as anxiety, depression, alcoholism and domestic violence in their personal lives have been also found to be related to work conditions or separation from the family in national aid staff (Ahmad, 2002).

Further work of McFarlane has also addressed individual factors associated with psychological distress among aid workers. However, outcomes from this area have been obtained from research on expatriate workers only, and this is out of the scope of this investigation. The above findings related to situational risks associated with psychological distress are also of limited applicability to this investigation. There is no available

information of studies from any other of the authors referenced so far that has been carried out on national aid workers in Colombia. Even if McFarlane's work is groundbreaking, very valuable and eloquent, in terms of trying to identify general concepts and patterns regarding psychological distress among aid workers that can be applicable to different contexts, people and countries, its contributions to the purposes of this investigation are still limited.

Before moving to the next chapter, it is important first to acknowledge here some important circumstances and characteristics of the disadvantaged communities with which aid workers in Colombia work. This is important in order to understand the specific challenges they face and to assess the validity of the differences and similarities this study finds with previous studies on international and local aid workers in other countries.

2.3. The poorest of the poor in the Colombian context

The population of Colombia has been described by researchers and international analysts as highly affected by the current state of affairs in this country. There is a persistent perceived state of tension, mistrust and scepticism in the Colombian society in general in which it is better to keep quiet and protect your life than to denounce crime and its perpetrators (Camilo, 2002). In the regions where war is concentrated, emotional suffering of those caught in the middle has been reported (Human Rights Watch, 2004). In addition, the precarious financial and socio-economic conditions of many people in the country also have an impact on prevalence of mental disease among the population. Symptoms related to

depression, PTSD, psychosis and emotional harm have been clearly identified even in citizens not directly exposed to violence or threats of harm (Camilo, 2002).

The number of people in need of help from relief agencies in Colombia has greatly increased over the last decades due to forced migration to main cities and towns of those fleeing from war. By 2006, Colombia was second only to Sudan in the number of internally displaced persons (IDPs) forced to abandon their land and houses (Alzate, 2008). In 2003 it was estimated that about two million Colombians fled to escape rural violence to join sprawling *barrios* (neighbourhoods) in big urban areas (United Nations Office on Drugs and Crime, 2003). However, this civil war has also been increasingly fought in these peripheral areas of the big cities. Now it is also possible to find IDPs who have been forced to move from one neighbourhood to another on more than one occasion within the same city or town (Internal Displacement Monitoring Centre, 2006).

Even though IDPs account for the bigger number of people in need of help in Colombia, the communities at risk that aid agencies try to support are not only composed of them. The slums in the main cities and towns have been populated by a mix of people from different origins and social circumstances. By 2003, the United Nations reported that around 27 million Colombians (more than half the population of the country) lived in poverty and one in four Colombians were extremely poor (United Nations Office on Drugs and Crime, 2003). The initial inhabitants of the shantytowns were people who have been affected by the growing social and financial inequality that affects this country. They have been living in peripheral suburbs and neighbourhoods, which often lack basic health and sanitary services and easy access routes. In several cases the houses they inhabit are made of

inadequate materials and waste such as cardboard, tin, and scrap wood (Human Rights Watch, 2004).

Other inhabitants of the slums were internally displaced people affected by circumstances other than violence. Natural disasters in rural communities, official and corporate developmental programmes, and enforced official interventions in rural settings, such as aerial sprayings and illegal drug eradication programmes, have also contributed to push people out of their homelands to endure conditions of extreme poverty elsewhere (Alzate, 2008). If those affected by these circumstances do not find an adequate aid response from the official institutions and emergency relief agencies, they would usually go to live in urban centres mainly in the poorest areas because that is what they can afford. Many of these areas are called “red zones”. Red zones are urban and rural areas of the country where police cannot guarantee that law and order can be enforced (Elsass, 2001).

For aid agencies, the logistics of identifying those in need of urgent help, usually IDPs, has proved to be a difficult task. There has been a big discrepancy between the official and non-official records of identified IDPs. Official entities started to register IDPs only in 2000 while other independent agencies, such as CODHES had began to monitor IDPs earlier than that (Internal Displacement Monitoring Centre, 2006). Attempts to provide relief to those in need sometimes clash with official policies and different definitions from different entities of what a displaced person is. The government’s number of registered (registration is a requisite from the government if IDPs want to be included as aid beneficiaries) IDPs excludes those who are not victims of the conflict (Alzate, 2008; Internal Displacement Monitoring Centre, 2006; CODHES, 2005). In addition, in several cases, IDPs refuse to

register with any agency because they fear the armed group that forced them to leave their hometowns would find them again. Moreover, other affected individuals cannot prove their displaced status because they have lost their identification papers. Therefore, the available help for them will be more difficult to access (Internal Displacement Monitoring Centre, 2006).

Apart from their different origins, communities of IDPs present other important characteristics that need to be taken into account by relief workers in order to provide the best possible support. Alzate (2008), in her investigation on internally displaced people in Colombia stated that women, children and ethnic minorities account for most of the IDP population. IDP households are usually more crowded, have more children and lack sanitary facilities (Human Rights Watch, 2004). Additionally, more than half of the population of IDPs (55%) is estimated to be made up of women of all ages and around half of the IDP households are run by women (United Nations World Food Programme (UNWFP) & International Committee Red Cross (ICRC), 2004); Profamilia-Colombia, 2001).

The most affected ethnic minorities are indigenous and Afro-Colombian communities. In 2003 it was estimated that 6% and 18% of IDPs were indigenous and African-Colombian respectively (UNWFP & ICRC, 2004). However, more recent investigations have shown that these numbers are higher. Afro-Colombians represent a third of the total number of IDPs in the country, endure the highest rates of family abuse and unintended pregnancies (Alzate, 2008; Pallito & O'Campo, 2004). In the same way, it was recently estimated that indigenous people make up 11% of all the IDP population (Alzate, 2008).

Regarding literacy, adult IDPs have in general low levels of education, with many of them having only basic knowledge helping them to survive and get, if any, informal types of work. Others resort to dangerous jobs or occupations that put them at risk of abuse and exploitation (Alzate, 2008). Children, in percentages higher than the normal population of the country, drop out before finishing basic and secondary school (Human Rights Watch, 2004; UNWFP & ICRC, 2004). In many cases they also try to get jobs to help their families; sexual exploitation and strenuous conditions of work are some of the problems these kids have to face.

This is a very general overview of the origins, conditions and characteristics of the known poor and IDP populations in Colombia. It shows that humanitarian workers in this country can face institutional and environmental difficulties in accessing and helping those in need and that affected communities' culture and social circumstances can be challenging even to the most experienced of them.

CHAPTER THREE: PREVIOUS RESEARCH AND SOME EXISTING THEORY ON STRESS

In support of the present study, four different areas of the available literature on stress will be reviewed: (1) The construct of stress and its causes, (2) Characteristics of some common models of research on stress, (3) Theoretical support for measurements of variables relevant to this study: Stress, social support, cognitive hardiness, appraisal and coping and psychological wellbeing, and (4) Stress and mental health in national aid workers.

3.1. The construct of stress

For many years the research literature pertaining to stress has been very productive. This field has been expanding at an incredible pace (Monat & Lazarus, 1991). Thousands of studies have been carried out in order to understand what it is, where it comes from and its implications for physical and mental wellbeing. Since different experts and researchers conceptualize stress in many different ways, the research and theory presented in this literature review are focused on the main construct of this research, psychological wellbeing.

The term stress was firstly used by Hans Selye in 1926, he conceptualised it as the non-specific reaction of the body to any demand placed upon it (Franco, Barros, Nogueira-Martins, & Michel, 2003). He also described it as an unavoidable consequence of living, and went even further expressing that in the absence of stress there would not be a life (Oxington, 2005). Other definitions of stress have been given by several investigators

depending on the philosophy of science they follow, some researchers focus on the physiological aspects of it and other scientists on the emotional or psychological ones. Therefore, to try to give here a clear-cut definition that encompasses all possible aspects of stress is quite ambitious and out of the real purpose of this study. However, in general, stress can be acknowledged as a relationship between the person and the environment. It presents itself in different forms such as moderate or severe, acute or chronic, depending on the individual going through it. It may even also lead to physiological and psychological disease if it is not appropriately managed. However, stress can also be good. As distress, conceptualized as negative stress (Selye, 1974), can lead to negative consequences, good stress, or eustress, can promote wellness (Selye, 1982; Monat & Lazarus, 1991).

For the purpose of the present study, definitions of stress are discussed within the domains of psychological science and as coming from four main sources: As an external stimulus acting on the individual, as a perception within the cognitive characteristics of the individual, as a managed response, or coping strategy, within the individual, and as related to the effects experienced by the individual.

Stress was firstly identified as a stimulus, or force acting upon the individual, in the earlier works of Hans Selye in the 1920s and 1930s (Selye, 1974). His work elaborated on related investigations such as his own research on the General Adaptation Syndrome, and W. Cannon's studies on Homeostasis. The General Adaptation Syndrome was described as an alarm reaction of the body somatically expressed in all the necessary neuro-chemical responses to adopt a state of alertness and possible self-defence (Selye, 1982). Regarding Homeostasis, Selye (1982) interpreted it as highly specific mechanisms of the body for

protection against thirst, hunger, or any other agents disturbing its harmony that will stimulate the sympathetic nervous system and release hormones usually secreted during emergencies, such as feelings of pain or rage. These processes prepare the body for a flight or fight response that protects the body against an impending threat or attack (Monat & Lazarus, 1991; Selye, 1974). The additional concepts of eustress, good sources of stress, and stressors, demands that evoke patterned reactions of stress, were also introduced by Selye in his early theorizations of the construct of stress (Selye, 1982).

Selye's physiological theorization of stress has influenced over many years research efforts of several investigators who also appreciate the helpfulness of his "stimulus" approach. The possibility of measuring body responses, such as neuro-chemical reactions and hormone production, when facing a stressor, has caught the attention of those interested in finding significant relationships between life events and illness. Shannon & Isbell (1963), for example, used physiological measures to demonstrate that anticipation of a dental anaesthetic injection results in the same amount of physiological stress reaction as the real physical injection (Shannon & Isbell, 1963). Another important example of this scientific trend was the work of Holmes & Rahe (1967). They tried to assess the necessary amount of change, or stress, necessary to predict relationships between stimuli and illness when individuals were presented with 43 different life-changing events capable of upsetting their homeostasis. The instrument developed to carry out this task was the Social Readjustment Rating Scale (Homes & Rahe, 1967). Nevertheless, many academics have found the traditional approach of the SRRS inadequate and the main reason they argued was, among many other theoretical and methodological weaknesses in the SRRS, that many people go through considerable changes in their lives without becoming ill (Monat & Lazarus, 1991).

Still, several researchers, especially in more medical fields of investigation, continue to carry out scientific work on stress in similar ways to those of Selye, Homes and Rahe. Very recently, for example, scientists have tried to analyse and understand the relationship between stress and the onset of hyperthyroidism (Fukao, Takamatsu, Murakami, Sakane, Miyauchi, Kuma, Hayashi & Hanafusa, 2003).

Currently, Selye's approach still has many supporters mostly among those interested in the specific physiological aspects of stress. However, this is not the orientation of this study. This discussion will now move onto the review of available literature of stress as it is perceived within the cognitive characteristics of an individual and how he or she deals with it. This newer area of enquiry came as an alternative, in the 1950s, to those scientists who thought of Selye's physiological approach to stress as lacking explanations regarding the incidence of psychological factors in the origins and processes of stress. Taylor (1986) explains that the main reason for this lack of information on the psychology of stress was that a large proportion of the studies, by halfway through the twentieth century, were conducted only on animals (p.96). However, the emergence of new psychology trends at the time was going to have a big impact in the research on this field.

The input of cognitive psychology in experimental research, during the 1950s, was relevant to the development of a new approach towards stress. It promoted new ways of looking at stress in which emphasis was put on analysing how individuals perceive stress and the resources they have to evaluate and cope with it. Therefore, a shift from the physiological to a more transactional approach was undertaken and new ways of assessing the phenomenon of stress became available. Within this new view, more importance was given

to the complex interactions and processes involved in any encounter between the individual and his or her environment (Singer & Davidson, 1986). This kind of research relied heavily on psychological measures although physiological ones were also used sometimes (Monat & Lazarus, 1991).

Lazarus and his associates were at the forefront of the research on the psychological aspects of stress from the 1960s. They found that a psychological evaluation of the stressful events, or appraisal, is a crucial process that mediates in the experience of stress (Lazarus, 1966; Lazarus, Averill, & Opton, 1970). In this way, events can be judged as having negative, positive or neutral implications and further evaluated as harmful, threatening or challenging (Taylor, 1986). Furthermore, they conceived appraisal as working in two stages. In a primary appraisal, the person facing a stressor would evaluate if there is an impending harm or benefit in it. The individual's personal characteristics such as beliefs, moral principles, goals and views about self and the world will certainly interact with the cognitive appreciation of the event causing stress (Lazarus, 1999). In the secondary appraisal, the person evaluates if there is anything that can be done to cope, which is to prevail over or prevent harm, with the stressor or to improve the prospects for benefit (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). As a result, the amount of stress after this secondary process can be greater, if the event is judged more threatening, or less, if the individual finds a way to prevent or manage it (Lazarus, 1999). At this stage, cognitive and behavioural resources, characteristic of the individual facing a stressor, are used to prevent, control, or improve the outcomes of stress (Lazarus & Folkman, 1984).

More recent and technologically advanced research has made also possible for investigators to identify the dimensions of events that are most likely to produce stress. Events appraised as negative, unpredictable, uncontrollable, or confusing are usually experienced as more stressful than those not so appraised (Taylor, 1986). The significance of these dimensions has been identified in different kinds of research. People facing major worrying personal events such as becoming unemployed or overpowering collective disasters such as natural catastrophes usually display high levels of stress (Fleming, Baum, Davidson, Reitan, & McArdle, 1987). Experimental studies have evidenced the association of cardiovascular diseases in individuals with specific negative or confusing behavioural patterns. These include aggressiveness, over competitiveness or an exaggerated sense of time urgency (Glass, 1977).

Perceived lack of control over events is perhaps, among all the dimensions, of special significance in the processes of appraisal of and coping with stress. People who feel more in control of their own circumstances or reactions seem to have better outcomes when trying to overcome the possible negative consequences of the event causing distress. This is likely to happen even in the face of events that are out of their control (Baum, 1987; Taylor, 1986).

Research in different fields has clearly evidenced the disadvantages of this perceived lack of control. In the area of stress-related illness, studies of Taylor, Litchman, & Wood (1984a) in patients with cancer, and Affleck, Tennen, Pfeiffer, & Fifield (1987) in patients with rheumatoid arthritis, found that individuals who believed they could control the course of their illnesses or their daily symptoms were better adjusted to their disorders. In the same

way, investigation on stress related to catastrophes and natural disasters has also shown that individuals and communities who were prepared in advance, or felt in control or prepared, for disaster may have the further impacts of stress blunted (Baum, 1987). Similarly, in the social relationships area, if people feel that there is a social support network they can resort to, and they have the skills to make the best use of it, when facing a stressful event, the resulting distress can be better managed (Taylor, 1986).

Within working environments, when someone perceives that arbitrary obstacles have been imposed by others or nature on the development of professional activity stress can be emotionally felt as anxiety or fear. In consequence, the desire of pursuing meaningful values in the realm of work might come to a stop. Instead of seeing obstacles at work as challenges that might be faced and solved for their own benefit, the meaning of work becomes a source of distress for vulnerable individuals (Locke & Taylor, 1990). Kobasa (1979) identified control as one of the factors alongside commitment and approach towards challenge that effectively buffered male management personnel from illness. Negative effects of perceived lack of control are particularly evident in people with an urgent and inflexible need to be in charge of their environment and circumstances and with limited coping abilities before unexpected demanding situations (Ostry, Kelly, Demers, Mustard, & Hertzman, 2005). Excessive stress at work could lead an employee to a psychological crisis and a subsequent inability to continue working (Lazarus, 1999). It can even have significant effects on the health status of employees.

Stress related to work is one the areas of enquiry that has greatly developed until our present days. Since work is probably the most essential and necessary activity everyone

engages in (Monat & Lazarus, 1991; Selye, 1982) and its value for survival is evident, organizations have tried to encourage investigation, and use obtained findings, on psychological processes such as perception, appraisal and coping to implement more supportive working environments for their employees when facing work stressors. In this way, a more productive and consistent workforce has also been encouraged.

The personal benefits having a job or a career can bring to an individual's life are evident and help that person find meaning in life. Apart from making money to earn a living, work also provides people with a sense of success or accomplishment after a task is completed, a sense of purpose in life, pleasure and satisfaction if the person considers the activity as something interesting, it helps identify the impression people have of themselves, and allows individuals to develop significant social relationships (Locke & Taylor, 1990). However, the attainment of a fruitful and meaningful working life can be threatened if overpowering stress is experienced. Emotions of anger and fear can be the forms of expression someone might use when obstacles at work, imposed by others or self, overwhelm the coping resources of an individual. Work and life lose their meanings because it is more difficult to obtain any value from them.

Locke & Taylor (1990) identified several specific work-related potential stress initiators that could prevent people's attainment of different values and meanings related to their job or professional activity. To obtain material values from work can be threatened by stressful circumstances such as no raise, no promotion, poverty, loss of identity or the loss of one's job. Perceived sense of success can be threatened by stressors such as change of jobs, failure, perceived loss of control over the tasks, lack of interest in one's activity, role

conflict, role overload and time pressure. Perceived sense of purpose can be threatened by stressors such as losing one's job, perceiving one's performance as unsuccessful and perceiving one's career as disappointing. The meaning of social relationships can be threatened by stressors such as conflict, criticism, rejection, isolation and alienation. A meaningful self-concept in an individual can be threatened by circumstances such as failure to pursue values, irrational standards, and perceived discrepancy between the self-concept and working environment (Locke & Taylor, 1990).

Other studies on work-related stress have focused not solely on the perspective of the employees and the values they could obtain from work but on what employers can do to understand and address causes of stress on the people working for them. Over the years, there has been increasing evidence of the relationship between work stress and health and the need organisations have to encourage investigation that will support the development of a healthy workforce in a healthy workplace. Some examples will help here to illustrate these efforts.

In 1994, industrial workers in Sweden were surveyed in order to identify sources of stress and its impact on health in a study carried out by Wright, Bengtsson & Frankenberg. Results indicated that the most likely factors to cause distress were the regulations and norms imposed by the organisation and the lack of a sense of autonomy and control over their respective jobs. Women reported more symptoms of stress than men and important differences in factors such as amount of training, development within the organisation, praise and recognition were found to be correlated with the results of this investigation (Wright, Bengtsson, & Frankenberg, 1994). Likewise, physical conditions at work have

also been found to have an impact on the development of stress in employees. Excessive noise, heat or cold and inadequate lighting can affect not only the physical health of an individual but the emotional and psychological predisposition to work (Monat & Lazarus, 1991). Similarly, and more recently, malfunctioning dynamics at work have been found to be related to workplace stressors such as chronic time pressures and increased sensitivities to specific events within the organisations and decreased coping abilities among the employees (Elfring, Grebner, Semmer, & Kaiser-Freiburghaus, 2005).

Research has also focused on studying the effectiveness of organizational health programmes to deal with stress related problems among workers. An analysis on the introduction of effective stress management programmes in companies has been carried out by researchers such as Pelletier and Lutz. They emphasised not only on the health benefits from these programmes for stress affected workers but also the potential savings in costs, regarding treatments for affected workers and prevention of absenteeism, for organisations that use research and clinical findings to find ways to support their employees and try to keep the health status of their workforce in good condition (Pelletier & Lutz, 1988).

Dewe (1997) went even further stating from his research that, in order for occupational stress management programmes to work, intervention plans need to reconcile what traditional approaches to stress have seen as somewhat separate, the individual and the environment. A number of steps should be put in place, at the practical level, and they are: (1) A sound assessment that identifies stress as a problem, (2) the identification of strategies that clearly aim at solving the problem and (3) the use of evaluative criteria that provides more information than only an aggregate improvement in wellbeing (Dewe,

1997). There are certainly obvious advantages when organisations take active roles in the prevention of stress and the use of scientific information to help their workforce go through stressful times with strengthened coping resources.

Research on work-related stress has also analysed the influence of factors such as perceived family support and quality of working environments on occupational stress. These factors have been found to have an impact on an individual's personal style of facing stress, and to further affect the person's professional efficacy. A study carried out by Swanson, Power & Simpson (1998), on the different types and complexities of medical work doctors do, evidenced that they were especially vulnerable to domestic and occupational stress. Increments in professional and family stress assessments were found to be significantly related to the increased complexity of their professional duties (Swanson, Power, & Simpson, 1998).

Two main approaches have been taken by scientists to the study of the interface between family and work life. In the additive perspective, demands from work and home make a combined overload that might lead to stress, strain and possibly to illness (Swanson, et al., 1998). A positive aspect of this approach is that multiple occupational and domestic roles can complement one another and lead to enhanced wellbeing (Verbrugge, 1986). In consequence, attitudes and behaviours that are used in one domain can be transferred and used in the other domain. The relationship between family and work can also be seen as compensatory. In this approach, a negative type of association between work and family environments is emphasised and problems and deficiencies in one domain are compensated for in the other one (Swanson, et al., 1998). This theoretical perspective has been used in

many studies of stress at home and work and mainly with female participants. A great weight of evidence indicates that participation in occupational roles offers opportunities for self-growth that many times cannot be found in non-work roles and, therefore, is associated with greater wellbeing (Kopp & Ruzicka, 1993).

Swanson, et al. (1998) indicate that, apart from these two theoretical perspectives of stress and strain between work and family environments, there are also individual and socio structural characteristics that need to be taken into account in the analysis of the occupation of multiple roles and the experience of stress. Individual characteristics such as personality, positive/negative affectivity, and mental and physical health, and socio structural factors such as family responsibility, socioeconomic and financial status, degree of work, and support from spouse and siblings, need to be considered as important in this area of study (Swanson, et al., 1998).

Finally, another important approach to the understanding of how roles affect the relationship between work and family domains, and lead to further stress, comes from the work-family conflict theoretical models. In general terms, within this approach work roles are seen as having more influence on home life than vice versa, this is what it was called an 'asymmetric permeability' type of relationship between these two environments (Pleck, 1977). Those who get paid for their work, or providers for the family, have been required that their work roles take precedence over family demands, and those members of the family who stay at home require their domestic roles to take precedence over work; from this perspective, work interferes with family life to a greater extent than family would do with work (Swanson, et al., 1998).

3.1.1. Specific findings on stress and social support

Investigations on the role that social support plays in the incidence of stress show that there are conflicting findings. Singer & Davidson (1986) stated that even if individual measurements of social support have been shown to be of importance in stress reduction, the measures that have been used have not had a strong theoretical foundation. Another difficulty resides in determining whether social support should be measured in an objective or subjective manner. Objective measures of social support would assess the number of support groups, family relatives, and the like who are part of the supporting network of an individual. Conversely, in a subjective fashion, social support would be acknowledged as a perceived variable irrespective of how many groups, relatives, or supporting people someone has (Singer & Davidson, 1986).

Researchers have also had different opinions regarding whether social support is a moderator or a mediator of stress. If conceived as a moderating factor, social support acts as a buffering system that will improve stress, however it would not have any effect in the absence of stress (Cohen & Wills, 1985). As a mediator, social support can be beneficial under all conditions. Unstressed people with social support would be in better form than unstressed people without social support, and stressed people with social support would be in better form than stressed people without social support (Singer & Davidson, 1986).

The theorized buffering, or moderating, effect of social support has been of great significance in studies addressing the influence of stress on health and illness. There is a substantial amount of research that has documented the relevance, for mental and physical health, of social support as a stress moderating factor. People with reliable social support

adjust better psychologically to stressful events, recover more quickly from already diagnosed illness, and reduce their risk of mortality from specific diseases (House, Landis, & Umberson, 1988; Taylor, 1986). A review on the available literature on the influence of social support and stress on coronary heart disease incidence and mortality, carried out by Greenwood, Muir, Packham and Madeley (2002), evidenced the beneficial characteristics of social support among patients. The review concluded that life stress and social support were significantly influential on coronary heart disease; with social support having a stronger moderating effect than stress. Both had a stronger influence on coronary heart disease mortality than on initial incidence and emotional support, especially, showed the largest effects (Greenwood, Muir, Packham, & Madeley, 2002).

Social support has been considered a protective factor from physical and psychological negative health effects of high degrees of stress (Cohen & Wills, 1985). In this regard, when social support is defined as a perceived availability of aid, resources and emotional support, social support works as a filter that protects individuals against pathogenic effects of stressors (Cohen & Wills, 1985). In contrast, when it is defined as integration in a social network, social support has been found to be beneficial irrespective of any stress levels (Monat & Lazarus, 1991; Taylor, 1986; Cohen & Wills, 1985).

Researchers of the stress-health relationship have been also obtaining mixed findings on the role of social support as causal in the development of illness (Monat & Lazarus, 1991). In one hand, contemporary research has found reciprocal effects in significant causal relationships between perceived social support and psychiatric symptoms (Calsyn & Winter, 2002), and mother's postpartum mental and physical health and variables such as

maternity leave length, mother's consumption of alcohol and cigarettes, perceived support from others, baby's health state, complications of childbirth and demographic characteristics (Gjerdingen, Froberg, & Fontaine, 1990). On the other hand, causal inferences have been sometimes criticised because they are difficult to generalise to people outside the samples or weaknesses in the design of the studies they were based on (Clark, 2005). There is also the possibility that what seemed to be a main effect of social support on health could have actually been buffering or moderation processes of factors not taken into account by the studies (Cohen, Gottlieb, & Underwood, 2000). This is a controversial issue in this field that future research still needs to address.

Despite the contradictions, social support is an area where research has been prolific. There are more scientific questions in which contemporary research on social support has found new areas of development. Some of these areas are addressing topics such as individual differences in how some people seem to have better skills using social support as a resource than others, the ways in which different types of social support are perceived to be helpful for different types of stressful events, identification of situations where the provision of social support might aggravate stressful circumstances, the fact that social support might not be always available for those in need and the consequences of this event, and the improvement of ways to measure perceived social support (Taylor, 1986).

The new directions research on social support is taking evidence that there is a great amount of factors that still need to be acknowledged in its relationship with stress. The construct of stress in itself has been defined in many different ways and the number of factors and circumstances that researchers have found to contribute to it is overwhelming.

There could be as many ways to conceptualize stress as there are theories to understand it. However, researchers and academics have made an effort, over decades of investigation, to group together concepts and ideas that follow similar traditions, and general theoretical models of stress have been scientifically produced. So far, this review has discussed some of the available definitions, sources, factors, and identified repercussions of stress. This discussion will shift now to a more specific review of some of the recognized theoretical models of stress, with special emphasis on the transactional model, which is the one that guides this study.

3.2. Some theoretical models of stress

In order to give a concise review of some of the most recognized theorized models of stress they will be divided into four main categories: (1) Stimulus based models, (2) Stress as a response models, (3) Interactional models and (4) Transactional models of stress. Strengths and weaknesses of these models will also be discussed.

3.2.1. Stimulus based models

Under this kind of approach, stress is viewed as an independent variable that disturbs the individual, and leads to distress. Research tradition in this field has focused on stressful stimuli that have been categorized depending on the kind of demands they place on the affected individual. External, outside the person's body stimuli (such as a threat of harm from somebody else), and internal demands, inside the person's body (such as a heart attack), are the stressors this type of models focus on. Under this conceptualization of stress, the physiological changes observed in individuals affected by stressful demands

would reflect the struggle to overcome this disturbance in their inner equilibrium (Rooskies, 1987). Therefore, traditional research efforts have followed mostly behaviourist guidelines and relied on biological measurements of life-changing events to identify a long range of possible adaptational outcomes in response to stressors participants in different studies, or real life cases, faced.

Regarding the stress-health relationship, under this theoretical model is assumed that life events might be able to cause illness. In general terms, these life events are what the concept of stress is made of and they can act cumulatively or in a single way and if they overpower the resources of an individual, in becoming too frequent or too intense, the individual is likely to get ill (Martin, 1984). One of the most important contributions this model has given to the understanding of stress is the recognition of the significant role effort of coping with the stressor has on the stressed individual. The struggle to cope with, or overcome, the stressful stimulus might be more harmful than the direct effects of the stressor itself, and if the resistance phase is unnecessarily prolonged then the individual can get to an exhaustion state where wellbeing would be seriously compromised (Rooskies, 1987). Therefore, the focus of study of stress, as a construct, shifts from the stimulus to the analysis of the adaptational resources of the organism under stress.

Studies that follow this model are valuable in that they can compare and differentiate stressful stimuli in different environments for different people, and the potential implications regarding the possibility for understanding the unique ways individuals have to cope with, or adapt to, stressors. In the health science field, this kind of theorization of stress provides a valuable link between behaviour and biology. Excessive environmental

demands or insufficient coping skills can lead to physical illness as an outcome and then biological pathways must be found to explain how one leads to another (Rooskies, 1987).

However, a great amount of criticism has also come to challenge stimulus-based models of stress from several scientific perspectives. The mostly behaviourist character of this theorization, when measuring stress through physiological responses of the body or theorized patterns of behaviour (such as “fight or flight” responses), falls short in explaining the wide variability in human responses to the same stressful event. This mechanistic approach to stress does not account very well for the different meanings an event can have for somebody. Since there is no clear theorization of the role appraisal of a given stimulus, or stressor, plays the emotional or psychological impact of the stressor cannot be clearly understood. A message in the answer machine asking a person to go to see the doctor can have a variety of different meanings for someone who is expecting it. How can those variable meanings and effects be measured under this model? Even though the roles of individual factors, such as personality or cultural background, conditioning the reactions of people to stressors have been acknowledged over the last few decades, the main research paradigm of the stimulus models still reside in viewing stressors as mainly life events. Therefore those conditional factors would serve only to modify the link between stressors and outcomes in the stressed individual.

3.2.2. Response models

This approach to the concept of stress might lead to confusion with stimulus models of stress. Even though stressful stimuli need to be acknowledged, response models need to be clearly more centred on the responses rather than on the stimuli affecting the individual.

Earlier theoretical foundations in this area give significant importance to the ideas of H. Selye and H. Wolff on stress. While each input, or disturbing event, might cause a distinctive effect, they all cause a consistent set of responses; this is called the non-specific stress response (Selye, 1956). In this regard, stress responses would vary in intensity but not in kind. The influence of this idea on measurement of stress is clear in, for example, the inclusion of positive and negative events in Holmes and Rahe's adaptation scale.

Further improvements to Selye's theoretical models included the idea of eustress, beneficial stress, and the adaptation energy hypothesis, which served to explain why not all people react to events in the same manner. H. Wolff further introduced valuable concepts to this model. His approach was less mechanistic in the interpretation of effects of stress in people. He used newer concepts such as unconditional stresses, which can cause direct damage in the individual, and conditional factors, which causes indirect damage because of the recalling by the individual of previous experiences (Wolff, 1953). Therefore, the impact an event has on someone's life cannot be attributed to the event in itself but to the meaning it has for the person, the same experience can have different effects depending on the coping abilities of that person. In this case, recall of past events, or memory, plays a newer, when compared to the stimulus-based models and ideas of Selye and his followers, and a very important role because it will influence further stress responses to the same or similar events.

Even though the ideas of the response model implied valuable advances in the understanding of stress, some of its foundational ideas are open to valid challenges. Selye's non-specificity concept tends to treat all stressors as similar if they produce alike stress

responses. It would be very difficult to measure and understand the effects of very different stimuli, such as a relative's death or suffering an accident, based only on similar physiological responses of the body, such as heart rate or secretion of hormones. In the same way, this model of stress still does not account very well for the different ways in which people perceive and assess stressors. It is still a mechanical approach that tries to find general patterns of response among individuals without giving enough importance to the inner processes leading to stress.

3.2.3. Interactional models

Stress is acknowledged under this kind of theorization as a perceptual phenomenon ingrained in psychological processes. These models focus on why some people seem to be more susceptible than others to the impact of disturbing events. Compared to the previous models, interactional models try to find middle points of analysis between earlier definitions of stress focused mainly on stimuli (stimulus-based models) and responses (response-based models). In this regard, the relationship between input, events, and effects, is not as linear as it is in the previous two models.

All the variables involved in a stressful experience provide feedback to the individual and then the relationship between stressor, the environment and the individual becomes circular. However, Lazarus & Folkman (1984) stressed that under this model the person and the elements stay as separate entities. In interaction, and more evidently in statistical analyses that differentiate the variances of cause-and-effect sequence (as in ANOVA analyses), the interacting variables retain their separate entities (Lazarus & Folkman, 1984).

This is an important limitation of this model when compared with the more integrative approach of the transactional models of stress.

Another important foundational concept of the interactional models is the notion of stress as produced by an imbalance between the stressful demands on people and their abilities to cope, when coping is needed. This imbalance prompts the experience of stress and a further stress response in affected individuals (Cox, 1978). Within this conceptualization, coping is both psychological, involving cognitive and behavioural resources, and physiological and varies from individual to individual. The perception of this imbalance, or stress, is not an objective but a subjective process within the individual, and if normal coping is not effective stress will last longer and the affected person will give abnormal responses, prolonged exposure to stress might result in structural and functional damage (Cox, 1978).

In terms of measurable variables, interactional models tend to concentrate more on the role of moderators of the relationships between stressors and resulting stress. Buffering and filtering effects of different variables among studied individuals would evidence differences in physiological and psychological responses to internal or external demands. However, one of the most important limitations of this approach resides precisely in its effort to explain inconsistencies in person-environment relationships using moderator analysis. This kind of approach understates the integrative role of appraisal and coping in the experience of stress, these constructs get relegated to not much more than useful explanatory instruments of the effects of assumed more important moderating factors (Dewe, 1997). Additionally, the perceptual characteristic of the construct of stress, under this kind of model, reveals another important weakness. It does not clarify if perception of stress is

conscious or unconscious (Hinkle, 1973). Therefore, the experiences of stress due to circumstances people are not sometimes aware of, such as psychosomatic complaints of individuals who do not know they are suffering major undiagnosed illnesses, cannot be clearly understood and explained

3.2.4. Transactional models

In transactional models a revolutionary theory of stress came to challenge traditional models. The idea of stress as a reciprocal process is even more evident in these models than in interactional ones. Relationships between people and their environments are dynamic, mutually reciprocal and bidirectional (Lazarus & Folkman, 1984, p. 293). Furthermore, the characteristics of separate variables associated with the person and the internal or external demands he or she faces, as opposed to the dividing perspective of interactional models, are combined in transactional models to give an integrative perspective of the phenomenon of stress. The separate person, their individual features, and environment elements join together to form new subsuming meanings through the courses of appraisal (Singer & Davidson, 1986; Lazarus & Folkman, 1984).

Through processes of appraisal and reappraisal people estimate if environmental demands would tax or exceed their individual resources. Additionally, a temporal component is added within this perspective. What is a consequence in the first instance can become an antecedent at another time (Lazarus & Folkman, 1984). From this perspective, assessment of stress centres on what happens in a specific context, the subjective process when someone has an encounter with an event and the adaptational outcomes to that event, not on what should commonly happen in contexts in general. These adaptational efforts are the

cognitive and behavioural attempts the individual uses in order to manage or overcome demands from the environment perceived as challenging or threatening. This is what is called coping (Lazarus, 1999).

Theoretical ideas on coping have also been developed and widely analysed. Different theorists have significantly contributed to the development of theory in this area. Coping has been defined as the continually adaptive behavioural and cognitive efforts to control specific external and/or internal strains that have been identified as taxing or overpowering the resources of the person (Monat & Lazarus, 1991; Taylor, 1986; Lazarus & Folkman, 1984). Coping is a behavioural response that can be either specific in nature, when it is applied to a particular situation, or related to someone's personal approach, when it is constantly used across many different situations (Kohn, 1996).

In terms of measurement, the transactional model of stress tends to concentrate on "five major types of variables: Stress, appraisal, coping, person and environment antecedents of stress and coping, and short and long term adaptational outcomes" (Lazarus & Folkman, 1984, p. 306). Measurements of appraisal have focused on the concepts of primary and secondary appraisal; and measurements of coping have assessed thoughts, feelings and actions taken by the person to cope with demands in a stressful encounter (Lazarus & Folkman, 1984). In practical terms, it has been found that the primary ways to obtain data for research using transactional models of stress are subjective self reports. A concise view of how relevant analytical elements of the transactional approach are used in order to assess personal encounters with stressful demands is provided in Figure 3.1 as follows:

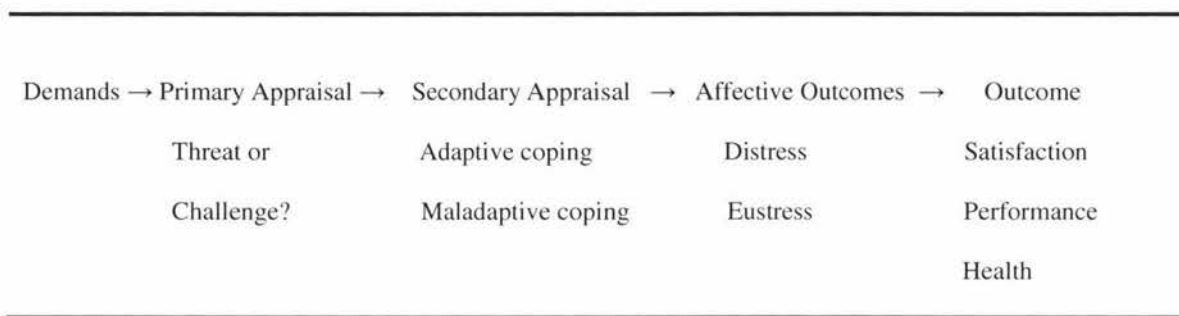


Figure 3.1.: Transactional models: Stress as a process (Gardner, 2004, p. 11)

Another important concept relevant to the theory behind transactional models is that of emotion, such as anger, fear, or sense of relief. Different emotions are displayed, or restrained, by the individual at different stages of primary and secondary appraisals in an encounter with an event or demand. To understand how emotions develop within stress processes it is important to analyse how each emotion is linked to the cognitive appraisal that influences it (Folkman & Lazarus, 1990). Folkman & Lazarus (1990) also recognized that an encounter involving harm or benefit often involves three or more stages: anticipation, confrontation and post-confrontation. Emotions constantly change after sequential processes of appraisal, coping and reappraisal are used. Emotions have a temporal aspect that reflects the changing status of the person-environment relationship after appraisal and coping processes intervene (Folkman & Lazarus, 1990).

Ultimately, for this overview of the transactional perspective, the foundational principles of transactional models emphasise the subjective level of abstraction in which the person and environment elements are combined and influence the person to assess an encounter with an event as stressful or not (Lazarus & Folkman, 1984). In this regard, the fact that an event has been appraised as stressful by one individual does not necessarily mean that another

individual would assess it in the same way. In consequence, any potential threat in the environment can be a stressor (Singer & Davidson, 1986). It is from this perspective that some criticism regarding confusion in using scientific terms of stress of the transactional model come from.

For Singer & Davidson (1986), in transactional terms, no matter how pleasant or unpleasant an event can be, it would not be considered as a stressor unless it is appraised as a threat by an individual. Life threat or harm are not inevitably stressful. A more structured and objective identification, since stress is identified also in very subjective terms under this model, of concepts such as variability and reactivity in the processes of stress especially when stress is related to health outcomes on patients, needs to be better determined (Singer & Davidson, 1986).

In the same way, the circular relationship between the person and the environment that transactional models imply has been found to have some weak points that will affect objective measurements of stress. If a stressor is anything that produces a stress response, correlations will inevitably be found between exposure to stressors and stress response, and sometimes researchers will end up studying events that would happen not to be stressors (Wills & Langner, 1980). This issue of circularity has also been acknowledged by Folkman & Lazarus (1990). They understand this issue not as exclusive of the transactional model but applicable to all approaches to measurements of stress; it also implies that our understanding of stress is more complicated and it will encourage the development of better measurement techniques (Folkman & Lazarus, 1990). The value transactional models give to self report measures has also been criticised because it compromises the objective

character of research. The individual characteristics of those who answer those measurement instruments certainly will have an effect on the effort to find general findings and patterns that more traditional forms of research pursue. However, for those researchers who follow transactional principles this subjectivity is precisely the most valuable source of information (Folkman & Lazarus, 1990). And if data is truthfully provided by those who are going through experiences of stress, it will not only benefit the final health outcomes of the people needing help but will also improve our understanding of the processes of appraisal and coping with demanding events.

The qualities of transactional concepts clearly outweigh their criticisms. Their exploration of relevant processes of a person in his or her experience of stress seems to account better for the links between people and their environments than traditional models do. This is the main reason why this investigation will follow transactional principles. However, before stating the specific details of the present study, it is important to identify the relevant theoretical foundations that supported the measurement of the dependent variables that were used: stress, coping and appraisal, social support, cognitive hardiness and psychological wellbeing.

3.3. Relevant measured variables

3.3.1. Stress

Underlying theoretical assumptions of the traditional life events approach to stress measurement had limited the understanding of stress in different ways. These assumptions were summarized by Lazarus & Folkman (1984) and their implications for research

analysed. The first assumption is that change alone is stressful (Lazarus & Folkman, 1984). However, different studies have identified that change alone does not necessarily imply stress and that many people can go through major life events, such as changing jobs or moving to another country, without suffering of stress. Sometimes the lack of change can be perceived as stressful. Different studies have supported these arguments. Lennon (1982) found that it was actually the personal meaning of change, associated with a person's history and life circumstances that could be considered as stressful, in her study of the consequences of menopause in women. In a similar way, a study that analysed adaptational outcomes to changes in children entering school, middle-class students later in school, students in college, women getting married and women becoming mothers showed that they were able, depending on their individual characteristics, to integrate their experiences successfully into their lives; for working-class students and new fathers the adaptational process seemed to be more difficult (Stewart, Sokol, Healy, Chester, & Weinstock-Savoy, 1982).

Adaptation processes have been also found to be relevant in the development of the concept of resilience. The use of dynamic, problem-solving coping strategies are typical of resilient people when they deal with challenging events (Lazarus & Folkman, 1984). Studies on other stressful and possibly traumatic professions such as care giving (Alexander & Klein, 2001), fire fighting (Durkin & Bekerian, 2000), emergency services and police (Paton, 2005) have emphasised the importance of understanding and fostering resilience among workers so they can successfully face and overcome possibly frequent encounters with stressful or traumatic experiences.

The second assumption of traditional approaches is that life changing events have to be major (Lazarus & Folkman, 1984). In Nowack (2002), the importance of not only major but minor stressful events as well is relevant to the conceptualization and assessment of stress. To look at stressors only as major catastrophic or life changing events gives a very limited view of stress. People go everyday through less dramatic experiences in their lives that can cause distress. Earlier works of Lazarus & Folkman (1984) also recognized the importance of daily life demands in outcomes of stress. "Daily hassles" can be less dramatic than major and more intense life events, but they can be more important regarding adaptational and health outcomes (Lazarus & Folkman, 1984). In terms of available opportunities to measure stress, to be able to also assess stressful impacts of minor events in someone's life is a clear advantage, since major life events do not happen as frequently as the minor ones. This kind of approach offers better and more representative chances to understand the appraisal and coping styles of an individual, since they are used more often to face the difficulties of daily life (Nowack, 2002; Lazarus & Folkman, 1984). The final judgement of what constitutes a major or a minor event resides ultimately in the individual and the individual resources used to get to that conclusion.

Finally, the last theoretical assumption limiting an appropriate measurement of stress, under traditional approaches, is that psychological stress is a major factor in illness (Lazarus & Folkman, 1984). Even though most people in the field accept this assumption, the evidence it rests on is debatable and relationship scores found by research between life events and health outcomes are small (Lazarus & Folkman, 1984). Genetic, constitutional and environmental factors need to be acknowledged in this kind of research. As it was mentioned already, people who work in risky, and probably dangerous, jobs have shown

adaptational resources that contribute to keep them psychologically healthy. In the same way, daily routines and habits can have impact on health without the presence of psychological distress.

Transactional models view stress in a systems manner where all environmental and individual variables work together in an encounter with a stressful demand. The appraisal of change, or lack of it, as stressful and the ways to cope with it, are very individual processes within the individual. Personal characteristics, habits and routines and the characteristics of the environment should also be part of the assessment when measuring stress.

3.3.2. Appraisal and Coping

In the practical assessment of appraisal different events need to be measured in the primary and subsequent stages of appraisal. The starting point for measurement in the primary stage should focus on what is at “stake” and what is the personal meaning for the individual, taking into account the specific context of the encounter (Lazarus & Folkman, 1984). Then the encounter will be appraised by the individual as harmful (experience of harm), threatening (anticipated harm) or challenging (which might lead to growth) (Dewe, 1997).

For the second stage of appraisal, which can be operationalised as maladaptive or adaptive coping (Gardner, 2004), similar methods of measurement have been used among different investigators following transactional models of stress. Lazarus & Folkman (1984) asked participants to indicate on a coping strategies checklist they designed what they did to cope with demands on a specific encounter. The obtained coping responses were then classified

depending on the purpose of the coping response (to focus on the problem or the emotion associated to it) or the type of coping response (such as seeking emotional support, looking for information relevant to the problem, or avoiding the problem) (Lazarus & Folkman, 1984).

However, this kind of approach is very reliant on the good memory of the participants and on the accurate recognition they have of their coping resources. Other researchers, such as Nowack (2002) and Roth & Cohen (1986), have placed more emphasis on coping as founded on two basic processes: approaching or avoiding the problem. Both strategies have been acknowledged, not only by transactional but also more traditional researchers on stress, as valuable influences in the relationship between stress and illness, stress in occupational environments and in daily life activities (Nowack, 2002). In transactional terms coping is generally adaptive. However, avoidance techniques have been found to be more effective in certain circumstances. Especially when daily life and occupational demands are perceived as out of control of the affected individual and the measurements of stress, in this individual, are carried out immediately or in the short term of facing the demand (Folkman & Lazarus, 1990; Roth & Cohen, 1986). Nevertheless, in the long term, certain forms of avoidant behaviour, such as escape-avoidance, can be ineffective and it has been found that they can be associated with psychological symptoms of depression and anxiety (Coyne, Aldwin, & Lazarus, 1981).

Nowack's Stress Profile (Nowack, 2002), based its measurements of coping on earlier theoretical concepts that identified coping strategies as emotion-focused or problem-focused processes. Emotion focused coping strategies can change the subjective meaning of

transactions with the environment, such as in denial of or distancing from the stressful situation, or divert attention from the source of distress, such as avoiding (minimizing the threat) of adopting a vigilant attention towards the problem (Folkman & Lazarus, 1990). This type of coping is more associated with emotions such as anger or sadness and relates more to possible damage or loss from an event (Lazarus, 1993; Lazarus & Folkman, 1984).

On the other hand, problem focused processes involve direct confrontations with the problem or the use of thought and planned problem-solving methods. These are the kind of strategies someone would use when coping is focused on the problem. This type of coping is more associated with looking at stressors as opportunities for learning and developing personal growth and it is characterized by emotions such as excitement (Lazarus, 1993; Lazarus & Folkman, 1984). It focuses on the positive aspects of an event or situation, the impact of stress is then reduced and possible positive outcomes are visualized (Nowack, 2002). Coping strategies based on these concepts have been found to be predictive of physical and psychological wellbeing (Aldwin & Revenson, 1987; Vitaliano, Maiuro, Russo, & Becker, 1987). Coping styles seem to be consistent in an individual across time and through different live events (Folkman & Lazarus, 1990).

3.3.3. Social support

The beneficial effects of social support on stressed individuals, in health and occupational fields, and some theoretical connotations of social support as a construct have been already mentioned earlier in this chapter. It is important to note, however, that despite the recognized lack of consensus among researchers on a specific definition of this construct, most of the attempts to define and measure it have included common tangible aspects, such

as financial help and advice, and more abstract ones, such as perceived support and trust in others (Nowack, 2002). Research has also evidenced that the preferred instruments to assess social support among researchers are those that measure the subjective sense of satisfaction individuals have with their social support networks and the actual density of them (Nowack, 2002; Heitzman & Kaplan, 1988; Cohen & Wills, 1985). In transactional terms, it is more important to measure and understand the opinions people have of the quality of their social support networks than the actual number of people and organisations supporting her.

3.3.4. Cognitive hardiness

Research in this area has clearly identified variables that mediate cognitive hardiness and help assess further effects of it on vulnerability to stress. These variables were identified by Kobasa (1979) and include: (1) Attitudes towards work, which projects a sense of commitment or disaffection towards one's occupation; (2) a perception of personal control, which projects a sense of mastery or helplessness before events in life; and (3) personal convictions (beliefs) about life, which see changes in life as threats or challenges. In general, high levels in these variables represent individuals who see life and work changes and events in more constructive ways and have better abilities to cope with the stress related to those changes. Other studies have also supported the argument that people with these characteristics have stronger positive views of life and work, stay healthier for longer (Kobasa, Maddi, & Zola, 1983; Kobasa, Maddi, & Courington, 1981; Kobasa, 1979) and display less physiological symptoms (Kobasa, Maddi, & Kahn, 1982) when they are experiencing high loads of stress due to significant changes in their lives. In the same way,

low levels of cognitive hardiness and perceived stress have been found to be strongly correlated with occupational burnout syndrome (Nowack & Pentkowski, 1994).

Moreover, Maddi & Kobasa, (1984), in their investigation of the development of hardiness, emphasised the importance encouraging conditions in early life (childhood and teenage years) that lead to strengthening the sense of commitment, control and challenge in individuals. Parental supportive attitudes toward their children (that build commitment of alienation), encouragement to take on new tasks (leading to mastery and sense of control or failure and incapability), attitudes toward changing events in life (which can be perceived as rich and full of opportunities or chaotic) are some of the relevant actions to build cognitively strong individuals equipped with constructive and adaptational skills to face life circumstances and events successfully (Maddi & Kobasa, 1984). The favourable implications cognitive hardiness strengths have on the sense of achievement and mental wellbeing of an individual are obvious. Behavioural and developmental deficits can be avoided, or overcome, if appropriate support is provided.

Currently, investigative efforts of researchers, such as K. Nowack, in this area are trying to address some of the criticisms cognitive hardiness, in theoretical and practical (operational measurements) terms, has been facing. More research is needed to clarify if whether cognitive hardiness has direct effects on health and wellbeing, its role in predicting psychological and physiological health, issues on its scientific measurement, and its conception as a single factor associated to commitment, control and challenge (Nowack, 2002).

3.3.5. Psychological wellbeing

In the Stress Profile, levels of psychological wellbeing are assessed from direct measurements of the presence of positive affect and the absence of discomfort associated with a general feeling of satisfaction in all aspects of an individual's life (Nowack, 2002). Positive affect is manifested in the forms of positive emotions, illusions, feelings of happiness and pride (Lazarus & Folkman, 1984). However, research on this construct has not been as prolific as that of negative affect. Positive affect is a relevant construct that has been neglected to an extent by scientific discussions on stress, which have mainly focused on negative affect and other adverse outcomes (Folkman & Moskowitz, 2000).

High positive affect is also characteristic of those who see stressful events as opportunity for growth and development (Monat & Lazarus, 1991; Taylor & Brown, 1988). Positive views of life have been found to positively influence people suffering of depression and distress (Kanner, Feldman, Weinberger, & Ford, 1987). In the same way, positive "illusions", or beliefs, representing the person itself, the world and the future in more positive ways than it actually is can have unique adaptive significance (Taylor & Brown, 1988). Even if the "positive illusions" were overestimates of the actual reality, their implications for successful adaptation seem to be very encouraging.

3.4. The present study

3.4.1. Justification

The findings from the present study are important for several reasons. First of all, there is no evidence of any previous quantitative studies, in the available scientific literature,

addressing stress and psychological wellbeing among national professional humanitarian workers in the very complex and war-torn environment of the country of Colombia. Therefore, the outcomes of this study are relevant for finding concepts and patterns of stress and psychological wellbeing with these kinds of workers in this country. Secondly, there has never been a comparison study of stress and psychological wellbeing between field and administrative aid workers working for the same organisation. Since these two groups of workers are exposed to different kinds of stressors in their environments, the obtained information can be important in order to understand similarities and differences in their individual vulnerabilities and strengths towards stress. Thirdly, this study can give valuable information that can be compared with other researchers' findings from previous analyses on expatriate staff and local staff from other countries. Similarities and differences in concepts can be found in this way, theoretical principles of the transactional model of stress can be tested under the conditions of this investigation. And finally, the instrument used to assess stress in this study, K. Nowack's Stress Profile, provides information regarding health protective and risk factors associated with stress and illness. Common patterns of psychological vulnerability associated with work in humanitarian aid duties can be identified. This kind of information is very important for those international and national NGOs that use research findings to promote policies and procedures to look after the wellbeing of their international and local staff.

3.4.2. Aims and objectives

The present study was conducted to examine differences in psychological wellbeing associated with stress in national professional humanitarian workers in Colombia. As was previously summarised in this chapter, field aid workers endure stressful working

circumstances, added to the accomplishment of their duties which most people in other jobs such as those working in office-like environments do not have to face. From this point of view, tested hypotheses were:

1. a. Humanitarian workers in the field will show higher levels of stress than those from the administrative facility.
1. b. Humanitarian workers in the field will show lower levels of psychological wellbeing than those from the administrative facility.
1. c. Mean scores in stress measurements will be negatively and significantly correlated to those in psychological wellbeing for all participants.

The impacts of cognitive hardiness, social support, and appraisal and coping on assessments of stress and psychological wellbeing were also reviewed through this chapter from the available literature. The following hypotheses were:

2. High scores in cognitive hardiness will be associated with high scores in psychological wellbeing and low scores in stress, for all participants.
3. High scores in social support will be associated with high scores in psychological wellbeing and low scores in stress, for all participants.
4. High scores in positive appraisal, threat minimization and problem focused coping will be associated with high scores in psychological wellbeing and low scores in stress, for all participants.
5. High scores in negative appraisal will be associated with low scores in psychological wellbeing and high scores in stress, for all participants.

Additionally, general aims of the study were:

1. To explore gender and age related differences in stress, social support, cognitive hardiness, coping and appraisal, and psychological wellbeing.
2. To examine whether health risk alerts due to increased levels of stress were higher for field workers than for those from the administrative facility.

CHAPTER FOUR: METHOD

4.1. Overview

This study examined the differences and similarities in perceived social support, levels of stress, cognitive hardiness, coping style and appraisal and psychological wellbeing between national humanitarian workers who carry their duties out in the field and those who do work at a more administrative, office environment, level. It also explored the relationships between life events, circumstances and habits and the psychological wellbeing of the participants.

Data was collected from adult professional humanitarian personnel who worked either directly with the communities in need of help (in the field) or at the main administrative building, where aid provision is managed and coordinated. All of the participants worked for “Fundacion CC” (the real name of this agency is kept confidential on their request), a Colombian non-governmental organization whose social mission is to support, mainly with food and education, children and their families who are affected mostly by current outcomes of the Colombian conflict in the city of Medellin.

This organization has 16 facilities in very poor peripheral neighbourhoods of the city where many people in great need of help live. These facilities include pre-school level classrooms to educate young kids and, in some cases, older children and teenagers who need acceleration courses to update them on the schooling years they have missed. Food is also

provided not only to the kids at school but also to their families in the form of lunch and healthy snacks. .

The assessment instrument that was used to collect the data was The Stress Profile (in its translated version into Spanish), created by Kenneth M. Nowack.

4.2. Participants

The research population in this study consisted of professional humanitarian workers employed by a Colombian non-governmental organization called “Fundacion CC”. While 83 professional members of this organisation answered the Novack’s Stress Profile, eight of them did not provide sufficient information for the analyses nor did not answer the questionnaires properly. Thus, the final sample consisted of 75 people. There were 70 women (93.3% of the sample) and 5 men (6.7 % of the sample). The majority, 35 participants (46.7 %), was between 20 and 30 years old, 28 participants (37.3 %) were between 30 and 40 years old, 9 participants (12 %) were between 40 and 50 years old, and 3 participants (4 %) were between 50 and 60 years old. Regarding their working placements within the organisation, 16 participants (21.3% of the sample) were professional workers who carry out their daily duties at the main administrative offices, and the rest (78.7 % of the sample), were field professional workers.

It is important to note that by the time the data was collected (November 2007), the total number of people working for “Fundacion CC” was approximately 300. Around 275 of them worked in the field and 25 at the main administrative offices. The sample who took

part in this project represented, approximately, 25% of the total population of people working for the organisation. The sample of participant field workers represented approximately 21.5% of the total number of field workers in the organisation, and the sample of participant administrative office workers represented 64% of the total number of administrative office workers in the organisation.

For a concise display of the demographics characteristics of the sample please refer to Table 1.

Table 1: Demographic characteristics of the study sample. N=75

Demographics	n	Percentages of total sample (%)
<i>Workplace</i>		
Administrative office	16	21.3
Field	59	78.7
<i>Gender</i>		
Male	5	6.7
Female	70	93.3
<i>Age *</i>		
20-30 years old	35	46.7
30-40 years old	28	37.3
40-50 years old	9	12.0
50-60 years old	3	4.0
<i>Median Age</i>	30.7	
<i>Age Range</i>	20-60	

* An error in the questionnaire created overlapping categories. The N for each age category is therefore an indication only.

4.3. Measures

A self-report instrument, The Stress Profile (Nowack, 2002), in its translated version into Spanish, was utilized to measure levels of stress and psychological wellbeing and factors contributing to it. The instrument was developed by Ken Nowack to provide a comprehensive and concise assessment of stress. It includes all the areas of stress that have been recognised as factors in the stress-illness relationship. The Stress Profile assesses 15 areas related to chronic stress problems.

The instrument measures seven main areas related to stress and health, and some of these areas include more than one variable. They are: (1) stress; (2) health habits, which include variables such as physical activity, sleep/rest, eating habits/nutrition, prevention and the ARC (alcohol, recreational drugs and tobacco consumption) item cluster; (3) Social Support Network; (5) Type A behaviour; (6) cognitive hardiness; and (7) coping style, which includes variables such as positive appraisal, negative appraisal, threat minimization, problem focus, and psychological wellbeing.

The Stress Profile is designed to provide information regarding psychosocial factors of the respondent that are factors in the stress-illness relationship. Therefore, the instrument is valuable in making assessments and treatment decisions with individuals who might be experiencing health or emotional problems where stress may be an important feature.

It was designed for use by psychiatrists, psychologists, physicians, health educators, and organizational health awareness programs. It was also developed for routine use in a variety of settings including organizations, outpatient clinics, hospitals, and medical practices. The Stress Profile is a self-scoring 123-item inventory that requires between 20 and 30 minutes

to complete. The respondent is provided with a Stress Profile Booklet and Answer sheet for marking responses to the inventory items.

The instrument consists of eight parts. The first seven parts provide statements and a Likert style response choice that ranges from (1) Never to (5) Always, (1) Not at all Satisfied to (5) Extremely Satisfied, and (1) None of the Time to (5) All of the Time. In addition, some Likert scale items permit a sixth choice of “Not Applicable” (to assess situations that may not apply to some individuals). There is one item that surveys for amount of cigarette smoking using a 1 – 5 scale. Finally, in the eighth part of the inventory, the respondent is asked to answer five true or false statements.

Responses to the 123 survey questions produce raw scores which can be further transformed into T-scores for the fifteen subscales in the Stress Profile. For the statistical analyses of this study raw scores were used. T scores were used only to detect possible strengths and vulnerabilities toward stress associated with variables measured among participants. T scores have a mean of 50 and a standard deviation of 10. Scores of 40T to 59T are considered average, 60T and above are considered high and 39T or below are considered low. These scales show the level at which the stress factors indicated in the subscale are reflected in the life of the individual. Elevated scores ($T \geq 60$) represent a possible strength against stress related illness in most of the subscales – health habits, exercise, rest/sleep, eating habits, prevention, social support, cognitive hardiness, positive appraisal, threat minimization and problem focused coping-, elevated scores can be identified as health protective resources. Very low scores in these scales represent possible vulnerabilities to health related illness and are identified as health risk alerts. Conversely, in

the rest of the scales –stress, Type A behaviour, negative appraisal, ARC the interpretation of scores is inverse. Elevated scores represent possible vulnerability to health related illness and are identified as health risk alerts. Low scores are interpreted as possible strengths before health related illness and are identified as health protective resources.

The scale descriptions used for interpretation of results found in Nowack (2002) are as follows:

(1) Stress – This scale is comprised of six items and measures the incidence of stressors at different levels: Health, work, personal finances, family, social commitments and world and environmental issues. High T scores ($T \geq 60$) represent an elevated perception of high levels of work or life stress over the past three months. Conversely, low T scores ($T < 40$) represent low levels of stress even if there currently are life events that could be considered very stressful.

(2) Health habits – This scale designates a group of behaviours that when practiced link to both physical and psychological well-being. A high score on this scale ($T \geq 60$) shows that the respondent is practicing these behaviours on a regular basis. It comprises exercise, rest/sleep, eating/nutrition, prevention, and ARC cluster subscales.

(3) Exercise – This scale consists of three inventory items and shows the level and frequency of exercise performed on a regular basis. A high T score on this scale represents individuals who exercise more frequently and would be associated with positive health outcomes.

(4) Rest/sleep – This scale consists of five items that measure the frequency at which the respondent achieves sufficient rest or sleep on a regular basis. High T scores indicate good sleep practices and a person who experiences adequate amounts of sleep.

(5) Eating/nutrition – This scale consists of five items that measure the frequency in which the respondent eats well balanced meals. A high T score indicates an individual who demonstrates a disciplined and careful routine pattern of healthy food choices.

(6) Prevention – This scale consists of 11 items that measure the frequency of the respondent's ability to avoid situations that could lead to health or medical problems. A high T score reflects an individual that practices preventative health habits on a regular basis.

(7) ARC – is a three item scale that asks directly about substance abuse. Positive responses to these items reflect the respondent's use of alcohol, drugs, or cigarette smoking.

(8) Social support network – This scale comprises 15 questions and measures the respondent's perception of the support that is readily available through others (boss, work mates, friends, family and relatives, and other significant ones) in their environment on a regular basis, the use they make of it, and their satisfaction with it. A high T score indicates a high level of satisfaction with the social support network of the respondent.

(9) Type A behaviour – This scale consists of 10 items that indicate the presence of tendencies presented by the respondent, such as internalized anger, expressed anger, time urgency, working quickly and impatience items that are indicative of a Type A personality. A high T score reflects that the respondent demonstrates these behaviours when faced with life or work challenges.

(10) Cognitive hardiness – This scale comprises 30 questions and indicates the style of attitudes, beliefs, and attributes that the respondent holds toward life and work. A high T score indicates that the respondent confronts difficult challenges in life and work with a positive and constructive set of attitudes, beliefs, and attributes. Low T scores will represent those more susceptible to feel alienated from life or work, see change and risk as threats and perceived life and events as out of their control.

(11) Positive appraisal – This scale comprises 5 questions and measures the presence of supportive and encouraging self-talk and self-motivation resources used by the respondent to minimize stress and find positive aspects of specific problematic events or situations. A high T score in this area indicates frequent use of this coping strategy.

(12) Negative appraisal – This scale comprises 5 questions and measures the presence of self-blame, criticism, or catastrophic thinking in the perceptual tendencies of the respondent. A high T score in this area indicates frequent use of this coping strategy.

(13) Threat minimization – This scale comprises 5 questions and measures the amount of avoidance employed by the respondent to keep away from, or diminish the significance of,

problematic situations. A high T score in this area indicates frequent use of this coping strategy.

(14) Problem focused coping – This scale comprises 5 questions and measures the use of respondent's proactive efforts and changes to face problems and events. A high T score in this area would indicate an individual who uses problem-focused coping on a frequent basis.

(15) Psychological wellbeing – This scale evaluates individuals' overall perceived sense of satisfaction with life, personal achievements, work and relationships in general over the past 3 months. Individuals with a high T score are generally satisfied with themselves and experience enjoyment in their daily lives. These individuals may consider themselves as generally happy and well-adjusted individuals.

For the purposes of this study not all the variables of the Stress Profile were used. Variables used in this investigation were stress, psychological wellbeing, social support, cognitive hardiness, positive appraisal, negative appraisal, threat minimization and problem focused coping. Data from this study's sample were used to assess reliability and construct validity of the measuring instrument in this investigation. For each one of the relevant subscales of the Stress Profile factor analyses and Cronbach's alpha reliability calculation analyses were carried out. Some items in some scales (social support, cognitive hardiness, positive appraisal and problem focused coping) had to be dropped because their negative effects on reliability. From these analyses, the following results were obtained:

1. Stress subscale: A single factor accounted for 43.17% of the variance. This subscale was based on the mean scores of all 6 stress related items in the questionnaire and the obtained internal reliability Cronbach's alpha coefficient was $\alpha = 0.70$.

2. Psychological Wellbeing (PW) subscale: A single factor accounted for 62.22% of the variance. This subscale was based on the mean scores of all 12 psychological wellbeing related items in the questionnaire and the obtained internal reliability Cronbach's alpha coefficient was $\alpha = 0.94$.

3. Social Support (SS): Factor analysis procedures identified SS as consisting of three factors. They accounted for 64.01% of the variance. The obtained factors were:
 - Practical Available Support (PAS): Comprised five questions asking how often significant people in different areas of a person's life went out of their own occupations to make the interviewee's work and life easier and more satisfactory (e.g.: "How often does your boss or immediate supervisor escape from his/her own occupations to make either your work or personal life easier and more satisfactory?"). The obtained internal reliability Cronbach's alpha was $\alpha = 0.91$.

 - Use of Available Support (UAS): Comprised five questions asking how often the interviewee used the available support from significant people in five different areas of his/her life (e.g.: "How often do you refer to family members or relatives –to express your feelings, looking for advice, or to find

love, support and empathy- to try to keep an efficient daily life and work routine?”). The obtained internal reliability Cronbach’s alpha was $\alpha = 0.73$.

- Satisfaction with Perceived Available Support (SPS): Comprised four questions asking how satisfied the interviewee felt with the provided available support from significant people in different areas of his/her life (e.g.: “How satisfied do you feel with the social support provided by your friends? ”). The obtained internal reliability Cronbach’s alpha was $\alpha = 0.77$.

4. Cognitive Hardiness (CH): A clear three factor solution emerged, which accounted for 40.64% of the variance. The obtained factors were:

- Beliefs (CHB): Comprised 10 questions asking levels of agreement, or disagreement, with statements regarding participant’s beliefs (e.g.: “There are relatively few areas of my life where I feel insecure, too shy or lacking in self-confidence”). The obtained internal reliability Cronbach’s alpha was $\alpha = 0.70$.
- Perceived Control (CHPC): Comprised seven questions asking levels of agreement, or disagreement, with statements regarding perceived control over events and circumstances happening in the participant’s life (e.g.: “Many times I feel that I have little control and influence over events happening to me”). The obtained internal reliability Cronbach’s alpha was $\alpha = 0.84$.
- Attitudes (CHA): Comprised ten questions asking levels of agreement, or disagreement, with statements regarding attitudes the participant may have

towards life and work (e.g.: “Most of my lifetime gets wasted doing senseless activities”). Some items were reverse coded. The obtained internal reliability Cronbach’s alpha was $\alpha = 0.85$.

5. Positive Appraisal (PA): A single factor accounted for 68.41% of the variance. This subscale was based on the mean scores of 4 PA related items in the questionnaire and the obtained internal reliability Cronbach’s alpha coefficient was $\alpha = 0.84$.
6. Negative Appraisal (NA): A single factor accounted for 48.88% of the variance. This subscale was based on the mean scores of all 5 NA related items in the questionnaire and the obtained internal reliability Cronbach’s alpha coefficient was $\alpha = 0.74$.
7. Threat Minimisation (TM): A single factor accounted for 55.50% of the variance. This subscale was based on the mean scores of all 5 TM related items in the questionnaire and the obtained internal reliability Cronbach’s alpha coefficient was $\alpha = 0.80$.
8. Problem Focused Coping (PF): A single factor accounted for 55.60% of the variance. This subscale was based on the mean scores of 3 PF related items in the questionnaire and the obtained internal reliability Cronbach’s alpha coefficient was acceptable $\alpha = 0.60$.

4.4. Procedure

Approval for the research was sought and granted (Appendix A) by the Massey University Ethics Committee (Northern). Colombian professional humanitarian workers who work for “Fundacion CC” were then invited to participate in this study. Participation was voluntary and anonymous; copies of the general information sheet (Appendix B) were available to everyone who wanted to take part in the project at the main administrative building and at the field facilities of this organisation. In the same way, an individual information sheet (Appendix C) was available in the first page of the package with the questionnaire. Also, at the bottom of this page there were three questions asking participants their gender, age and work place (either the administrative building or the field). The decision to take the questionnaire (a copy of the Stress Profile questionnaire is available in Appendix F), answer it and give it back to the researcher implied informed consent by the part of the participant. The “Fundacion CC” Pedagogy Coordinator helped the researcher to deliver questionnaires at the “Fundacion CC” main administrative building and field facilities. Previous to this she signed a Confidentiality Agreement (Appendix D). After taking a questionnaire, participants had two weeks to return it to the place they collected it from and put it inside an envelope or paper bag to be collected afterwards. Participants were told in the information sheets that their responses were confidential and anonymous and that no identifiable personal information would be gathered. The questionnaires, information sheets and all required forms described above were presented to participants and research helpers in translated versions in their first language (Spanish).

4.5. Data Analysis

All quantitative data analyses were carried out using the Statistical Package for Social Sciences (SPSS) for Windows Version 16. Firstly, descriptive statistics were used to analyse the demographic characteristics of the study sample and to check for normality in the obtained data from the dependent variables. Further, *t* tests and correlational analyses were used to identify significant differences and relationships among all the variables in this study for the participants in the two conditions (from the field and from the office-like environment). Statistical analyses regarding differences in the dependent variables by gender were not carried out. The low number of male participants (only 5, 6.66 % of the total sample precluded this procedure.

Analyses of variance (ANOVA) procedures were used to identify significant differences in the dependent variables by age. However, because the number of participants (3, or 4% of total sample) who identified themselves as belonging to the group 50-60 years old was small, comparisons with this age group were not undertaken as they would not have yielded meaningful information. Thus, ANOVA analyses included comparisons between 20-30 years old, 30-40 years old and 40-50 years old groups.

Regression analyses were carried out to test the mediating effect of stress on psychological wellbeing and vice versa, if the correlations between these two variables proved to be significant. Moreover, moderating effects of social support, cognitive hardiness and appraisal and coping measures on stress and psychological wellbeing were also tested with regression analyses.

Finally, very high and very low T scores from the test were examined in order to identify how many participants, from the field and from the office-like environment, presented health related strengths and vulnerabilities, conceptualized in the Stress Profile as "health protective resources and health risk alerts" respectively (Nowack, 2002, p. 13). Raw data was used in this part to obtain, for each participant, total scores on all measured variables. Total scores were transformed into "standardized Stress Profile T scores" (Nowack, 2002, p. 11). Based on Nowack's interpretations of scores, T 60 or higher suggested possible health risk alerts for stress and negative appraisal; T 40 or lower suggested some degree of invulnerability, or possible health protective factors for these same variables (Nowack, 2002). In the same way, T 40 or lower suggested possible risk alerts for psychological wellbeing, social support total, cognitive hardiness total, positive appraisal, negative appraisal, threat minimization and problem focus; T 60 or higher suggested some degree of invulnerability, or possible health protective factors for these same variables (Nowack, 2002).

CHAPTER FIVE: RESULTS

5.1. Descriptive Statistics

Table 2: Means, medians, standard deviations (SD's), range, and skewness of all the dependent variables. N=75.

Variable	Mean	Median	SD	Range	Skewness
Stress	2.30	2.33	.57	1.24-4.21	.52
Psychological Wellbeing	3.89	3.92	.73	1.92-5.00	-.54
Practical Available Support	2.76	2.80	1.11	1.00-6.00	.22
Use of Available Support	3.28	3.40	.81	1.00-5.00	-.43
Satisfaction with perc. Support	3.33	3.50	.79	1.00-5.25	-.48
Cognitive Hardiness Beliefs	3.82	3.80	.52	2.20-5.00	-.42
Cognitive Hardiness Perceived Control	3.66	3.71	.76	2.00-5.00	-.08
Cognitive Hardiness Attitudes	3.26	3.30	.72	1.50-4.70	-.49
Positive Appraisal	3.69	3.75	.76	2.00-5.00	-.34
Negative Appraisal	2.60	2.60	.69	1.00-4.00	-.24
Threat Minimization	3.29	3.20	.72	1.80-5.00	.36
Problem Focus	3.46	3.33	.69	1.67-5.00	-.12

Table 2 displays the means, medians, standard deviations, ranges, and skewness of the data for each of the scales that measured the variables relevant to this investigation.

Histograms and box plots were calculated on each of the scales in order to explore whether the assumptions of normality necessary for inferential analyses were met (see Appendix E). Even if all of the distributions of scores from the measured variables showed some degree of skewness, they were all considered to be within normal ranges. Values of 2 standard errors of skewness ($\sqrt{6/N} = \sqrt{6/75} = .57$) (Tabachnick & Fidell, 1996) or more, regardless of signs, can be considered skewed to a significant degree (Brown, 1997). All skewness values in Table 2 above are not greater than .57.

5.2 Inferential Statistics

5.2.1. Analysis of Variance (ANOVA)

Analysis of variance showed that a significant difference was found between age groups in their measurements of psychological wellbeing, $F(2,69) = 5.59, p < .05$. As seen in Table 3 below, levels of psychological wellbeing were the highest for the 30-40 year olds, decreased for 40-50 year olds, and were the lowest for 20-30 year olds.

A significant difference between age groups was also found in cognitive hardiness attitudes $F(2,69) = 3.40, p < .05$. As seen in Table 3 below, levels of cognitive hardiness attitudes were the highest for the 30-40 year olds, decreased for 40-50 year olds, and were the lowest for 20-30 year olds.

Table 3. Means (M) and Standard Deviations (SD) of the mean scores obtained from workers from all the different age groups. N=72.

Variable	20-30 years old n = 35		30-40 years old n = 28		40-50 years old n = 9		F
	M	SD	M	SD	M	SD	
Stress	2.31	.69	2.33	.41	2.28	.43	.02
Psychological wellbeing	3.61	.80	4.20	.56	3.81	3.61	5.60*
Practical available support	2.75	1.19	2.95	1.08	2.38	.86	.93
Use of available support	3.37	.78	3.23	.75	2.84	1.09	1.53
Satisfaction with perc. support	3.30	.59	3.34	.97	3.22	.95	.07
Cognitive hardiness beliefs	3.71	.56	3.91	.45	3.77	.55	1.14
Cognitive hardiness perceived control	3.47	.70	3.83	.81	3.76	.91	1.79
Cognitive hardiness attitudes	3.02	.65	3.45	.66	3.44	.99	3.40*
Positive appraisal	3.48	.65	3.95	.81	3.86	.88	3.28*
Negative appraisal	2.81	.70	2.46	.54	2.31	.80	3.55*
Threat minimization	3.22	.78	3.31	.63	3.62	.86	1.06
Problem focused coping	3.37	.76	3.55	.61	3.48	.75	.50

*p<.05

Finally, significant differences between age groups were also found in the measurements of positive appraisal $F(2,69)= 3.28, p<.05$, and negative appraisal $F(2,69)= 3.55, p<.05$. As

seen in Table 3 above, levels of positive appraisal were the highest for the 30-40 year olds, decreased for the 40-50 year olds and were the lowest for the 20-30 year olds. For negative appraisal, levels were the highest for the 20-30 year olds, and decreased with age.

5.2.2. *Reported possible health risk alerts and strengths*

Table 4. Frequency of possible risk alerts reported from workers from the field and office-like environment. N=75

Place of work	ST	PW	SS	CH	PA	NA	TM	PF	Total	Total average	Total percentage (%)
Office	1	2	6	8	1	0	2	6	26	1.63	20.8
Field	3	4	17	38	8	12	7	10	99	1.67	79.2
Total	4	6	23	46	9	12	9	16	125		100

Workers from the field reported 79.2% of the total of possible risk alerts. However, if the number of participants in each group is taken into account, results were very similar. In average, workers from the field and from the office-like environment reported very alike numbers of possible risk alerts, see Table 4 above. Both groups reported more possible risk alerts in measurements of the cognitive hardiness variables. Frequencies were also high in social support and problem focused coping, for office workers, and in social support and negative appraisal (reporting it as high T>60), for field workers.

Workers from the field reported 76.3% of the total of possible health strengths. However, if the number of participants in each group is taken into account, results were very similar. In average, workers from the field and from the office-like environment reported very alike numbers of possible health strengths, see Table 5 below. Both groups reported more health

strengths in measurements of positive appraisal. Frequencies were also high in negative appraisal (reporting it as low $T < 40$) and problem focused coping, in office workers, and in problem focused coping and psychological wellbeing, for field workers.

Table 5. Frequency of possible strengths reported from workers from the field and office-like environment. N=75

Place of work	ST	PW	SS	CH	PA	NA	TM	PF	Total	Total average	Total percentage (%)
Office	4	6	0	1	10	8	5	7	41	2.56	23.7
Field	17	23	11	0	35	10	11	25	132	2.23	76.3
Total	21	29	11	1	45	18	16	32	173		100

5.2.3. Independent samples t tests

Unexpected (not hypothesized) results emerged from the independent samples *t* tests carried out. Regarding differences in the satisfaction with perceived support variable, there was a significant effect for place of work, $t(73) = 2.11, p < .05$, with field workers showing higher levels than those from the administrative facility (see Table 6 below). In the same way, a significant effect for place of work was found in negative appraisal, $t(73) = 2.82, p < .05$, with field workers showing higher levels in this variable than those from the administrative facility (see Table 6 below).

Independent samples *t* tests regarding differences in stress and psychological wellbeing variables between workers from the field and the administrative facility did not show any significant results. Null hypotheses in this case were retained. Hypotheses 1.a. and 1.b. were not confirmed.

Table 6. Means (M), Standard Deviations (SD), and *t* test results obtained from workers from the field and from the office-like environment. N=75.

Variable	Place of work	N	M	SD	<i>t</i>
Stress	Field	59	2.30	.53	.09
	Office	16	2.28	.69	
Psychological wellbeing	Field	59	3.91	.75	.64
	Office	16	3.78	.67	
Practical available support	Field	59	2.78	1.18	.24
	Office	16	2.70	.87	
Use of available support	Field	59	3.35	.79	1.42
	Office	16	3.01	.89	
Satisfaction with perc. support	Field	59	3.43	.80	2.11*
	Office	16	2.97	.66	
Cognitive hardiness beliefs	Field	59	3.87	.55	1.48
	Office	16	3.65	.40	
Cognitive hardiness perc. control	Field	59	3.59	.74	-1.52
	Office	16	3.91	.82	
Cognitive hardiness attitudes	Field	59	3.21	.73	-1.26
	Office	16	3.46	.65	
Positive appraisal	Field	59	3.67	.82	-0.15
	Office	16	3.72	.52	
Negative appraisal	Field	59	2.71	.67	2.82*
	Office	16	2.19	.62	
Threat minimization	Field	59	3.26	.70	-0.74
	Office	16	3.41	.82	
Problem focused coping	Field	59	3.52	.68	1.40
	Office	16	3.25	.70	

p<.05

5.2.4. Correlational Analysis

First of all, some unexpected (not hypothesized and not involving stress or psychological wellbeing variables), but relevant to this study, correlations were found. With social support, the strongest association was between two of its facets, satisfaction with and use of available support. Weak associations were also found for the satisfaction facet with two cognitive hardiness facets (perceived control and attitudes) and with positive appraisal.

For cognitive hardiness variables, the perceived control facet had a moderately strong association with the attitudes facet. Perceived control was also associated with positive appraisal (moderately), negative appraisal (negatively and weakly) and threat minimization (weakly). The attitudes facet was also found to be associated with positive appraisal (weakly moderate) and negative appraisal (moderately). The beliefs facet of cognitive hardiness was also associated to positive appraisal but only weakly.

For coping variables, the strongest correlation was between threat minimization and problem focus (moderately strong). Positive appraisal was correlated with all the other coping variables but only weakly.

5.2.4. a. Correlational hypotheses.

Hypothesis 1.c. proposed that stress would be negatively correlated with psychological wellbeing for all participants. This hypothesis was not confirmed by the results (see Table 7), there was no significant correlation between stress and psychological wellbeing.

Table 7. Pearson-product moment correlations among all the dependent variables in this study. N=75.

	1	2	3	4	5	6	7	8	9	10	11	12
Stress (1)	–											
Psychological wellbeing (2)	-.21	–										
Practical available support (3)	.20	.02	–									
Use of available support (4)	-.14	.31**	.37**	–								
Satisfaction with perc. Support (5)	-.28*	.31**	.06	.43**	–							
Cognitive hardiness beliefs (6)	-.41**	.35**	-.31**	.02	.22	–						
Cognitive hardiness perc. Control (7)	-.28*	.62**	-.06	.17	.27*	.02	–					
Cognitive hardiness attitudes (8)	-.06	.33**	.28*	.26*	.34**	-.04	.54**	–				
Positive appraisal (9)	-.07	.65**	.12	.14	.30**	.29*	.48**	.33**	–			
Negative appraisal (10)	.25*	-.24*	-.18	-.01	.01	.06	-.33**	-.47**	-.31**	–		
Threat minimization (11)	.06	.50**	-.07	.24*	.04	-.04	.28*	.11	.32**	-.18	–	
Problem focused coping (12)	-.17	.50**	-.11	.15	.19	.24*	.15	-.05	.27*	-.15	.58**	–

p<.05, **p<.01

Hypothesis 2 was partially confirmed (see Table 7). This hypothesis proposed that cognitive hardiness variables would be positively associated with psychological wellbeing, and negatively associated with stress. Beliefs and perceived control facets of cognitive hardiness were indeed correlated with stress and psychological wellbeing. However, the attitudes facet of cognitive hardiness was correlated only with psychological wellbeing

Hypothesis 3 proposed that social support variables would be positively associated with psychological wellbeing, and negatively with stress. This hypothesis was also partially confirmed (see Table 7). Satisfaction with perceived support was correlated with stress and psychological wellbeing. However, use of available support was correlated only with psychological wellbeing.

Hypothesis 4 was also partially confirmed. It stated that positive appraisal, threat minimization and problem focused coping would be positively associated with psychological wellbeing, and negatively with stress. Only the correlations with psychological wellbeing were significant (see Table 7).

Finally, hypothesis 5 was fully confirmed. As expected, negative appraisal was correlated significantly and positively with stress, and negatively with psychological wellbeing (see Table 7).

5.2.5. Multiple Regression Analyses.

A multiple regression analysis was carried out to see how much of the variance in stress could be attributed to the four variables (satisfaction with perceived support, cognitive

hardiness beliefs, cognitive hardiness perceived control and negative appraisal) it correlated with. Adjusted R Square indicated that 25.9% of the variation in stress could be attributed to these four variables. However, as seen in Table 8, the only two variables that could significantly predict changes in stress were cognitive hardiness beliefs ($p<.001$) and negative appraisal ($p<.05$).

Table 8. Regression analysis with stress as a dependant variable.

Model 1	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	4.202	.577		7.278	.000
Satisfaction with perc. support	-.112	.077	-.157	-1.465	.147
Cognitive hardiness beliefs	-.415	.111	-.384	-3.739***	.000
Cognitive hardiness perceived control	-.115	.082	-.155	-1.404	.165
Negative appraisal	.183	.088	.221	2.074*	.042

* $p<.05$, *** $p<.001$

A multiple regression analysis was also carried out to see how much of the variance in psychological wellbeing could be attributed to the nine variables (use of available support, satisfaction with perceived support, cognitive hardiness beliefs, cognitive hardiness perceived control, cognitive hardiness attitudes, positive appraisal, negative appraisal, threat minimization and problem focused coping) this variable was found to be significantly

correlated to. Adjusted R Square indicated that 67.7%% of the variation in psychological wellbeing could be attributed to these nine variables.

Table 9. Regression analysis with psychological wellbeing as a dependant variable.

Model 1	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	-1.431	.611		- 2.343	.022
Use of available support	.129	.072	.144	1.806	.076
Satisfaction with perc. perceived support	-.037	.087	-.038	-.420	.676
Cognitive hardiness beliefs	.302	.105	.217	2.869**	.006
Cognitive hardiness perceived control	.367	.082	.384	4.456***	.000
Cognitive hardiness attitudes	.029	.099	.029	.294	.770
Positive appraisal	.282	.082	.294	3.458**	.001
Negative appraisal	.039	.086	.037	.457	.649
Threat minimization	.155	.091	.153	1.708	.092
Problem focused coping	.223	.095	.211	2.357*	.021

*p<.05, **p<.01, ***p<.001

As seen in Table 9, only four variables could significantly predict changes in psychological wellbeing. They were cognitive hardiness perceived control ($p < .001$), cognitive hardiness beliefs ($p < .01$), positive appraisal ($p < .01$) and problem focused coping ($p < .05$).

CHAPTER SIX: DISCUSSION

This study has identified a number of relevant findings on stress and psychological wellbeing among local humanitarian workers, from the field and management facility, in Medellin, Colombia. The challenging characteristics of the Colombian environment and the dangerous circumstances of those in need of help did not necessarily have to lead to high levels of stress and undermined psychological wellbeing. In fact, despite the increasing number of scientific findings exposing risks for mental health associated with stress in relief work, this study has evidenced, that at least for a short period of time, human beings are able to adapt adequately to demands from their life and work environments. These results can indeed enrich existing knowledge on the difficulties national aid staff face and the characteristics of their coping resources. The advantages they have in terms of knowledge of their own cultures, socio-economic and geographical contexts make them very valuable partners for international aid agencies that want to deliver the best possible and culturally sensitive support to communities in need in very complex environments around the world. Scientific research can clearly extend existing knowledge on the difficulties local and international aid workers face and the best ways to address them. This is actually imperative as the possibility of saving many more lives depends on improved means to deliver help.

In this section, a summary of the results will be presented. Further, the possible implications, for both practice and research, of these findings will be explored. Finally, limitations and weaknesses of the present investigation will also be analysed.

6.1. Summary of findings

The findings summarized here represent information participants provided, in their answers to the Stress Profile questions, assessing only the three month period before they were given the questionnaires (November 2007). Even if the recollection of memories in order to respond to every item was not precise, results here are very likely to represent very current participants' perceptions of life and work.

6.1.1. Stress and psychological wellbeing

Despite the increasing amount of literature evidencing the negative effects of humanitarian work, the challenging characteristics of those in need of help in Colombia, and the socio-economic instability of this country affecting not only communities in need but humanitarian workers and people in general, the sample of participants from "Fundacion CC" showed, irrespective of their workplace, consistently lower levels of stress and higher of psychological wellbeing and satisfaction with life and work. Even more relevant, levels of stress were not associated in any theorized way to levels of psychological wellbeing.

However, levels of stress were found to decrease with increasing levels of satisfaction with perceived social support, cognitive hardiness perceived control, and cognitive hardiness beliefs variables. They were also found to increase with higher levels of negative appraisal. The perception that there is satisfactory available support when it is required has been found to have relevant implications in the reduction of stress in people in general (Nowack, 2002). Conversely, dislocation from family and friends (Cardozo & Salama, 2002), and

inappropriate organizational support (McFarlane, 2004) have been found to contribute to higher levels of stress among humanitarian workers. In the same way, stress reactions can be exacerbated when people think of life, work, and events as out of their control (Kobasa, 1979), alienating or threatening (Nowack & Pentkowski, 1994; Kobasa, et al., 1983).

Furthermore, on one hand, levels of psychological wellbeing increased with increases in satisfaction and use facets of social support, all facets of cognitive hardiness, and almost all coping style variables. On the other hand, psychological wellbeing levels decreased with increases in negative appraisal. The positive effects of perceiving support from others, at both organizational and personal levels, as available when in need of it on mental health has been identified by several researchers (Salama, 2008; McFarlane, 2004; Nowack, 2002; Heitzman & Kaplan, 1988). Regarding cognitive hardiness and coping style variables, results presented here were in line with those of several researchers already mentioned in previous chapters. The positive effects of more constructive attitudes and beliefs towards life events in general (Nowack & Pentkowski, 1994), a sense of control over circumstances and situations or preparedness before uncontrollable events (Folkman & Lazarus, 1990; Taylor, 1986; Kobasa, et al., 1982; Kobasa, et al., 1981) on the reduction of stress and preservation of mental wellbeing have been clearly evidenced. Positive beliefs, attitudes and evaluations of life events also promote the use of more proactive problem solving strategies. Results and conceptualizations from Aldwin & Revenson (1987), Vitaliano, et al. (1987) and Lazarus & Folkman, (1984) suggesting very influential effects of confrontation and minimization strategies, before stressors, on psychological wellbeing were supported by this study's results.

6.1.2. Social support

Regarding satisfaction with available support, field workers reported significantly higher levels than office workers. Satisfaction with available personal and organizational support has shown to have positive effects on both international and local humanitarian staff (Salama, 2008; McFarlane, 2004). Additionally, it was shown that participants perceived that more support from important ones was given if they (participants) looked for it. They also reported more satisfaction with available support when they (participants) increasingly looked for it. In the same way, high levels of satisfaction with available support were found to be linked to higher perceptions of control over events and more positive attitudes toward them (facets of cognitive hardiness), and with a coping style that concentrates more on good aspects of an event (positive appraisal). The usefulness, in transactional terms, of measuring social support in a more subjective way, such as the perception of available support, than in a functional real one, the real amount of support received, has been shown to be crucial to understand how humanitarian staff evaluate the support they are provided with (Nowack, 2002; Heitzman & Kaplan, 1988; Cohen & Wills, 1985).

6.1.3. Cognitive hardiness

Apart from the already mentioned significant associations, cognitive hardiness different facets had significant associations with each other and with coping style variables. Levels of positive appraisal increased with all facets of cognitive hardiness. However, levels of cognitive hardiness perceived control and attitudes decreased with increases in negative appraisal. Levels of cognitive hardiness perceived control increased with levels of threat minimization coping, and levels of cognitive hardiness beliefs facet increased with levels of problem focused coping.

More relevant, cognitive hardiness beliefs levels were found clearly associated with changes in psychological wellbeing and in stress. In the same way, cognitive hardiness perceived control levels clearly were clearly associated with changes in psychological wellbeing.

People who feel a higher sense of commitment and participation at work and with their families tend to see challenges as opportunities for development and improvement and feel a certain level of control over what happens in their lives (Nowack, 2002). A higher positive view of life, mental wellbeing, and a higher chance for success were identified by Maddi & Kobasa (1984) in individuals with high favourable levels of cognitive hardiness. These results were also ratified by this study. Moreover, and as further supporting evidence of the obtained results, measurements of positive appraisal among participants towards life events and challenges increased as measurements of cognitive hardiness did. However, when appraisals of events and challenges were negative, critical, self blaming and catastrophic, measurements of control and attitudes facets of cognitive hardiness decreased.

6.1.4. Coping styles

Apart from the findings already described, levels of positive appraisal decreased with increasing levels of negative appraisal, and increased when levels of threat minimization and problem focused coping increased. What this result might represent is a difference in the quality of challenging events that different groups expect to face. It is more likely for field workers to face personal safety threatening circumstances than for office workers. Levels of PTSD (Eriksson, et al., 2001) and symptoms of anxiety and depression (Holtz, et al., 2002) have been documented in field workers exposed to likely harmful and unsafe

events. Safety issues are a factor that has been found to influence mental wellbeing of aid workers in general (Ahmad, 2002).

Regarding problem focused coping and threat minimization variables, a moderately high correlation was found between these two variables. This was actually one of the strongest correlations of all. This result might imply a frequent and active use of both coping resources by participants in general.

6.1.5. Age

Important differences between age groups were found in four of the measured variables. The 30-40 years old group reported significant higher levels of psychological wellbeing, positive appraisal and attitudes facet of cognitive hardiness when compared to the 20-30 years old group. In addition, significantly higher levels of negative appraisal were reported by the 20-30 years old group and decreased as age increased. Previous investigations analysing the associations between demographic variables such as age, education or gender have not given more than tentative results that need to be supported by further research. In Bangladesh, as field workers grow older, more experienced and more deserving of increased salaries/wages, they should leave their work (Ahmad, 2003). This is a clear source of stress for them. In Kosovo, no relationships were found between demographic variables, such as age or educational background, and scores on mental health measurements among local humanitarian field workers (Holtz, et al., 2002). However, it is possible that the more positive results obtained by the 30-40 years old group in this study were influenced by factors that were not taken into account. These factors might include

sense of achievement, financial and job security and professional experience. More research is needed in this area.

6.1.6. Possible strengths and vulnerabilities

Workers from both the field and administrative environments reported, in average, very similar numbers of stress related possible strengths and risk alerts. There was no evidence in the consulted literature of previous studies comparing humanitarian field and administrative workers in the way this study did. This part of the results represented a general group of humanitarian workers who showed more possible risk alerts in measurements of cognitive hardiness, and more possible health related strengths in positive appraisal levels, irrespective of the place where they worked.

6.2. Implications for practice

As prescribed by transactional model of stress, this study did not focus merely on sources of stress or the psychological reactions of those under stress but on the relationships between the two of them. Events or circumstances are perceived as taxing or overwhelming only from the interpretations individuals make of them, within a given context and depending on the available coping resources they have to deal with stressors (Lazarus, 1966). Therefore, understanding of stress in the life of national humanitarian workers and its possible effects on their mental health must focus in the exchanges they have with their environments. It was in this way that several relevant findings were found, and the connotations of these can be now discussed.

High levels of stress and undermined mental health cannot be assumed as inescapable consequences of living or working in complex environments where worries about one's safety and uncertain socioeconomic circumstances are added to the demands of ordinary life. Stress is contextual, events appraised as stressful by one individual might not be perceived by another one in the same way (Lazarus & Folkman, 1984). Human beings have adaptive capabilities to all sorts of circumstances, especially if they have been exposed to them for a long time (even a life time), as it is in the case of the four decade-long conflict and its negative social consequences in Colombia. From this perspective, academics and organizations must not presume that field humanitarian workers, local or international, are all under overwhelming stress and their psychological wellbeing compromised unless scientific evidence states otherwise.

Findings from this investigation also evidenced that the supporting variables used to consider dimensions of stress were instead more relevant to assess psychological health of local Colombian humanitarian workers. However, this is better understood if differences among people, in regards of what constitutes stress for different groups, are acknowledged. Communities exposed to long lasting civil conflicts and uncertain social circumstances - such as job security or access to education- will have different perceptions of what is 'stressful' when compared to people from 'more stable' societies where those circumstances are frequently taken for granted. Similarly, in occupational areas, perceptions of stress are different between people who have, for example, administrative, office bounded, jobs and those who expose themselves to risky situations such as police officers (Paton, 2005), caregivers (Alexander & Klein, 2001), fire fighters (Durkin & Bekerian, 2000), and field humanitarian workers (Holtz, et al., 2002).

Psychological wellbeing, defined as a general sense of wellbeing and satisfaction with life and work (Nowack, 2002), seems to be a more useful concept across different cultural and occupational environments than stress.

Further, higher levels of stress in aid workers do not necessarily lead to reduced levels of psychological wellbeing. They might be separate entities that develop in different ways. Humanitarian workers in general demonstrate substantial resilience and ability to adjust to the acute and continual demands of their work (McFarlane, 2004). The social, cognitive and coping resources they have will determine how strong (resilient) they are before those challenging circumstances. It is more likely that negative and catastrophic perceptions of life and events will lead to higher levels of stress. However, its effect on psychological wellbeing will more likely be determined by whether coping efforts are successful or not. Different studies have evidenced that coping resources are consistent over time and across life situations and that they can predict the physical and psychological wellbeing of an individual (Nowack, 2002; Nowack & Pentkowski, 1994; Aldwin & Revenson, 1987; Vitaliano, et al., 1987). However, this still needs to be verified in local Colombian aid workers.

Further implications of findings on variables other than stress and psychological wellbeing (main variables of this study) also need to be explored and this can be done from the perspective of the general construct they belong to.

Regarding social support, the protective characteristic it has on the psychological health of people in general has been evidenced by several researchers (Calsyn & Winter, 2002;

Cohen, et al., 2000; Lazarus, 1999; Taylor, 1986; Cohen & Wills, 1985). Additionally, Nowack (2002) in his assessment of stress clearly made a difference between social support as provided by others and social support as directly looked for by an individual. This difference is certainly valuable in order to understand if the social support provided to individuals by people at work, partners, relatives and other significant ones is the one they actually need. If it is not, satisfaction with perceived support will decline and, as it was evidenced in this investigation, it will have consequences on the feelings of wellbeing of those subject to that support. In the humanitarian area, the support needed by workers in the field may be quite different to the support administrative workers need. To receive appropriate support from others has obvious implications at all levels of a person's life where social interaction is fundamental such as work, friends and family relations (Salama, 2008).

Regarding cognitive hardiness, previous investigations have identified its essential role in the development of vulnerability or resilience to stress in people who are faced by demanding events or circumstances (McFarlane, 2004; Nowack, 2002; Kobasa, et al., 1983). Occupational burnout has been clearly linked to high stress and low cognitive hardiness levels (Nowack & Pentkowski, 1994). In the humanitarian area, improved resilience is perhaps a skill that needs to be constantly strengthened by humanitarian organizations. Resilience helps humanitarian workers adapt to the difficulties of their work, and find personal meaning and satisfaction in the reconstruction of communities in need of help (McFarlane, 2004). This is a factor that this study did not assess and could have been related to the obtained general low levels of stress. This is an area that needs further enquiry.

Regarding coping styles, humanitarian workers need to have good skills and strategies in order to manage the challenges of their duties. In practice, positive appraisal, threat minimization and problem focused coping have the potential to be used as a positive repertoire of skills depending on the characteristics of stressors. Positive appraisal represents a general constructive view of life, events and frustrations (Nowack, 2002), which can be paired with problem focused coping, if the stressor is perceived as under control and likely to be satisfactorily managed. It can also be paired with threat minimization, if the stressor seems to be out of control and likely unsolvable or harmful. However, over reliance on any of these resources, without an accurate assessment of the characteristics of stressors, might bring negative outcomes. Problem focused coping can be of no good use in overwhelming or unsolvable situations, and threat minimization can be even more harmful if it is used to underestimate conditions that require constant attention, such as physical disease for example (Nowack, 2002).

Finally, regarding variables such as age and area of work, generalisable trends have not been identified yet. Conclusions based on age of aid workers have been contradictory. Firstly, Holtz, et al. (2002) did not find important effects of age on assessments of depression, anxiety and PTSD among national workers in Kosovo. However, in Bangladesh growing older was found to be a source of distress among humanitarian workers, but this was partially because NGOs employing them could not afford to pay more to more experienced workers (Ahmad, 2003). Nowack (2002) stated that older people in general seem to have better coping resources and higher levels of psychological and physical wellbeing. Still, more experienced humanitarian workers have been also previously identified as at increased risk of psychological disorders due to higher frequency of

encounters with traumatic events in Colombia (Camilo, 2002) and Kosovo (Holtz, et al., 2002). Nevertheless, in this study, younger workers were found to have lower levels of psychological wellbeing and higher of negative appraisals of life events. More research is needed in this area.

Secondly, regarding area of work, there is no previous research literature addressing differences in stress and mental health between aid field and administrative workers. While it is understood that local, and international, humanitarian field workers live and work in more challenging environments and endure aggregated concerns regarding personal physical and psychological wellbeing, it can not be assumed that the challenges they face are more 'stressful' than those of people with more 'ordinary' lives and jobs. To state otherwise will be insensitive to personal experiences of stress and against theoretical foundations of transactional models of stress.

6.3. Limitations of the present investigation

Even if several promising findings were obtained, there were also some important limitations in this study that are obligatory to mention.

6.3.1. Characteristics of the sample

Even if the total number of participants was adequate for the analytical purposes of the present investigation within "Fundacion CC", it was considered relatively low (25%) when compared to the potential number of participants that could have taken part in it (around 300). The number of participants from the office-like environment was also low (21.3% of

the total sample). It is possible that the big difference in sizes between groups had a significant effect on the obtained lack of significant differences in measured variables (Durkin & Bekerian, 2000). In addition, the very small percentage of male participants (6.7%) precluded the possibility of any statistical analysis based on gender. Likewise, there were limited numbers of participants in the 40-50 and 50-60 years old groups (percentages from the total sample were 12% and 4% respectively). Therefore, the last group had to be excluded of inferential statistical analyses based on age. The lack of significant differences among age groups in several of the measured variables could have been partially due to these circumstances.

In more general terms, it is essential to acknowledge that the organisational, social, and cultural characteristics of the sample make the obtained results and general findings very specific to them. Since all participants were locals working for the same organisation, results and findings cannot be representative of humanitarian workers outside the agency, the socio-cultural context and the city where they work, or the country where they are from.

6.3.2. Methodological issues

The lack of available options of culturally validated psychometric instruments to assess stress, stress related variables, and psychological wellbeing in Medellin, Colombia made the choice of Nowack's Stress Profile for this investigation rather compulsory than selective. This is an issue that was also identified by Florez-Alarcon (2006), a Colombian academic, in his historical analysis of the development of psychology and health in Colombia. There are several outstanding needs in the national psychology field, among

them to validate psychometric instruments that can be used in the Colombian population (Florez-Alarcon, 2006).

For this study, a review of the reliability and validity of the Stress Profile different scales revealed adequate levels. However, some questions had to be dropped because they were at issue with the reliability or the factorial structure of the construct they were trying to represent. This was the case with social support, cognitive hardiness, positive appraisal and problem focused coping variables. Especially for this last variable, just acceptable levels of reliability ($\alpha=0.60$) were obtained. Regarding cognitive hardiness, Nowack acknowledged the conceptual discrepancies among researchers on the appropriate ways to measure this construct. Critics arise mainly in how to measure cognitive hardiness, its predictive power of mental and physical health, its direct or indirect effects on health, and whether it should be treated as a single phenomenon or associated to commitment, control and challenge components (Nowack, 2002).

In addition, there were no assessments of factors related to the historical background of participants. Assessment of personal variables such as socio-economic status, marital status, levels of education, or family size could have been helpful to understand the impact of these on scores on stress and psychological wellbeing scales. Further, even though distribution of scores in all variables were within normal ranges, some of them showed degrees of skewness more extreme than others, Stress and psychological wellbeing, for example. Variables measuring if participants had any previous training on stress management, amount of trauma exposure, years of experience in humanitarian work,

current workloads, levels of education, and previous psychopathological conditions, could have been of great usefulness in order to attain a greater dimension of the results obtained in this investigation.

6.3.3. Self-report biases

Self-report questionnaires were the only method this investigation used for data collection. And even in if the main purposes of the study was made clear to participants, the contents of the actual hypotheses were unknown to them. It is possible that significant correlations, or the lack of significant differences in some instances, could have been partially due to potential biases and response tendencies among participants. They might have tried to always answer questions with what they thought the most appropriate answer was or just guess blindly. This gives a poor description of what participants really think and lowers reliability of the scales (Nunnally & Bernstein, 1994). Participants could have also tried to project a consistent picture of themselves in line with what they thought other people (bosses or colleagues, for example) would expect of them. In the same way, some participants might have tried to answer questions only with central values and avoid extreme scores, even if they represented more truthful answers. In this way, people would try to ascertain that they fit with group general values and opinions. In this regard, it is important to acknowledge that job security is a constant issue for people in Colombia (Human Rights Watch, 2004). This is a relevant factor that researchers have identified as influential in work stress and attitude toward work in local humanitarian workers in countries where financial and economic security are difficult (McFarlane, 2004; Holtz, et al., 2002).

Emphasis on the anonymity of the answered questionnaires and a clear need to respond in a truthful and objective manner were expressed, by the researcher, to the participants in order to avoid potential biases described above.

6.4. Implications for research

As a starting point, it is imperative to say that this study represents limited case material in an area that has not been previously explored in the way the researcher did. That is to compare stress and psychological wellbeing levels between professional aid workers from the field and those who work permanently in more logistical and administrative duties at an office-like environment. To this far, this work can only suggest behavioural trends that need to be supported, refuted, or at least taken into account, by future studies. These should include similar investigations, with some changes in design.

First of all, the inclusion of psychometric instruments other than the Stress Profile is recommended. Since the results from this study suggested very consistent and similar responses, from individual to individual in both the field and administrative facility, to the Stress Profile questions, this is an aspect of this investigation that needs to be researched further. The inclusion of different instruments assessing stress and psychological wellbeing can be used to support or contradict the results from this study. Lack of consensus among researchers has been acknowledged by Nowack in the theoretical definitions supporting some of the stress related variables, such as cognitive hardiness and social support, used in the Stress Profile (Nowack, 2002). Additionally, the inclusion of instruments assessing factors related to resilience will be useful in order to understand their possible impact on

the results of this study. Resilience might enhance the effectiveness of coping resources and stress might be better managed.

Secondly, a more complete assessment of the background of the participants should be included. Even though gender and age variables were addressed, implication of the obtained findings could have shown more specific trends if other static variables such as previous levels of education, experience in humanitarian work, training, socio-economic and ethnic background, marital status and medical history were included. It is important to note that age should be measured in interval levels. This will give more specific results in dependent variables measurements than the categorical procedure used in this study.

More dynamic variables assessing exposure to trauma or violence, current psychological symptoms and levels of anxiety and depression can also be significant in order to assess the effectiveness of coping resources before challenging events or circumstances.

Thirdly, future studies should also address some of the questions that came up after the analysis of results carried out in the previous chapter. Regarding social support, a suggested area of enquiry is the obtained lack of a relationship between perceived practical support and psychological wellbeing. The real and perceived levels of practical support can be somehow increased, depending on what participants think they actually need, in future research projects and psychological well being measured again. This will identify the real relevance of perceived practical support from others on levels of wellbeing among “Fundacion CC” workers. In the case of cognitive hardiness, repeated measures designs will clarify if the characteristics of the participants in this area are constant over time or

fluctuate. Low levels in cognitive hardiness have been associated before with 'burnout' syndrome (Nowack, 2002), and this is therefore a worthy area of scientific exploration given the very demanding characteristics of humanitarian tasks. Additionally, further assessments of resiliency might confirm or disconfirm its association with levels of cognitive hardiness and implications on stress and psychological wellbeing of local aid workers.

In the case of coping style variables, future research designs might be set up in a way that it is possible to identify the current number of coping resources aid workers from "Fundacion CC" actually use, the levels of skills participants have in using them and how they use them with different sources of stress. Especial emphasis could be put on specific assessments on how participants would use threat minimization and problem focused coping resources, since the correlation between these two variables was positive and one of the strongest in this study. An actual repertoire of existing available coping resources, and their quality, among participants could also be evidenced. Their consistency over time and across situations can also be analysed.

Finally, between subjects cross-sectional designs, comparing results between staff from "Fundacion CC" and staff from other local and international aid agencies working in Colombia will assess the differences in levels in all measured variables on a wider range of participants coming from different environments and philosophies of work. In this way, the influence of specific Colombian social and cultural contexts on local and international humanitarian workers levels of stress and mental health can be compared and further conceptual trends developed. Differences in levels of stress and mental health can also be

identified in local aid staff working under local management and international management. Moreover, a longitudinal aspect can be added in order to overcome weaknesses of cross-sectional designs, as independent samples from different humanitarian agencies might not be similar enough for fair comparisons. Stability and changes of characteristics from different samples will be easier to compare and better understood if repeated measures procedures on the same individuals over different periods of time are carried out (Nunnally & Bernstein, 1994).

CONCLUSION

Research on stress and the psychological wellbeing of local humanitarian workers has only started to develop recently. These workers endure the circumstances and consequences of the problems affecting the communities they help not only at work but, in many cases, in their daily lives if they are also members of these communities. However, this does not only need to identify them as at unavoidable risk for physical or psychological harm. They also need to be recognized as great potential contributors to improve the delivery of international aid in areas they are more familiar with and have adapted to throughout their lives. Local aid workers can certainly lead the efforts to re-empower their communities. Culturally sensitive scientific research on local aid workers psychological wellbeing can indeed identify the ways in which these efforts can be maximised.

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**APPENDIX A: MASSEY UNIVERSITY HUMAN ETHICS
COMMITTEE LETTER OF APPROVAL**



Massey University
AUCKLAND

OFFICE OF THE ASSISTANT
TO THE VICE-CHANCELLOR
(Research Ethics)
Private Bag 102 904
North Shore 0745
Auckland
New Zealand
T 64 9 414 0800 extension 9539
F 64 9 414 0814
humanethics@massey.ac.nz
www.massey.ac.nz

30 October 2007

Jaime Abad Vergara
c/- Dr D Gardner
College of Humanities and Social Sciences
Massey University
Albany

Dear Jaime

HUMAN ETHICS APPROVAL APPLICATION – MUHECN 07/061
"Stress and psychological wellbeing in local humanitarian workers in Colombia working for a local non-governmental organization"

Thank you for your application. It has been fully considered, and approved by the Massey University Human Ethics Committee: Northern.

Approval is for three years. If this project has not been completed within three years from the date of this letter, a reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Denise Wilson
Chair
Human Ethics Committee: Northern

cc: Dr D Gardner, Dr K Gibson
College of Humanities and Social Sciences

**APPENDIX B: GENERAL INFORMATION SHEET TO
“FUNDACION CC”**

(Massey University Letterhead)

Estrés y bienestar psicológico en trabajadores humanitarios locales en Colombia, que trabajan para una organización no gubernamental local.

Hoja de Información (general)

Un saludo para todos, mi nombre es Jaime Alejandro Abad Vergara. El propósito de este mensaje es pedirles el favor a algunos de ustedes que participen en un proyecto de investigación que debo completar para poder terminar mi tesis. Actualmente estoy terminando mi maestría en Psicología clínica con la Universidad de Massey (Nueva Zelanda). Mis supervisores son Dianne Gardner y Kerry Gibson y pueden ser contactados en la Universidad de Massey en el número telefónico (64) (9) 414 0800.

El tema principal de mi proyecto tiene que ver con estrés, resiliencia, y factores que protegen, o pueden poner en riesgo a profesionales que trabajan en apoyo humanitario, ya sea en el área administrativa o en las sedes de trabajo de campo, con poblaciones e individuos que sufren de alguna clase de trauma. Este proyecto solo requiere la participación de 120 personas (este número es suficientemente representativo de la población total de personas que trabajan para Fundación CC, además es el número mayor de cuestionarios que puedo conseguir con mi presupuesto) y cuyo único requerimiento es trabajar ya sea en el área administrativa o de campo (con las comunidades con las que ustedes trabajan). El cuestionario a responder será El perfil del Estrés de Nowack. Este instrumento ya ha sido utilizado en otras investigaciones y ha sido considerado seguro para los participantes. Sin embargo, es mi deber decirles que aunque las preguntas son fáciles de responder, ellas pueden causar incomodidad en algunos de ustedes debido a que algunas de ellas podrían tocar temas que podrían causar algo de preocupación al responderlas.

Llenar este cuestionario puede tomar entre 20 y 30 minutos en promedio. Los cuestionarios serán puestos a su disposición en la oficina principal administrativa en Laureles, para aquellos que trabajan en el área administrativa, y llevados también algunas de las oficinas y escuelas en las que se hace el trabajo de campo. La información que ustedes provean será anónima (nadie debe marcar los cuestionarios) y será usada solo para los propósitos de este estudio. La identidad de la Fundación será mantenida confidencial y la carta de autorización que me den será guardada en lugar seguro. Una vez que mi tesis este finalizada, un sumario de las conclusiones y los hallazgos obtenidos estará disponible para cualquiera de ustedes que lo desee ver a través de (confidencial).

Es mi obligación, como investigador, decirles que tienen el derecho de decidir no tomar parte en este proyecto si así lo consideran; de la misma forma pueden abstenerse de contestar las preguntas que no deseen responder, también tienen el

derecho de retirarse y no terminar y entregar el cuestionario así ya lo hayan empezado. Sin embargo, responder y retornar el cuestionario implicara que ustedes han dado su consentimiento informado de participación en este proyecto. Si alguno de ustedes cree que después de completar este cuestionario ha sufrido efectos adversos en su salud física o mental, yo estaría en condición de ayudarles a buscar la ayuda profesional, privada o a través del sistema de salud publico, adecuada. Les agradezco de antemano su valiosísima ayuda. Finalmente, si alguno de ustedes requiere más información respecto a las características, resultados y conclusiones de este estudio, puede contactarme en la siguiente dirección: jaime.thesis@gmail.com, o llamar a mis supervisores.

Este proyecto ha sido revisado y aprobado por el Comité Ético de la Universidad de Massey: Norte, Aplicación numero 07 / 061. Si usted tiene alguna pregunta acerca de los procedimientos de esta investigación contacte por favor al Dr. Denise Wilson, Comité Ético de la Universidad de Massey: Norte - Teléfono (64) (9) 414 0800 ext. 9070, email humanethicsnorth@massey.ac.nz

APPENDIX C: INDIVIDUAL INFORMATION SHEET

(Massey University Letterhead)

Hoja de Información (a cada participante)

Un saludo para todos, mi nombre es Jaime Alejandro Abad. Algunos de ustedes ya me conocen pues he estado trabajando en forma voluntaria en el área de psicología, ya por varios meses, para la Fundación CC en la sede de Nuestra Señora del Rocío.

El propósito de este mensaje es pedirles el favor a algunos de ustedes que participen en un proyecto de investigación que debo completar para poder terminar mi tesis. Actualmente estoy terminando mi maestría en Psicología clínica con la Universidad de Massey (Nueva Zelanda) y solo necesito culminar y entregar mi proyecto de investigación antes del 31 de Enero próximo.

El tema principal de mi proyecto tiene que ver con estrés, resiliencia, y factores que protegen, o pueden poner en riesgo a profesionales que trabajan, ya sea en el área administrativa o en las sedes de trabajo de campo, con poblaciones que sufren de alguna clase de trauma. Las comunidades con las que trabaja Fundación CC, como ustedes saben, han sufrido de diferentes tipos de circunstancias negativas como, entre muchas otras, desplazamiento forzado, desnutrición, violencia y abusos de diferente índole.

Con el permiso de las directivas, les será entregado un cuestionario que recogerá la información que necesito para completar mi tesis. Les agradezco muchísimo si deciden contestar las preguntas y darme esta valiosa información. Llenar este cuestionario puede tomar entre 20 y 30 minutos en promedio. Es mi deber, como investigador, decirles que la información que ustedes brinden será confidencial, anónima (**NADIE DEBE MARCAR LOS CUESTIONARIOS**) y solamente usada para el propósito de este proyecto académico. El mayor beneficio de que ustedes me brinden esta información será un conocimiento mas profundo de los factores que ayudan y protegen la salud física, mental y emocional de profesionales que trabajan (no solo en Colombia sino en el mundo) en el área humanitaria con comunidades que sufren traumas de diversa índole.

También es mi obligación decirles que tienen el derecho de decidir no tomar parte en este proyecto si así lo consideran; de la misma forma pueden retirarse y no terminar y entregar el cuestionario así ya lo hayan empezado. Si alguno de ustedes cree que después de completar este cuestionario ha sufrido efectos adversos en su salud física o mental, yo estaría en condición de ayudarles a buscar la ayuda profesional adecuada. Les agradezco de antemano su valiosísima ayuda. Finalmente, si alguno de ustedes requiere más información respecto a las características, resultados y conclusiones de este estudio, puede contactarme en la siguiente dirección: jaime.thesis@gmail.com

Antes de empezar con el cuestionario les pido por favor que contesten las siguientes tres preguntas. Marque con una X la opción que mas se aplica a usted.

-Su trabajo con Carla Cristina lo desempeña más que todo en:

La sede principal (Laureles) Sedes de la organización en los barrios

-Su edad es entre:

20-30 anos 30-40 anos 40-50 anos 50-60 anos

-Es usted:

Mujer Hombre

APPENDIX D: CONFIDENTIALITY AGREEMENT

Estrés y bienestar psicológico en trabajadores humanitarios locales en Colombia, que trabajan para una organización no gubernamental local.

Compromiso de Confidencialidad

Yo _____ (confidencial) _____ me comprometo a mantener confidencial toda la información obtenida relacionada con el proyecto Factores Protectores contra, y Alertas de Riesgo de, el Estrés que afrontan Trabajadores Humanitarios Nacionales de Campo y Área Administrativa.

De ninguna forma retendré o copiare información pertinente a este proyecto.

Stress and psychological wellbeing in local humanitarian workers in Colombia working for a local non-governmental organization

Confidentiality Agreement

I _____ agree to keep confidential all information concerning the project Stress Protective Factors, and Risk Alerts, in Humanitarian Staff who Work in the Field and in the Administrative Area.

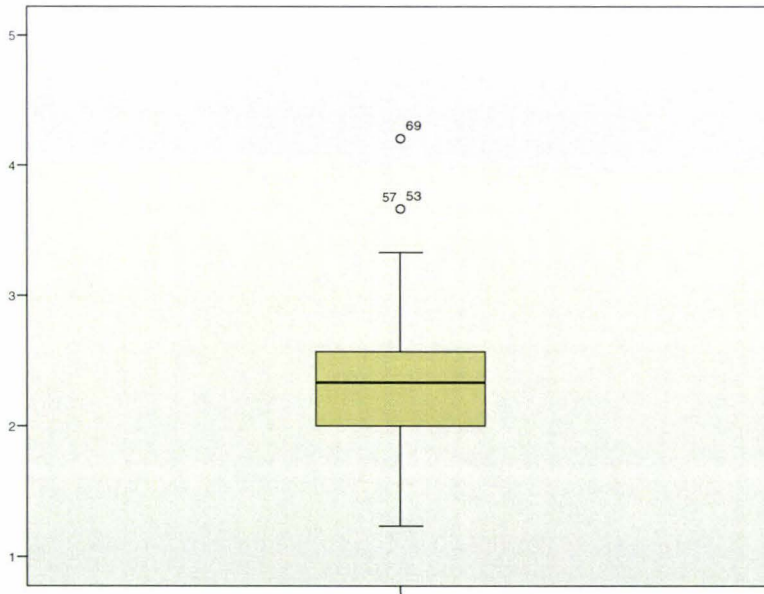
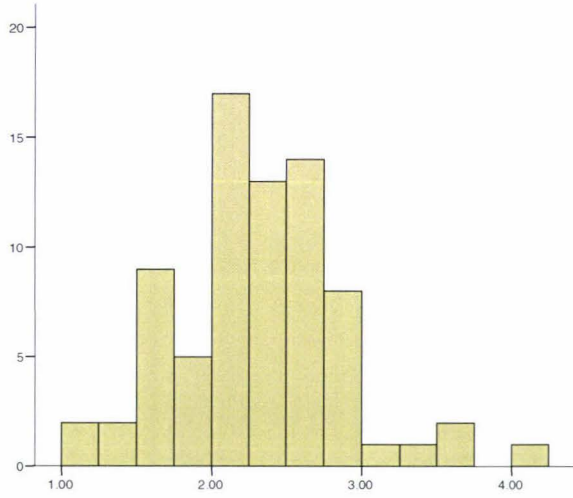
I will not retain or copy information involving the project.

Signature:

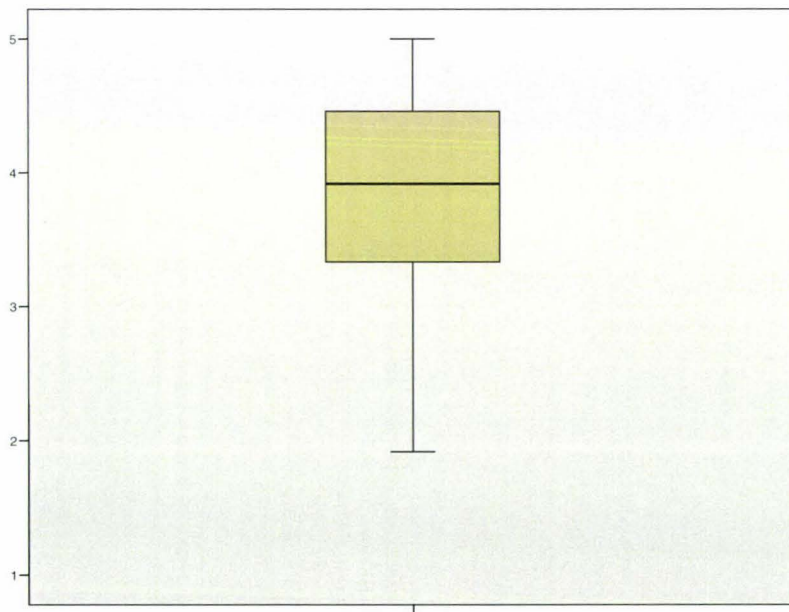
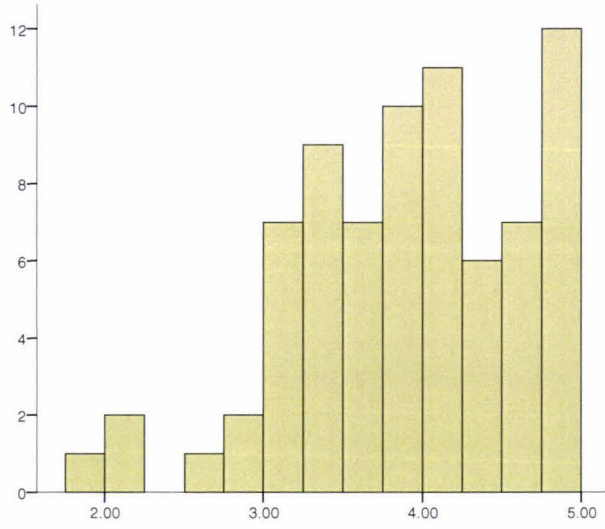
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APPENDIX E: HISTOGRAMS AND BOXPLOTS

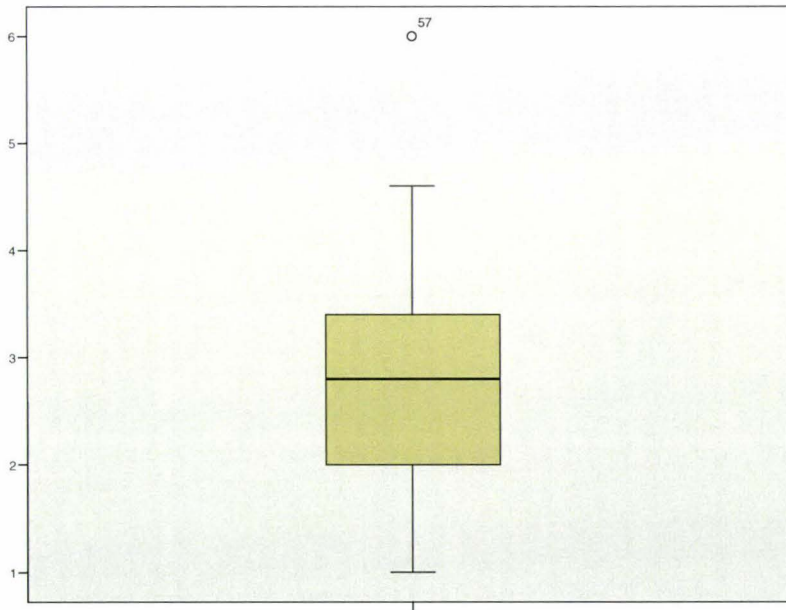
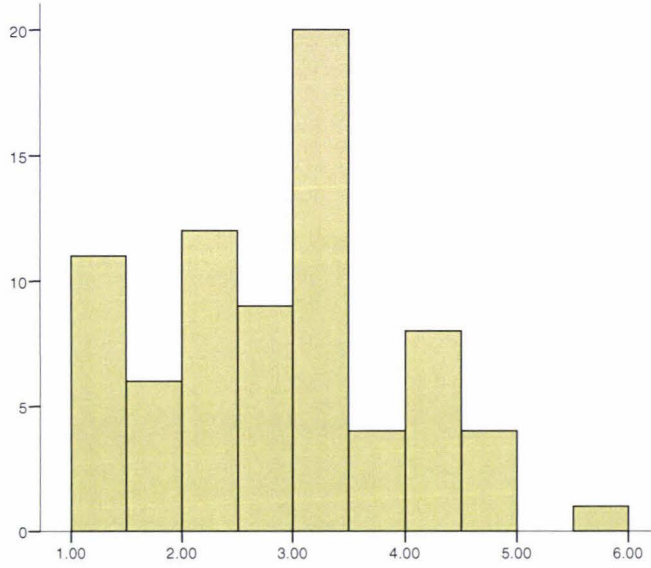
Stress



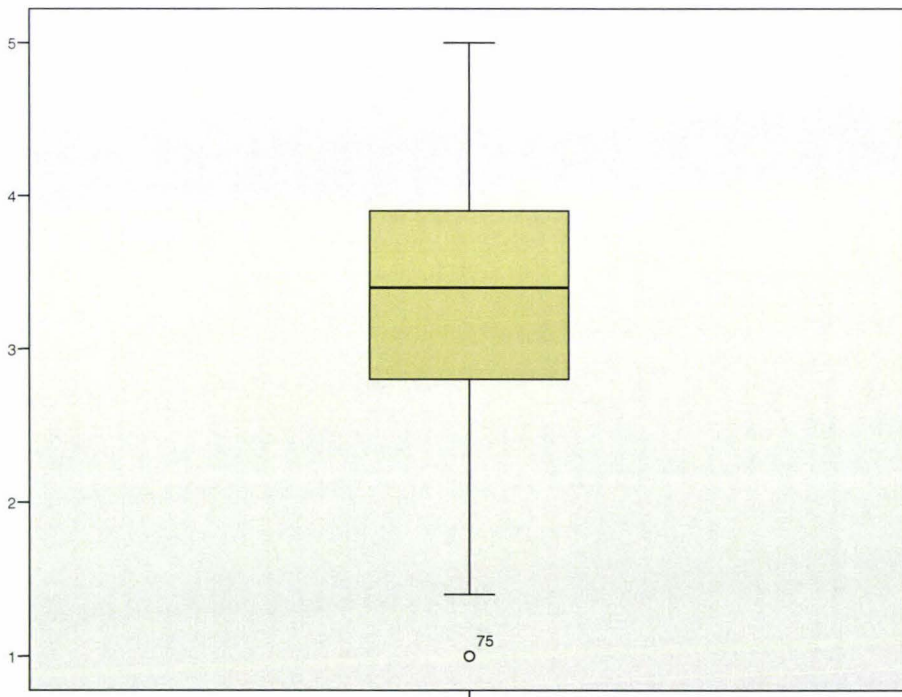
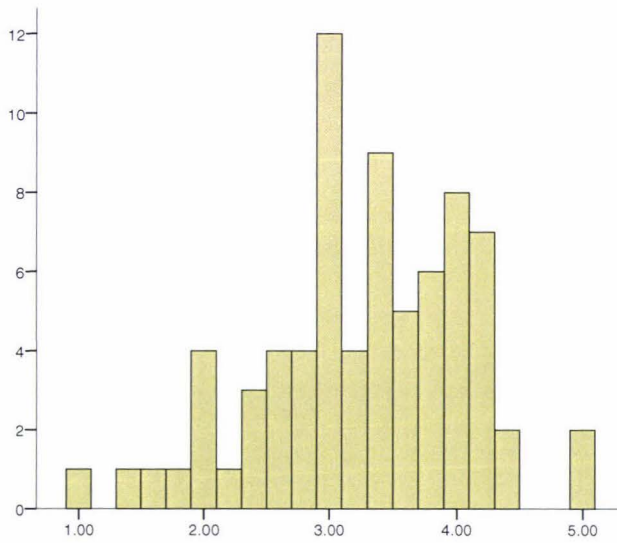
Psychological Wellbeing



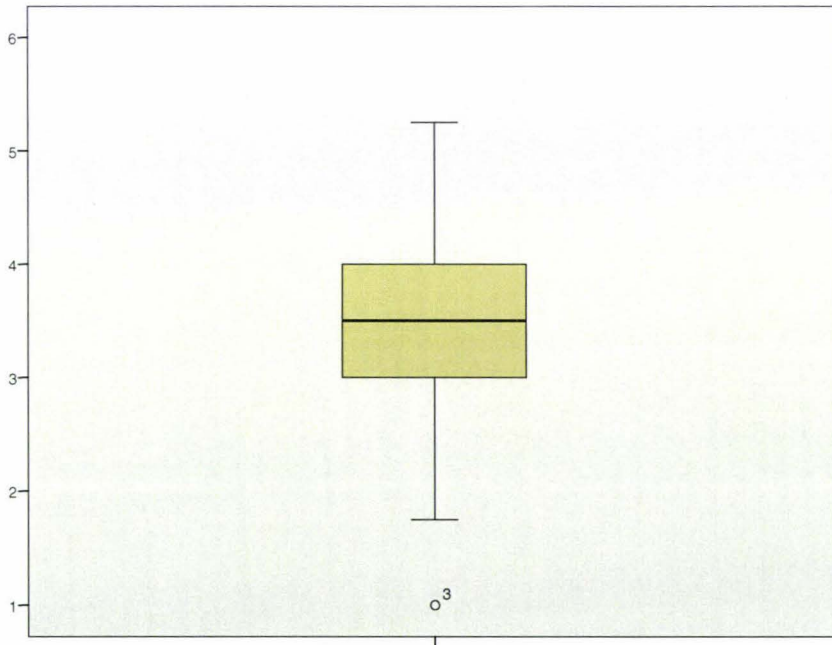
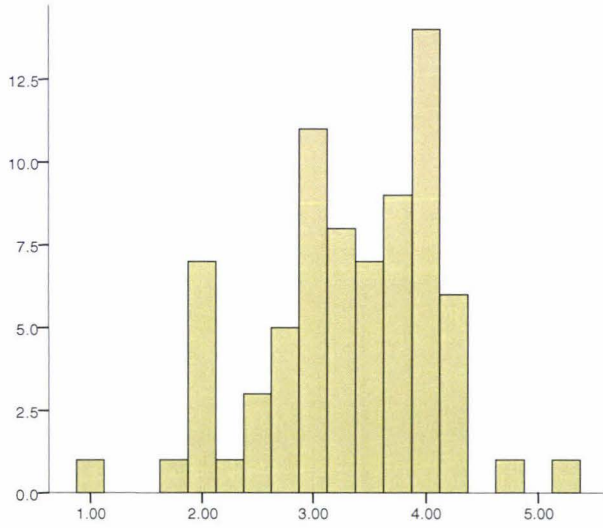
Practical Available Support



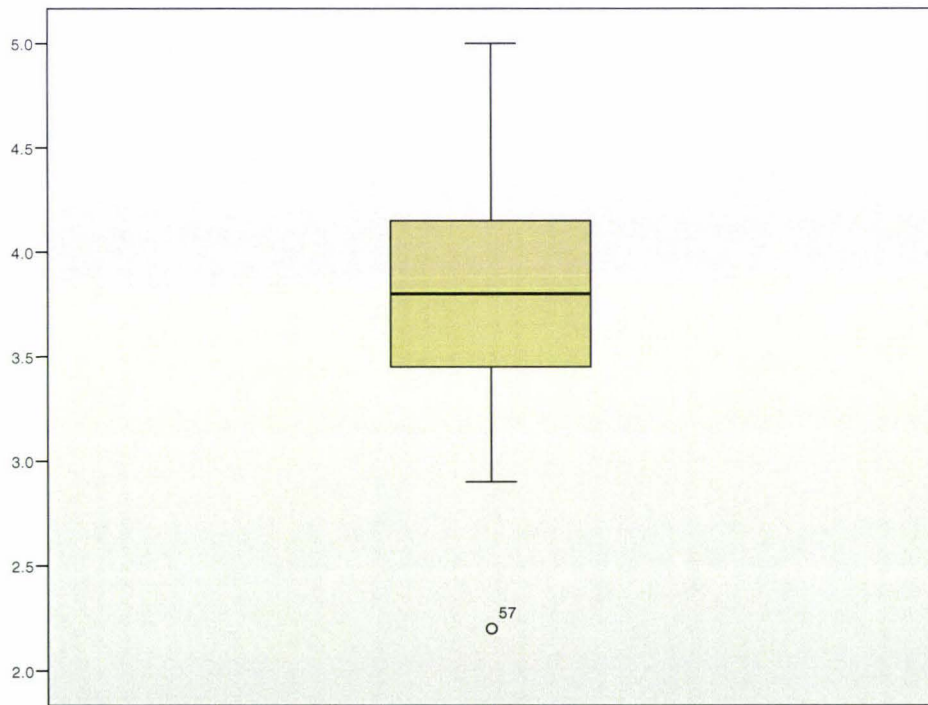
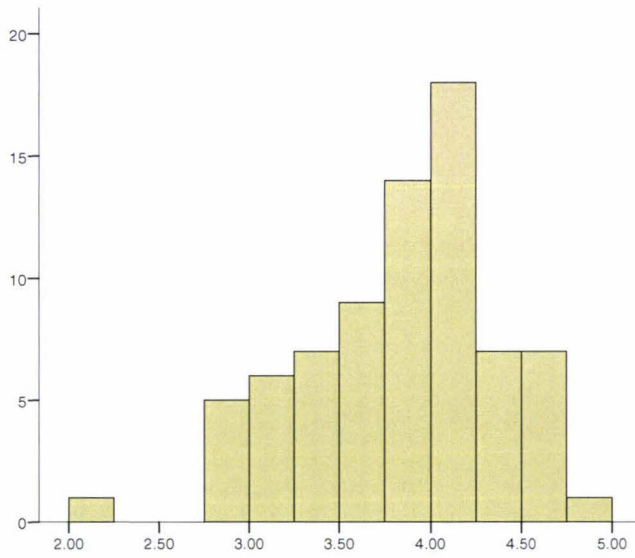
Use of Available Support



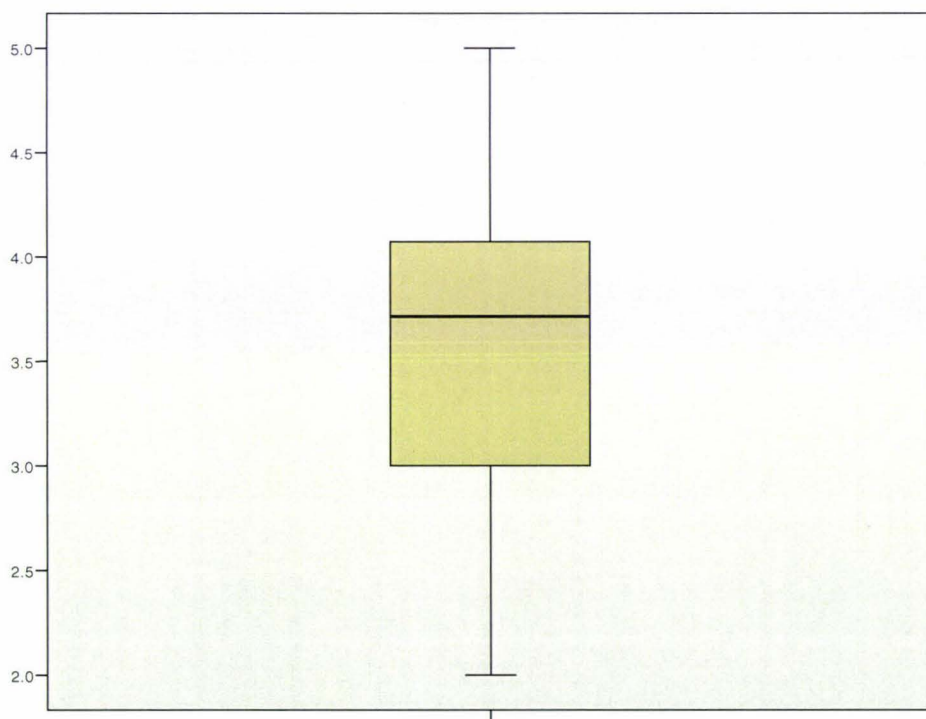
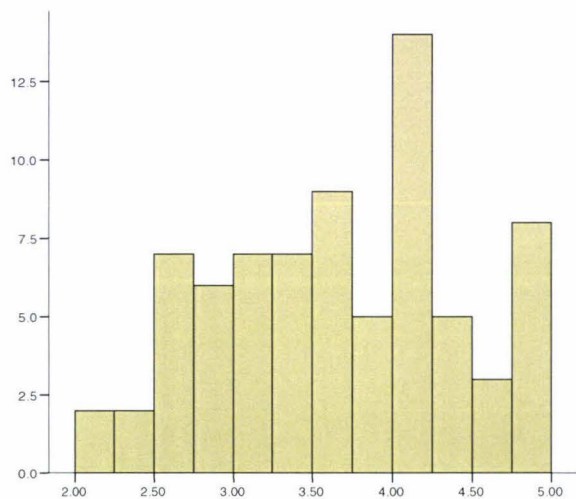
Satisfaction with Perceived Support



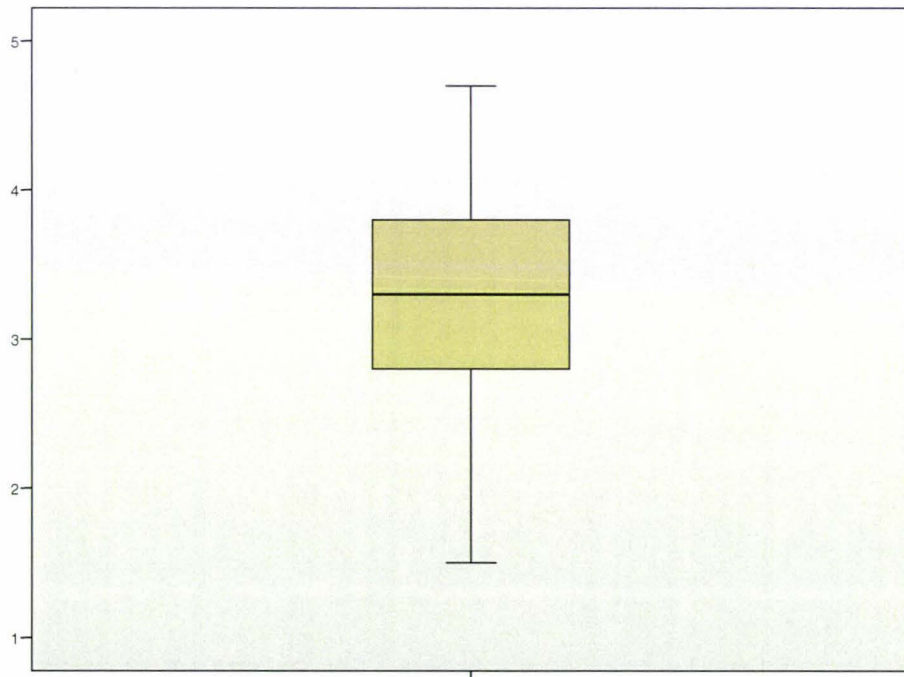
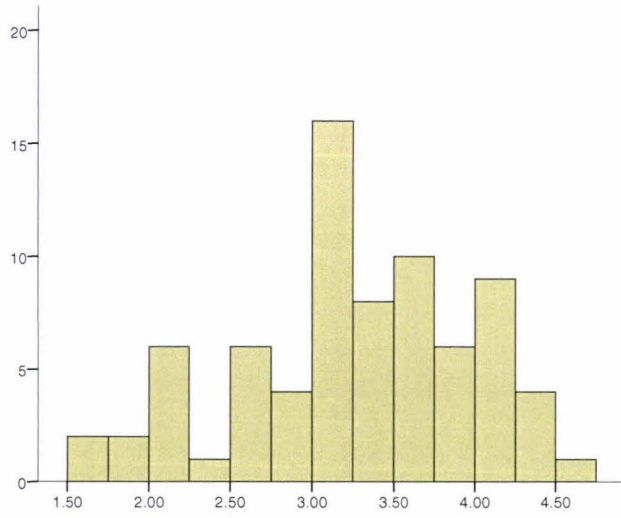
Cognitive Hardiness Beliefs



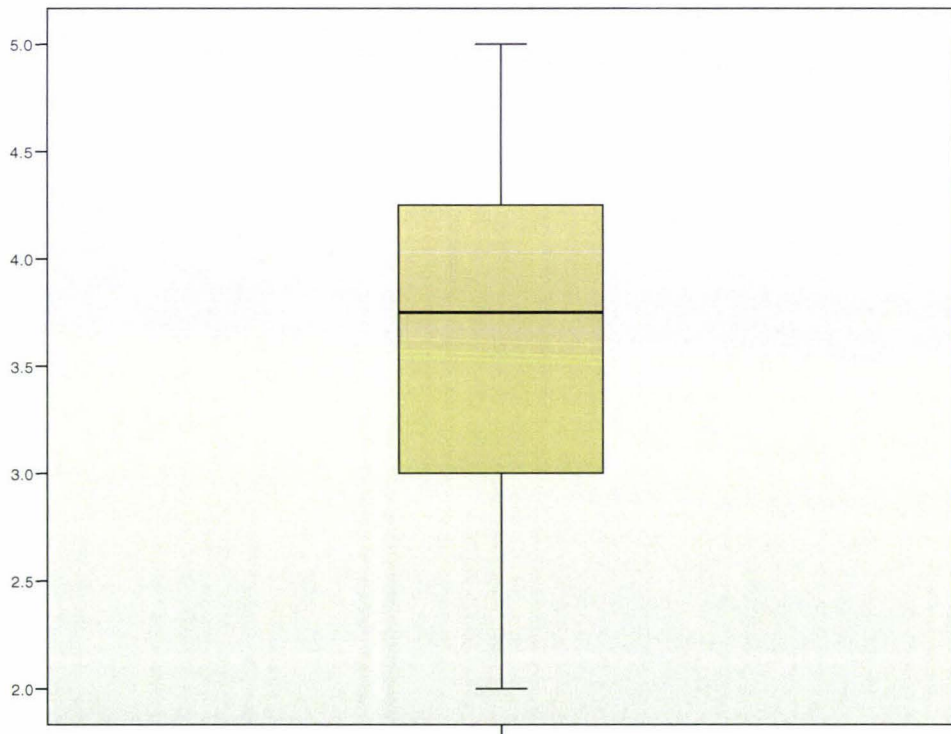
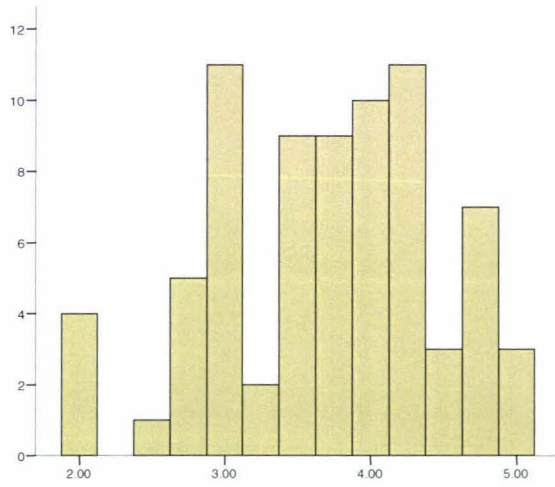
Cognitive Hardiness Perceived Control



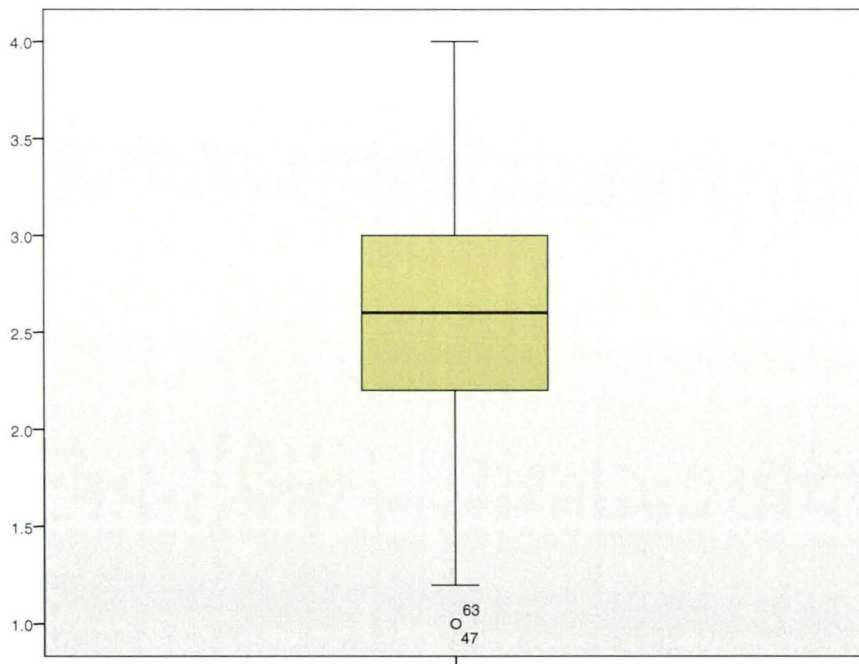
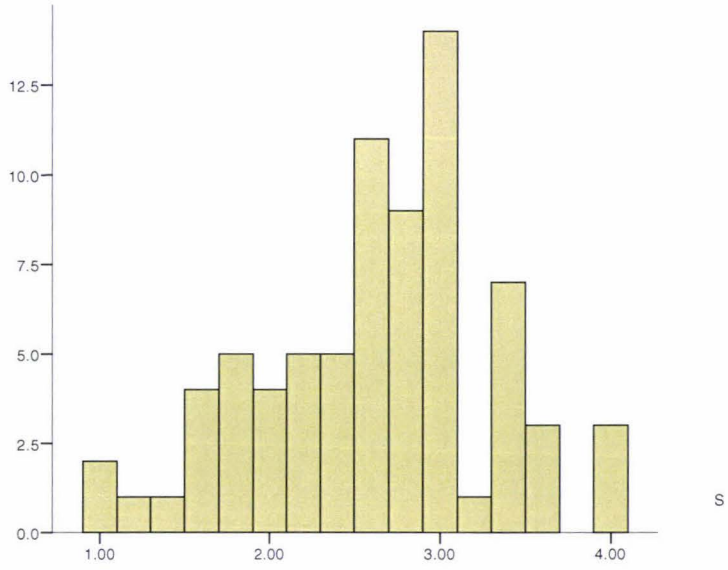
Cognitive Hardiness Attitudes



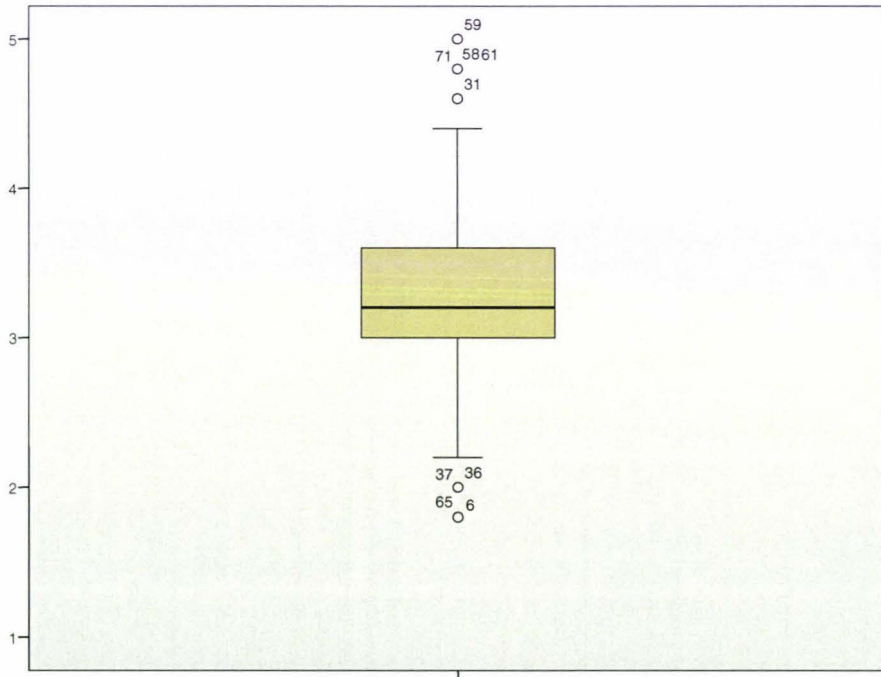
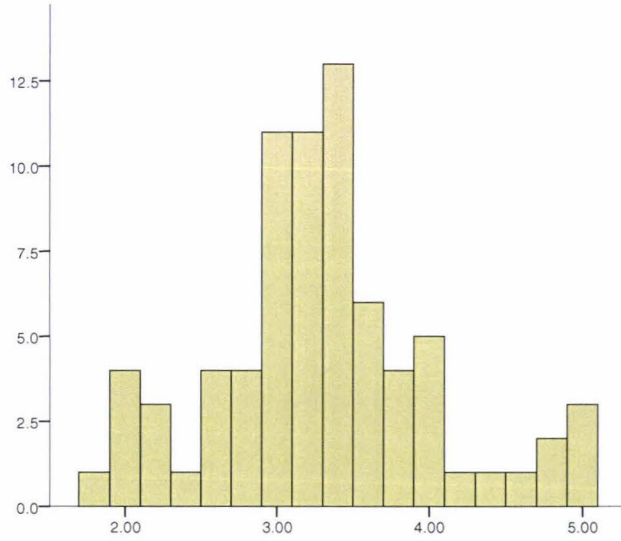
Positive Appraisal



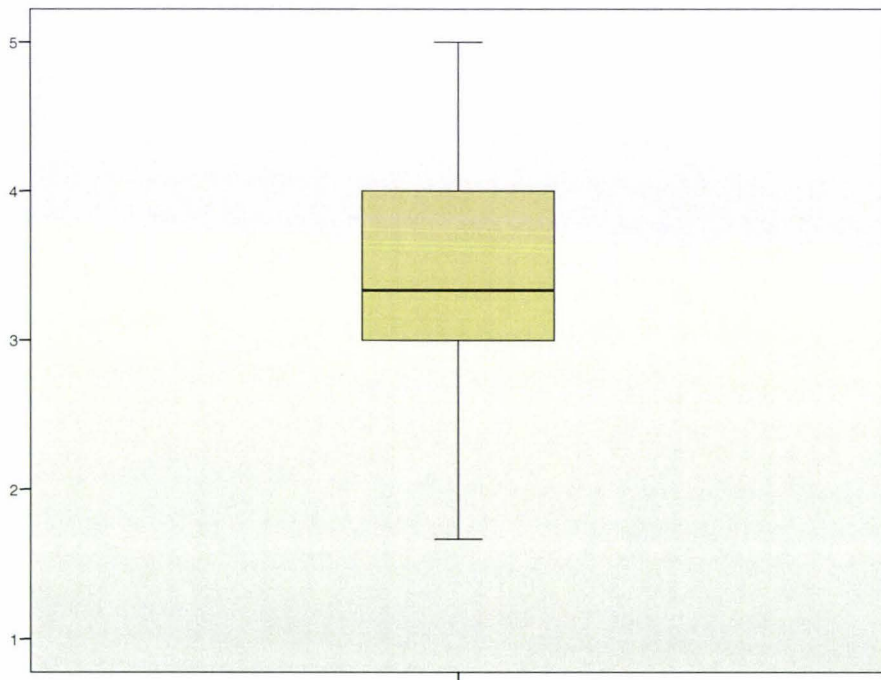
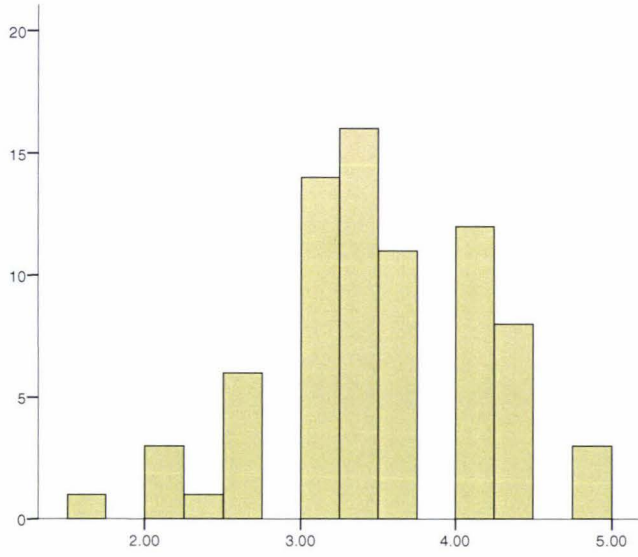
Negative Appraisal



Threat Minimization



Problem Focused Coping



APPENDIX F: COPY OF NOWACK'S STRESS PROFILE

QUESTIONNAIRE IN ITS VERSION IN SPANISH

PERFIL DE ESTRÉS

Cuadernillo de aplicación



Instrucciones

Este Cuadernillo contiene una serie de preguntas que evalúan diferentes factores que pueden contribuir a su salud física y a su bienestar psicológico. Se le harán preguntas específicas sobre su estilo de vida, hábitos de salud, nivel de estrés, perspectiva de la vida, entorno social y estilo de afrontamiento de los problemas. Esta información se utilizará para desarrollar su perfil confidencial de valoración del estrés.

- **Siga la instrucciones.** Lea de manera cuidadosa cada reactivo y su escala de respuestas correspondiente.
- **Complete.** Por favor conteste todas las preguntas. No deje enunciados en blanco o éstos no se calificarán.
- **Tómese su tiempo.** No existe límite de tiempo para contestar este instrumento. Trabaje de la manera más rápida y cómoda para usted.
- **Seleccione sólo una respuesta.** Escoja y marque con un círculo EN LA FORMA DE RESPUESTA Y CALIFICACIÓN aquella respuesta que le parezca mejor para cada pregunta. Si desea cambiar una respuesta que ya ha marcado, dibuje una X sobre ésta y un círculo sobre su nueva opción.
- **No marque este Cuadernillo.**



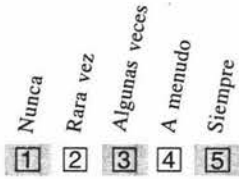
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PARTE I

A continuación se le presenta una lista de seis categorías principales de estresores o “problemas” que la gente experimenta en su trabajo y en su vida personal. Los problemas son experiencias y condiciones de la vida cotidiana que se perciben como importantes e irritantes, molestas, hirientes o amenazantes para el bienestar de alguien. Utilice la escala de respuestas para indicar la frecuencia con la que ha experimentado estos problemas durante los últimos 3 meses.



- 1. PROBLEMAS DE SALUD** (p. ej., preocupaciones acerca de su salud, tratamiento médico, apariencia física, consumo de alcohol o tabaco en exceso, limitaciones físicas, síntomas físicos, cambio en la condición médica existente, efectos colaterales de la medicación, etc.).
- 2. PROBLEMAS EN EL TRABAJO** (p. ej., insatisfacción laboral, problemas con el jefe, falta de reconocimiento, preocupación por sobresalir, aburrimiento en el trabajo, explotación, preocupación por la seguridad en el trabajo, relaciones laborales, carga de trabajo, presión de tiempo, sueldo, horario, viajes de trabajo, etc.).
- 3. PROBLEMAS FINANCIEROS** (p. ej., impuestos, inversiones, pago de hipoteca, deudas, inseguridad financiera, préstamos, falta de dinero para viajar, cuentas pendientes, financiamiento para la educación de los hijos, problemas legales, reparaciones de casa y automóvil, planes de jubilación, etc.).
- 4. PROBLEMAS FAMILIARES** (p. ej., problemas de salud de los miembros de la familia, preocupación por parientes, problemas con padres ancianos, líos en las relaciones familiares, dificultades con los hijos, equilibrio entre el trabajo y la familia, cuidado de mascotas, etc.).
- 5. PROBLEMAS SOCIALES** (p. ej., problemas con los vecinos, obligaciones y expectativas sociales, dificultades con amigos, conocer a otras personas, soledad, incapacidad para expresarse, chismes, celos, demasiadas responsabilidades sociales, poco tiempo para descansar, compañía inesperada, tiempo insuficiente para realizar actividades sociales, conflictos interpersonales, etc.).
- 6. PROBLEMAS AMBIENTALES** (p. ej., clima, ruido, contaminación, noticias sobre eventos actuales, delincuencia, prejuicios, política, seguridad ambiental, etc.).

PARTE II

¿Con qué frecuencia estas afirmaciones lo describen en los últimos 3 meses?



7. Invirtió algo de su tiempo libre en deportes o actividades físicas, como jardinería, reparaciones en la casa, baile, tenis, golf, softbol, básquetbol, boliche, caminata, raquetbol, etc.
8. Hizo ejercicio durante al menos de 20 a 30 minutos, tres veces a la semana para mejorar su tono muscular, fuerza o flexibilidad (p. ej., estiramiento, fisicoconstructivismo, calistenia, ejercicios isométricos, etc.).
9. Invirtió al menos de 20 a 30 minutos para realizar algún tipo de ejercicio físico intenso al menos tres veces por semana (p. ej., aeróbicos, trotar, nadar, caminar a paso vivo, etc.).
10. Se motivó a sí mismo(a) mientras trabajaba o jugaba, aun cuando se sintiera cansado(a), fatigado(a) o exhausto(a).
11. Perdió una noche completa de sueño o gran parte de ésta debido al trabajo o a actividades recreativas.
12. Durmió menos de lo que necesitaba porque se desveló o tuvo que levantarse demasiado temprano.
13. Durmió menos de lo que necesitaba porque tuvo problemas para conciliar el sueño o durmió menos tiempo del usual.
14. Dejó de hacer actividades frecuentes que le resultaban relajadoras y tranquilizantes (p. ej., pasatiempos, leer, ver televisión, escuchar radio, etc.).
15. Mantuvo contacto físico cercano o íntimo con alguien que tenía un padecimiento, infección o enfermedad (p. ej., besos, compartió comida, ocuparon el mismo auto u oficina, usó los mismos cubiertos o el mismo vaso, etc.).

continúe en la siguiente página

Nunca
Rara vez
Algunas veces
A menudo
Siempre

1 2 3 4 5

Nunca
Rara vez
Algunas veces
A menudo
Siempre

1 2 3 4 5

16. Continuó con su trabajo u otras actividades, aun cuando experimentó el síntoma de alguna enfermedad (p. ej., fiebre, nariz constipada, estornudos, calosfríos, etc.).
17. No tuvo tiempo para orinar o evacuar de manera regular diariamente.
18. Practicó sexo seguro (p. ej., tomó las precauciones necesarias como limitar el número de sus compañeros sexuales o utilizar condones para minimizar el riesgo de contraer o esparcir enfermedades de transmisión sexual).
19. No pudo tomar las medicinas que le recetó el doctor o los complementos que no necesitan receta (p. ej., vitaminas o minerales), los cuales suele consumir.
20. No pudo mantener sus hábitos de salud preventiva (p. ej., evitó revisiones médicas, descuidó la higiene bucal, no se hizo su autoexamen mensual de mama, ignoró los niveles elevados de colesterol y presión arterial).
21. Ingirió una o dos tabletas de aspirina, no sustitutos como el acetaminofen (p. ej., Tylenol) o ibuprofeno (p. ej., Advil, Nuprin, Mediprin), tres o cuatro veces a la semana.
22. No tomó un desayuno adecuado o nutritivo al principio de cada día.
23. A diario comió una variedad balanceada de alimentos nutritivos de los principales grupos en cada una de sus comidas principales (p. ej., frutas, vegetales, pescado, carnes, pollo, productos lácteos y granos como arroz, pan, cereales).
24. Estuvo al tanto o restringió su consumo diario de grasas saturadas, colesterol, sodio, azúcar y calorías totales.
25. Comió comida rápida o chatarra (p. ej., pastelillos, dulces, papas fritas) en lugar de una comida completa.

26. No tomó una comida importante que usted acostumbra tener durante el día.
27. Tomó medicinas o alimentos a los que es muy sensible o alérgico, lo que le produjo malestar estomacal u otros efectos colaterales negativos (p. ej., mareo, náuseas, jaqueca).
28. Tomó dos o más tazas de bebidas cafeinizadas en 24 horas (p. ej., café, té, cocoa, bebidas sin alcohol) o comió a diario comida con mucha cafeína (p. ej., chocolate).
29. Consumió más de dos copas de alcohol en 24 horas (p. ej., vino, cerveza, whisky, cóctel).
30. Consumió drogas con motivos sociales, recreativos o no médicos (p. ej., cocaína, marihuana, estimulantes, depresores).

Utilice la siguiente escala de respuestas para indicar el número de cigarrillos que fuma durante un día.

Ninguno
1 a 4 cigarrillos
5 a 10 cigarrillos
11 a 20 cigarrillos
Más de una cajetilla

1 2 3 4 5

31. Consumo de cigarrillos

PARTE III

¿Con qué frecuencia estas personas se escapan de sus propias ocupaciones para hacerle a usted ya sea el trabajo o la vida personal más fáciles y satisfactorios? (Marque su respuesta con la siguiente escala para los enunciados 32 al 41.)

A

- Nunca
1
- Rara vez
2
- Algunas veces
3
- A menudo
4
- Siempre
5
- No aplicable
6

32. Jefe inmediato o supervisor
33. Otras personas en el trabajo
34. Cónyuge, novio(a) o persona significativa
35. Miembros de la familia o parientes
36. Amigos

¿Con qué frecuencia se refiere a estas personas para mantener su rutina diaria y laboral de manera eficiente (p. ej., les expresa sus sentimientos, busca su consejo, ellos apoyan sus esfuerzos, le brindan aceptación, amor, empatía, etc.)?

- Nunca
1
- Rara vez
2
- Algunas veces
3
- A menudo
4
- Siempre
5
- No aplicable
6

37. Jefe inmediato o supervisor
38. Otras personas en el trabajo
39. Cónyuge, novio(a) o persona significativa
40. Miembros de la familia o parientes
41. Amigos

Utilice la siguiente escala de respuestas para indicar qué tan satisfecho se siente con el apoyo social que le han proporcionado las personas listadas en los enunciados 42 a 46 cuando usted lo necesita.

B

- No del todo satisfecho
1
- Poco satisfecho
2
- Moderadamente satisfecho
3
- Muy satisfecho
4
- Extremadamente satisfecho
5
- No aplicable
6

42. Jefe inmediato o supervisor
43. Otras personas en el trabajo
44. Cónyuge, novio(a) o persona significativa
45. Miembros de la familia o parientes
46. Amigos

PARTE IV

En los enunciados del 47 al 56 utilice la siguiente escala de respuestas para indicar la frecuencia con que estas afirmaciones describen la forma en que usted actúa o se siente.

- Nunca
1
- Muy pocas veces
2
- A menudo
3
- La mayor parte del tiempo
4
- Siempre
5

47. Me siento apurado(a) y presionado(a) por el tiempo (p. ej., sin el tiempo suficiente para hacer todo en el trabajo o las cosas de la casa).
48. Mis actividades y mi horario me hacen estar tan activo(a) y ocupado(a) como es posible llevándome al límite de mi energía y capacidad.
49. Cuando me siento molesto(a), incómodo(a) o enojado(a) ante el trabajo y el estrés, tiendo a expresar lo que siento y lo que pienso a los demás.
50. Tiendo a ser brusco(a) y competitivo(a) tanto en el trabajo como en el juego.
51. Cuando estoy formado(a) en una fila, suelo preguntarme por qué los demás son tan incompetentes (p. ej., empleados, cajeros, aquellos que están al principio en la fila, etc.).
52. Tengo una gran necesidad de superarme y ser el(la) mejor en cualquier cosa en la que participo.
53. Tiendo a sentirme molesto(a) e impaciente cuando tengo que esperar por cualquier cosa (p. ej., el tráfico, las filas al hacer las compras, el servicio lento, los retrasos en las citas, etc.).
54. Tiendo a comer, caminar, hablar y hacer la mayoría de las cosas de manera rápida.
55. Me parece fácil decirle a los demás en el trabajo o en la casa cuando me siento frustrado(a), molesto(a) o enojado(a) con ellos.
56. Tanto en el trabajo como en la casa tiendo a verificar lo que mis compañeros o familiares hacen para asegurarme de que todo esté bien hecho.

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PARTE V

Los enunciados del 57 al 86 describen las creencias de la gente. ¿Qué tanto está de acuerdo o en desacuerdo con cada afirmación? Utilice la siguiente escala para señalar sus respuestas.

- Completamente de acuerdo
 De acuerdo
 Ni de acuerdo ni en desacuerdo
 En desacuerdo
 Completamente en desacuerdo
- 1 2 3 4 5

57. Mi participación en actividades fuera del trabajo y en pasatiempos me hace sentir que tengo un significado y un propósito.
58. Mediante la participación en asuntos políticos y sociales, la gente puede influir sobre la política y eventos mundiales.
59. Siempre puedo apoyarme y auxiliarme de mi familia y amigos cuando todo lo demás se ve sombrío.
60. Prefiero hacer cosas arriesgadas, excitantes y audaces más que apegarme a la misma rutina y estilo de vida cómodos.
61. Ser exitoso es producto del trabajo arduo; la suerte tiene poco o nada que ver.
62. Hay relativamente pocas áreas de mí mismo(a) en las que me siento inseguro(a), demasiado tímido(a) o falto(a) de confianza.
63. En general tiendo a ser un tanto crítico(a), pesimista y cínico(a) acerca de la mayor parte de las cosas en mi trabajo y en mi vida.
64. En mis circunstancias actuales, se necesitaría muy poco para hacerme dejar la institución o empresa en la que trabajo.
65. No me siento satisfecho(a) con mi actual participación en las actividades cotidianas y el bienestar de mi familia y amigos.
66. En general, preferiría tener las cosas bien planeadas por anticipado más que enfrentarme a lo desconocido.
67. La mayor parte de la vida se desperdicia en actividades sin sentido.

- Completamente de acuerdo
 De acuerdo
 Ni de acuerdo ni en desacuerdo
 En desacuerdo
 Completamente en desacuerdo
- 1 2 3 4 5

68. Suelo sentirme inquieto(a), incómodo(a) o inseguro(a) cuando interactúo socialmente con otros.
69. Rara vez digo o pienso que no soy lo bastante bueno(a) o capaz para lograr algo.
70. Me siento comprometido(a) con mi empleo y las actividades laborales que estoy realizando en la actualidad.
71. Tiendo a ver la mayoría de los cambios, desilusiones y retrasos en la vida y el trabajo como amenazantes, dañinos o estresantes, más que como un reto.
72. Suelo explorar rutas nuevas y diferentes a los lugares a los que me traslado con frecuencia sólo por variar (p. ej., al trabajo o a la casa).
73. Los demás actuarán de acuerdo con sus propios intereses sin importar lo que yo intente decir o hacer para influirlos.
74. Sé que puedo tener éxito en casi cualquier cosa si tengo la oportunidad de ver cómo otros hacen las cosas o me enseñan cómo hacerlo.
75. Supongo que algunas cosas pueden salir mal de vez en cuando, pero no tengo ninguna duda de que soy capaz de afrontar de manera eficaz casi cualquier cosa que se me presente.
76. La mayoría de las cosas en las que participo (p. ej., trabajo, comunidad, relaciones) no constituyen un reto ni son muy estimulantes ni recompensantes.
77. Es probable que me sienta frustrado(a) y molesto(a) si mis planes no resultan exactamente como yo esperaba o si las cosas no se pueden hacer de la forma que yo deseaba.
78. Existe una relación directa entre cuánto trabajo y el éxito y el respeto que tendré.

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Completamente de acuerdo
De acuerdo
Ni de acuerdo ni en desacuerdo
En desacuerdo
Completamente en desacuerdo

1 2 3 4 5

79. No siento que en los últimos tiempos haya logrado mucho que en realidad sea importante o significativo con respecto a mis objetivos de vida y al futuro.
80. Suelo pensar que soy inadecuado(a), incompetente o menos importante que otros que conozco y con quienes trabajo.
81. Muchas veces siento que tengo poco control e influencia sobre las cosas que me pasan.
82. Si algo cambiara o saliera mal en mi vida en este momento, siento que no sería capaz de afrontarlo con eficiencia.
83. Cuando hay algún cambio en el trabajo o en la casa, suelo pensar que va a suceder lo peor.
84. Las cosas en el trabajo y en la casa son bastante predecibles hasta el momento y cualquier cambio sería demasiado difícil de manejar.
85. En realidad no puedes confiar en demasiadas personas porque la mayoría de ellas está buscando cómo mejorar su bienestar y su felicidad a costa tuya.
86. La mayoría de las cosas significativas proviene de definiciones internas, más que externas, de éxito, logro y satisfacción.

PARTE VI

Aunque cada problema o estresor que experimentamos puede manejarse de manera diferente, la mayoría de nosotros emplea formas características para afrontarlos cada día. Los enunciados del 87 al 106 describen maneras comunes de afrontar los estresores, las incomodidades, las molestias y los retos que se nos presentan. Utilice la siguiente escala de respuestas para indicar la frecuencia con la que usted tiende a recurrir a cada una de estas técnicas y aproximaciones para manejar su vida personal y laboral.

Nunca
Rara vez
Algunas veces
A menudo
Siempre

1 2 3 4 5

87. Concentro mis pensamientos en los aspectos más positivos del evento o situación (p. ej., lo que puedo aprender del evento o situación o las consecuencias positivas que puede tener).
88. Pienso en momentos, eventos y experiencias felices cuando enfrento problemas y frustraciones.
89. Imagino que las cosas mejoran y me siento confiado(a) de que puedo manejarlas.
90. Me concentro en lo que me molesta hasta que me siento más seguro(a) y cómodo(a) acerca del problema.
91. Digo y pienso en cosas positivas para mí que me hacen sentir mejor en cuanto a la situación o evento estresante (p. ej., “todo va a salir bien”).
92. Me culpo, me critico y “me pongo por los suelos” por crearme o causarme de alguna manera mi problema.
93. Me dedico a pensar sobre lo que debí o no haber hecho en una situación particular.
94. Pienso y me concentro en lo peor que pudo suceder en una situación determinada.
95. Saco el tema y lo hablo con otros de manera excesiva (“machacando sobre lo mismo”).
96. Pienso en el problema constantemente, de día y de noche (no soy capaz de “abandonarlo” y dejar de ahondar en lo que me molesta).

continúe en la siguiente página

- Nunca
 Rara vez
 Algunas veces
 A menudo
 Siempre
- 1 2 3 4 5

97. Minimizo la importancia de lo que me molesta burlándome o bromeando sobre ello (es decir, uso el humor para poner el evento o la situación en perspectiva).
98. Evito pensar en ello cuando me viene a la mente (es decir, soy capaz de olvidarme y dejar de ahondar en lo que me molesta).
99. Me impulso a seguir adelante con mi vida y a canalizar mi energía en cosas más productivas para minimizar mi frustración e insatisfacción.
100. Me digo cosas como “deja de pensar en eso” o “no es momento para pensar en eso”, cuando me siento frustrado(a), irritado(a) o molesto(a).
101. Lo veo como algo que ya sucedió y que se terminó (o sea, “lo que pasó, pasó”).
102. Hablo con otros y les pido su opinión, un consejo, recomendaciones, ideas o sugerencias.
103. Les pido a otros que cambien o modifiquen su conducta de modo que las cosas mejoren para mí.
104. Desarrollo un plan de acción y lo llevo a cabo para afrontar de manera más eficaz la situación en el futuro.
105. Cambio la situación o modifico mi conducta para minimizar o aliviar mi frustración o insatisfacción.
106. Recuerdo mis experiencias pasadas y me imagino la manera más conveniente de resolver el problema o mejorar la situación de forma productiva y eficaz.

PARTE VII

A continuación se presenta una lista de sentimientos y actitudes comunes que la gente experimenta. Utilice la escala de respuestas para indicar la frecuencia con la que ha experimentado o sentido cada una de ellas durante los últimos 3 meses.

- Nunca
 Rara vez
 Algunas veces
 A menudo
 Siempre
- 1 2 3 4 5

107. Sentirse feliz y satisfecho(a) con su vida social.
108. Sentirse estimulado(a) y motivado(a) por su trabajo y su vida.
109. Sentirse capaz de relajarse y experimentar bienestar fácilmente.
110. Sentirse mental y físicamente calmado(a), relajado(a) y libre de tensión.
111. Despertarse anticipando un día interesante y emocionante.
112. Sentirse amado(a), querido(a) y apoyado(a) sinceramente por las personas cercanas a usted.
113. Disfrutar de manera genuina las cosas en las que participa.
114. Sentir que su futuro es esperanzador y promisorio.
115. Sentirse confiado(a), optimista y seguro(a) de sí mismo(a).
116. Sentirse a gusto con su vida.
117. Sentirse comprometido(a) con sus actividades cotidianas y sus relaciones actuales.
118. Sentirse satisfecho(a) con sus logros personales y profesionales.

PARTE VIII

En los enunciados 119 a 123 marque con una V para “Verdadero” o una F para “Falso”.

- Verdadero
 Falso
- V F

119. Nunca en mi vida he estado enfermo(a) ni un día.
120. He estado deprimido(a) al menos una vez en mi vida.
121. Nunca he dicho algo malo acerca de otra persona.
122. Nunca en mi vida he mentado.
123. Siempre he tenido malos pensamientos sobre otras personas.

